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Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except private foundations)

1412

OMB No 1545-1150

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VIKING TOUCHDOWN CLUB		<b>D Employer identification number</b> 27-4752815
	Number and street (or P O box, if mail is not delivered to street address) 13600 SANTA FE TRAIL DRIVE		<b>E Telephone number</b> (913) 302-4529
	City or town, state or province, country, and ZIP or foreign postal code LENEXA KS 66215		<b>F Group Exemption Number</b> . . . . . ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶

**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶ N/A

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( ) ◀(insert no)  4947(a)(1) or  527

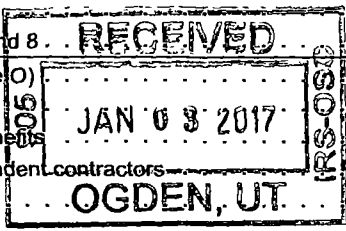
**K Form of organization:**  Corporation  Trust  Association  Other PARENTS BOOSTER CLUB, PROVIDING FUNDING FOR ITEMS NOT COVERED BY SCHOOL FUNDING

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 32,320.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	95.
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	903.
<b>4</b>	Investment income . . . . .	<b>4</b>	
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>5c</b>	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b>	Gaming and fundraising events		
<b>6a</b>	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>6b</b>	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	31,322.
<b>6c</b>	c Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	26,426.
<b>6d</b>	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	4,896.
<b>7a</b>	7 a Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>7b</b>	b Less: cost of goods sold . . . . .	<b>7b</b>	
<b>7c</b>	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b>	8 Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b>	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	5,894.
<b>10</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
<b>11</b>	11 Benefits paid to or for members . . . . .	<b>11</b>	
<b>12</b>	12 Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
<b>13</b>	13 Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
<b>14</b>	14 Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b>	15 Printing, publications, postage, and shipping . . . . .	<b>15</b>	80.
<b>16</b>	16 Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16, Other Expenses	<b>16</b>	6,187.
<b>17</b>	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	6,267.
<b>18</b>	<b>18 Excess or (deficit) for the year</b> (Subtract line 17 from line 9) . . . . .	<b>18</b>	-373.
<b>19</b>	<b>19 Net assets or fund balances at beginning of year</b> (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	2,279.
<b>20</b>	<b>20 Other changes in net assets or fund balances</b> (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b>	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	<b>21</b>	1,906.



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**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form 990-EZ (2014)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter.
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of CHRISTOPHER MARTIN Telephone no (913) 302-4529
Located at 13600 SANTA FE DRIVE LENEXA KS ZIP+4 66215
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
c At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. . . . . 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . . 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . . 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No

b If 'Yes,' was the related organization a section 527 organization? . . . . . 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: [Handwritten Signature] Date: 12/20/2016 Type or print name and title: CHRISTOPHER MARTIN

Paid Preparer Use Only Preparer's name: Michele Kats Preparer's signature: Michele Kats Date: [Blank] Check [X] if self-employed PTIN: P01238316 Firm's name: SCOUT ACCOUNTING SERVICE Firm's address: 7500 College Boulevard 5th Floor OVERLAND PARK KS 66210 Firm's EIN: 48-1212739 Phone no: [Blank]

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No