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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)

0044

2014

OMB No 1545-1150

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.

Open to Public Inspection

	100 7 10 107					
A F	or the		UN 3	0 ,20 /5		
Вс	heck if ap			lentification number		
	Address c	hange NORFOLK LIONS (LUZ	47-0	6039058		
=	lame cha		Telephone r			
=	nitial retui	myterminated Policy 30x 392	402-371-7657			
=	mended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption		
=		n pending NORFOLK, NE 68702-0392	Number ► <i>Q23</i> 9			
G A	ccount		eck ▶ 🌣	if the organization is not		
IW	/ebsite			tach Schedule B		
J Ta	ах-ехеп		-	0-EZ, or 990-PF).		
		organization: Corporation Trust Association Other				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets			
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ 9	\$		
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	structions	s for Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I.				
	1	Contributions, gifts, grants, and similar amounts received	. 1	76 278		
	2	Program service revenue including government fees and contracts	2	10,710		
	3	Membership dues and assessments	. 3	30,510		
	4	Investment income	4	0,10,0		
	5a	Gross amount from sale of assets other than inventory 5a	·			
	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)	. 5c			
	6	Gaming and fundraising events	. 30	 		
	a	Gross income from garning (attach Schedule G if greater than				
Revenue		\$15,000)				
∑ Ken	b	Gross income from fundraising events (not including \$ of contributions				
Ę Ġ		from fundraising events reported on line 1) (attach Schedule G if the				
2		sum of such gross income and contributions exceeds \$15,000) 6b				
\ 3 \ 3 k = k > 	С	Less: direct expenses from gaming and fundraising events 6c				
2	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act			
<u> </u>		line 6c)	. 6d			
₹ 	7a	Gross sales of inventory, less returns and allowances				
<u>م</u>	b	Less: cost of goods sold				
A	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
-	8	Other revenue (describe in Schedule O)	. 8			
) 1	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	106,188		
,,	10	Grants and similar amounts paid (list in Schedule O)	. 10			
	11	Benefits paid to or for members	\. <u>11</u>			
8	12	Salaries, other compensation, and employee benefits	12			
Ľ.	13	Professional fees and other payments to independent contractors. OC	⁻ .∖∖ 13			
Expenses	14	Occupancy, rent, utilities, and maintenance	14			
ă	15	Printing, publications, postage, and shipping	. 15			
	16	Other expenses (describe in Schedule O)	. 16	100,868		
	17	Total expenses. Add lines 10 through 16	▶ 17	100,868		
6	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	5920		
ě	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w				
Ass		end-of-year figure reported on prior year's return)	19	13 004		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	18,924		
For	Paper	work Reduction Act Notice, see the separate instructions. Cat No. 10642		Form 990-EZ (2014)		

65



Form **990-EZ** (2014)

