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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► 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.

2014

Open to Public
Inspection**A For the 2014 calendar year, or tax year beginning May 1**, 2014, and ending April 30 , 2015**B Check if applicable:**

- Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization NORRIS CITY-OMAHA-ENFIELD
ALUMNI ASSOCIATION SCHOLARSHIP FUND

Number and street (or P.O. box, if mail is not delivered to street address)

D Employer identification number

37-6108563

905 WESTWOOD CIRCLE

E Telephone number

(774) 382-0154

City or town, state or province, country, and ZIP or foreign postal code

GENOA, IL 60135-8176

F Group Exemption

Number ►

G Accounting Method: Cash Accrual Other (specify) ►**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**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** ► \$ 95648.40**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

Revenue 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 94109.00 2 3 4 1539.40 5c 6d 7c 8 9 95648.40
	10 Grants and similar amounts paid (list in Schedule O)
	11 Benefits paid to or for members
	12 Salaries, other compensation, and employee benefits
	13 Professional fees and other payments to independent contractors
	14 Occupancy, rent, utilities, and maintenance
	15 Printing, publications, postage, and shipping
	16 Other expenses (describe in Schedule O)
	17 Total expenses. Add lines 10 through 16 ►
Expenses 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 ►	10 90224.53 11 12 13 14 15 16 235.25 17 90461.78 18 5186.62 19 185578.85 20 21 190765.47
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	For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2014)

SCANNED JUL 01 2015

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	185578.85	22 190765.47
23 Land and buildings	N/A	23 N/A
24 Other assets (describe in Schedule O)	N/A	24 N/A
25 Total assets	185578.85	25 190765.47
26 Total liabilities (describe in Schedule O)	N/A	26 N/A
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185578.85	27 190765.47

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Provide scholarships to graduating high school students

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Awarded Scholarships to thirteen graduating high school students(Grants \$ 90226.53) If this amount includes foreign grants, check here 28a 90226.53

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a32 Total program service expenses (add lines 28a through 31a) 32 90226.53**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jane Lamp P.O. Box 204, Norris City, IL 62869	Chairman/ Secretary -1.1	-0-	-0-	-0-
Charles E. Mayberry 406 Westwood Circle, Galesburg, IL 610135	Treasurer -5.0	-0-	-0-	-0-
Donald Allen 433 Co.Rd. 700N, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Michael Leibert 518 IL Highway 1, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Brian Ray 949 Co.Rd. 500E, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Holly Healy 10 Co.Rd. 800N, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Sam Porter 381 Co.Rd. 100E, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Carol Hill 967 Co.Rd. 300E, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Courtney Neal 239 Co.Rd. 375E, Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-
Kern Doerner 200 E. Boyd St., Norris City, IL 62869	Trustee - .3	-0-	-0-	-0-

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? If "Yes," provide a detailed description of each activity in Schedule O Yes No
33
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a
- b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes No
35b
- 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? If "Yes," complete Schedule C, Part III Yes No
35c
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
36
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**
- b Did the organization file Form 1120-POL for this year? Yes No
37b
- 38a 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? Yes No
38a
- b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
38b
- 39 Section 501(c)(7) organizations. Enter: Yes No
- a Initiation fees and capital contributions included on line 9 Yes No
39a
- b Gross receipts, included on line 9, for public use of club facilities Yes No
39b
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► Yes No
40b
- 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? If "Yes," complete Schedule L, Part I Yes No
41
- 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 Yes No
42
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
43
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
40e
- 41 List the states with which a copy of this return is filed ► **None**
- 42a The organization's books are in care of ► **Charles E. Mayberry** Telephone no. ► **(779) 382-0154**
 Located at ► **905 Westwood Circle, Genoa, IL** ZIP + 4 ► **60135-8176** Yes No
42b
- 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes No
42c
- c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► Yes No
43
- 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 ► **43** Yes No
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a
- b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44b
- c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c
- d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes No
44d
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a
- 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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b

		Yes	No
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	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

		Yes	No
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	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

(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
None				

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."	►	

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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	►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	► <u>Charles E. Mayberry</u> Signature of officer	6-12-15 Date
	► <u>Charles E. Mayberry, Treasurer</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

**Department of the Treasury
Internal Revenue Service**

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

37-6108563

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see Instructions)	(VI) Amount of other support (see Instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24980.00	31744.00	80304.24	90676.00	94109.00	321813.24
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24980.00	31744.00	80304.24	90676.00	94109.00	321813.24
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						264883.22
6 Public support. Subtract line 5 from line 4.						56930.02

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	24980.00	31744.00	80304.24	90676.00	94109.00	321813.24
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3409.44	1808.96	1727.64	1708.43	1539.40	10193.87
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						332007.11
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	17.15	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	21.45	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

NORRIS CITY-OMAHA-ENFIELD ALUMNI ASSOCIATION SCHOLARSHIP FUND

Employer identification number

37-6108563

Part 1, Line 10

\$7500.00 scholarships were awarded to each of the following 12 graduates from the regular fund:

Jessica Edwards, 108 Dodd Cemetery Rd, Eldorado, IL 62930

Tyler Lamb, P.O. Box 8, Omaha, IL 62871

Dylan Price, 319 Co. Rd. 450N, Norris City, IL 62869

Brittney Soits, RR1, Box 152, Broughton, IL 62817

Tyler Blair, 228 Co. Rd. 300E, Norris City, IL 62869

Dusty Cushman, P.O. Box 94, Springerton, IL 62887

Kayla Mayberry, 838 Co. Rd. 925E, Norris City, IL 62869

Indiana Phillips, 1516 Buxton Dr, Apt. 216, Mattoon, IL 61938 (NOTE: The 2nd half of Indiana's scholarship, upon her not enrolling for the 2nd semester, was awarded to alternate Sarah Travelstead, 438 Co. Rd. 700N, Norris City, IL 62869)

Jonathan Dauby, 2179 Co. Rd. 100E, Springerton, IL 62887

Whitley Verble, 216 Co. Rd. 1950N, Enfield, IL 62835

Bailey Hosick, 221 Co. Rd. 1000N, Norris City, IL 62869

Ciara Shain, 335 Co. Rd. 950E, Norris City, IL 62869

A \$226.53 scholarship was awarded to the following graduate from the J. Lewis Johnson Memorial Scholarship:

Courtney O'Brien, RR1, Box 172, Broughton, IL 62817

The above grantees are not related to any person with an interest in the NORRIS CITY-OMAHA-ENFIELD ALUMNI ASSOCIATION SCHOLARSHIP FUND.

Part 1, Line 16

16x20 scholarship plaque

\$183.00

120 checks ordered

32.25

Rent on safe deposit box

20.00

\$235.25

Part VI 10% - facts-and-circumstances test - 2014 Regulations section 1.170A-9(f)(3)
paragraph (f)(3)(i) - Direct contributions by the alumni for 2014 equals 17.15 percent
of the total support.

paragraph (f)(3)(ii) - The alumni have been solicited for funds on a continuous basis
since 1971.

paragraph (f)(3)(iii) - The purpose of the Trust is to provide scholarships for formal
education beyond high school level for outstanding and promising students who are
graduates of Norris City - Omaha - Enfield Community Unit No. 3 High School, White County,
Illinois. The Trust has been in existence since 1971.

paragraph (f)(3)(iii)(B) - Each year since 1992, there has been from 192 to 286 alumni
contributing to this Trust.

paragraph (f)(3)(iii)(C) - The governing body is a Board of Trustees (See Form 990-EZ, Part IV)
who are also alumni and community leaders.