	t II	Balance Snee	ts (see the instructions for	or 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	Cas	sh, savings, and in	vestments				22		
23		d and buildings.		· · · · · · · ·			23		
24	Oth	er assets (describ	e in Schedule O)				24		
25		al assets					25		
26	Tota	al liabilities (desc	ribe in Schedule O)				26		
27			alances (line 27 of column				27	18,424	
Part	Ш		Program Service Accomp					_	
			ganization used Schedule				/Dan	Expenses juired for section	
What	is the	e organization's pr	imary exempt purpose?	CIVIC, SOC	IAL SERVIC	<u>65</u>		c)(3) and 501(c)(4)	
as m	easur ons be	ed by expenses. enefited, and other	program service accomplish In a clear and concise ma relevant information for ea	anner, describe the ch program title.	services provided,	the number of	orga othe	nizations; optional for rs.)	
28		BL FOTOR SCHOLARSHIR -E Its\$	s, Vet Cheisimas (GC CHARIT GFT PROGRAM includes foreign gra	g cancer Ri	FLAY FOR	28a	1899	
29	SH	STOUN RAH	W. FEL CHARTY	FUND TO HE		BR LIONS			
	Gran	om Granes) If this amount	ıncludes foreign gra	nts, check here .	> [29a	1513	
30	<u> </u>	ancake G			HELY WITH	CHUSTINGS			
	Go	DO HEBHU			E 8065, 40	42116 UD6S			
	<u> </u>	'e enasses	YMCA STRONG	, KNDS	·	<u></u> . 1		10,825	
	(Gran		') If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a		
31			s (describe in Schedule O)	HIOKE GOL	F. TOUGH FO	RCHARTT		1062	
	(Gran			includes foreign gra		<u> ▶ Џ</u>	31a		
32	1 otal	i program service	expenses (add lines 28a t	nrough 31a)		🗩 i	32	115.247	
							_==		
Par		List of Officers,	Directors, Trustees, and Key	Employees (list each	one even if not comp	ensated-see the in	_==		
Par		List of Officers,		Employees (list each O to respond to ar	n one even if not comp ny question in this I	pensated-see the in	_==		
Par		List of Officers,	Directors, Trustees, and Key ganization used Schedule	Employees (list each	one even if not comp	pensated—see the in Part IV	e (e)	ctions for Part IV)	
Rh	1V 70°4	List of Officers, I Check if the or (a) Name	Directors, Trustees, and Key ganization used Schedule and title 子 3708 (AKE)(でい DR	(b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	e (e)	Estimated amount of other compensation	
Ra Je	1V 100 100 100 100 100 100 100 100 100 1	List of Officers, Check if the order (a) Name	Directors, Trustees, and Key ganization used Schedule and title 2 3108 (AKELIEU OR 1301 N. 30th ST	(b) Average hours per week devoted to position PRESIDENT	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	e (e)	etions for Part IV)	
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Ves Name Na	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
detailed description of each activity in Schedule O Were the sylignificant 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) 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 2,6s, and 7a, among others)? b If "Yes," to line 35a, has the organization selection 501(5(s), 505(5), 505(16(s)), 505(16(s)), 605(16(s)), 605(16(s				~	No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross incorne of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b if "Yes," to line 35a, has the organization field a Form 990-T for the year? if "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) or control organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? if "Yes," complete Schedule C, Part III . 35b Did the organization undergo a liquidation, dissolution, terrimation, or significant disposition of net assets during the year? if "Yes," complete spiciable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 37b 37b 37a	33	detailed description of each activity in Schedule O	33		X
activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 9901 for the year? If "No, provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), organization authered to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphicable parts of Schedule N 37a Enter amount of politice despenditures, direct or indirects, as described in the instructions ■ 37a	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		×
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. 50 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 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	35a				X
during the year? If "Yes," complete applicable parts of Schedule N Telephone no. ► 1976 1		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
b Did the organization file Form 1120-POL for this year? 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	36		36		×
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ M.A. ; section 4912 ▶ M.A. ; section 4912 ▶ M.A. ; section 4915 ▶ M.A. ; section 4912 ▶ M.A. ; section 4912 ▶ M.A. ; section 4913 ▶ M.A. ; section 4913 ▶ M.A. ; section 4912 ▶ M.A. ; section 4915 ▶ M.A. ; section 4915 ▶ M.A. ; 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-EZ7 if "Yes," complete Schedule L, Part I 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization or 5 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). c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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	b	Did the organization file Form 1120-POL for this year?			スス
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction at a prior year that has not been reported on any of its prior Forms 990 or 990-EZ /I ("Yes," complete Schedule L, Part I 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations organization that the docrembursed by the organization that the organizations 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 41 List the states with which a copy of this return is filed ▶ Located at ▶ 2111 (DILLEL (LEC) STATE ALL ST	39 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . ▶ 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 886-T	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	40b		×
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. List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ CARST ► CIP+4 ▶ CARST ► CI	C	on organization managers or disqualified persons during the year under sections 4912,			
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ GARCY Located at ▶ AIII Located at Pair Indicated at 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). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	d				
The organization's books are in care of SARS LOANS Telephone no. ► 403-37(-76) Located at ► 3111 COLLEG LED ROSCOLK NET ZIP + 4 ► 2870 / 287	8		40e		X
Located at ▶ 2111 Collicia Vicio X2 NoRFOLK At 2IP + 4 ▶ 2370 / 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). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	41				
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 filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.?	42a		1-37	71-	765
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). c At any time during the calendar year, did the organization maintain an office outside the U.S.?	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	48		/ Ng
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?			42b	ļ	X
If "Yes," enter the name of the foreign country: ▶ 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
and enter the amount of tax-exempt interest received or accrued during the tax year	c		42c		X
 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			.	
completed instead of Form 990-EZ				Yes	No
c Did the organization receive any payments for indoor tanning services during the year?		completed instead of Form 990-EZ	44a		X
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		completed instead of Form 990-EZ			X
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		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			À
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			45a		X
	b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b		X

Form 990-E	Z (2014)						F	Page 4
							Yes	No
46 Di	d the organization engage, directly or in candidates for public office? If "Yes," of	iairectiy, in political c complete Schedule C	ampaign activities o	on behalt of	or in opposit	ion	 	
Part VI	Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,	· · · ·	• • • •	46	l	
	All section 501(c)(3) organization		stions 47-49b and	d 52. and c	omplete th	e tables f	or lin	es
	50 and 51.	•		,	•			
	Check if the organization used Sc	hedule O to respond	to any question in	this Part V	l <u>.</u>	<u></u>		. 🗆
							Yes	No
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par		section 501(h) elect			tax 47		X
48 is	the organization a school as described II	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule B		. 48	<u> </u>	X
49a Di	d the organization make any transfers t	o an exempt non-cha	ritable related organ	nization?.		. 49a		X
	'Yes," was the related organization a section 527 organization?							<u>L</u>
	omplete this table for the organization's							
- en	nployees) who each received more than		nsation from the org		there is non	e, enter in	vone.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plan	ns to employee s, and deferred pensation			
·- · · · · · · · · · · · · · · · · · ·	A/ .5=							
	NONC							
								
								
	otal number of other employees paid ov omplete this table for the organization			nt contracto	rs who each	received	more	e than
	100,000 of compensation from the orga							
	(a) Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c	Compensat	ion	
						· · · · · · · · · · · · · · · · · · ·		
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			1					
								
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d To	otal number of other independent contra	actors each receiving	Over \$100 000	<u> </u>	<u></u>			
	d the organization complete Schedu	_	•	nanizations	must attacl	າ a		
cc	ompleted Schedule A			<u> </u>	· · · ·	.► ☐ Yes		
Under pena true, correct	Ities of perjury, I declare that I have examined this t, and complete Declaration of preparer other than	retury, including accompan n officer) is based on/all info	lying schedules and state ormation of which prepare	ments, and to t er has any know	he best of my ki ledge	nowledge and	d belief, 	, it is
	- Jan	Home			/0/	3/15		
Sign	Signature of officer	~~~?	D	ate	[
Here	GARY L JOHNS	10H , 6/2	asurac					
	Type or print name and title	Proparoria consetura	· · · · · ·	Data		PTIN		
Paid	Print/Type preparer's name	Preparer's signature	į	Date	Check _	l ff		
Prepare					self-emplo	yeu		
Use On	Firm's name Frim's address Frim's	······································			irm's EIN ▶ hone no			
May the I	IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes		No
						Form 9 9	O-EZ	(2014)

Form 990-EZ (2014)