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LEGICALE DATE NOV 2 6 2015

990

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

OMB No 1545-0047 2014

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection 30,2015

A	For the	e 2014 calendar year, or tax year beginning $ m JUL ~01$, 2014, an		JUN 30,2015	
<u>-</u>	Check if applicable Address cl			entification number -6029329	
=		Number 2 street for B.O. how if mail is not delivered to street address.) Poom/suite	E Telephone nu		
=	Name cha Initial retur	DO DOY 1053	· ·	5-649-1644	
ᅥ	Final retur	City or town state or province country and ZIP or foreign postal code	G Gross receipts	s 62144	0.
\neg	/terminate Amended		H(a) Is this a	·	
╡	Application			rdinates? Yes X	No
	pending	356 CLEVELAND SLIDELL LA 70458		ubordinates included?	1
T -	Tax-exem		If "No." at	tach a list	No
	Website:		 	emption number	,
	orm of org		of formation	M State of legal domicile Li	Ā
-	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities. FUND RAT CHARITABLE ORGANIZATIONS	SING EVENT	TS ARE HELD TO	<u>o</u>
Activities & Governance	3 1	Check this box if the organization discontinued its operations or disposed of more number of voting members of the governing body (Part VI, line 1a)	than 25% of its net	assets 3 63	
ies	1	Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)	• • •	5	
₹		• •	• • •	6 30	
AC		Total number of volunteers (estimate if necessary)	• • •	7a 1763	3
		Fotal unrelated business revenue from Part VIII, column (C), line 12		7b 1917	
	D F	Net unrelated business taxable income from Form 990-1, line 34	Prior Year	Current Year	<u>-</u> -
Revenue		Contributions and grants (Part VIII Juna 1h)	Prior rear	3653	7
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			
Š					
జి		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1019	1
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d 10c and 10c		4672	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3), n. 4 75 2		1469	
		Benefits paid to or for members (Part IX, column (A), line 4)			<u>··</u>
		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	1085	3
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Dec	1	Fotal fundraising expenses, (Part IX, column (D), line 25)▶	7		, 2 ,
ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	******	3751	0.
ì	1	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · · · · · · · · · · · · · · · ·	6305	
	1	Revenue less expenses Subtract line 18 from line 12		-1633	
. 60	 	Revenue less expenses Subtract line to nom line 12	Beginning of Curr		<u> </u>
ts or	20 7	Fotal assets (Part X, line 16)	Year 1557:	End of Your	4
Net Assets or Fund Balances	21 7	Fotal liabilities (Part X, line 16)	190		
P S	22	Net assets or fund balances Subtract line 21 from line 20	1538		
_	art li	Signature Block	1000	10.01	-•
Und	der penali	ties of perjury, I declare that I have examined this return, including accompanying schedules and stater is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer has ar	ny knowledge	
			1	1/23/2015	
	gn ere	Signature of officer MICHAEL COCHRAN MICHAEL COCHRAN MICHAEL COCHRAN	Da R	te 11/25/20	> /5
_		Type or print name and title		·	
Pa		Print /Type preparer's name Preparer's signature Date	Check	50004545	: 7
	eparer			nployed P0024745	
Us	e Only	1000 7000 000000	Firm's EIN		
		Firm's address ▶ 1338 7TH STREET	Phone no	985-643-6430	
		SLIDELL LA 70458-			_
-		S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	. X Yes N	
Fo	r Paper	work Reduction Act Notice, see the separate instructions.		Form 990 (2	2014)

Form	990 (2014) SLIDELL NOON LIONS CLUB	72-6029329 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission TO CONTRIBUTE TO VARIOUS CHARITABLE ORGANIZATIONS	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program serv	rices? . Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service.	es, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	and revenue, if any, for each program service reported	
4 a	INCOME FROM GAMING ACTIVITIES ALLOW THE ORGANIZATION	THER CHARITABLE HELP PAY FOR THE OPERATIONS OF THE
4b	(Code) (Expenses \$ including grants of \$)	(Revenue \$
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$
	Other control (Development of Development of Develo	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$)(Revenue \$	١
4e	Total program service expenses ► 569601.	/

1 01111 330									
Part IV	Chec	klist	of I	₹eqι	ired	Scl	hedi	ules	;
			_						

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III ,	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			
	services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V	10	2 ''. Y Xon	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3		* 37%
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		37	
_	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	١		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
140	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		Х
h	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if	12a		
U	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance	140		
_	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- -		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		- -
	If "Yes," complete Schedule G, Part III	19	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			rm 990	(2014)

Part IV Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 Χ government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Χ on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Χ complete Schedule J . . . 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current 26 or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Χ 26 If "Yes,", complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions); Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, Χ III. or IV. and Part V. line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.					
	The second of the control of		<u></u>	<u>-</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	. 1a	0		· · · · ·	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. 1b	0	F <		ļ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able			
	gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			;		Ţ,
	Statements, filed for the calendar year ending with or within the year covered by this return	. 2a		,	 	20 - 000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?.			3a	X	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedi	ule O		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er auth	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial		=	. 4a		X
	If "Yes," enter the name of the foreign country		•	, ,	» ·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Acco	unts (FBAR)	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		1?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. 5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	I the		1	ļ———	
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribu			00		
	gifts were not tax deductible?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01	6b	ĺ	
	Organizations that may receive deductible contributions under section 170(c).			1700	(
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or anno	ie.			
	and services provided to the payor?	Ji goot	15	. 7a	i was itina	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		+
				· · /b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it required to file Form 8282?	was		7c	İ	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	76		7 7 5
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit					
	Did the organization receive any funds, offectly or indirectly, to pay premiums on a personal benefit condition of the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conditions of the organization of th			7e 7f		
				}		
_	If the organization rec'd a contribution of qualified intellectual property, did the organization file For		-	? 7g		
	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organ Form 1098-C?	ization	i ille a	76		
	,			. 7h	\$ 15 M - 24	112535
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta	inea b	y tne	, #150 m	. J	
	sponsoring organization have excess business holdings at any time during the year?			- i * * * *	×	ه کند.
	Consequence of the constitution of the constit	•		8	E.	1.2
	Sponsoring organizations maintaining donor advised funds.			الشائد أ		
	Did the sponsoring organization make any taxable distributions under section 4966?			. 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b		1 2 -
	Section 501(c)(7) organizations. Enter				**************************************	
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					s .
	Section 501(c)(12) organizations. Enter				- 31 %	1.
	Gross income from members or shareholders				:	·
	Gross income from other sources (Do not net amounts due or paid to other sources			3	h'. :	<u> </u>
	against amounts due or received from them)				É sta	
	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of F	orm 10	041? .	. 12a	425.12.00	12000
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				\$ \$	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				14.8 467 5 14.8 467 5	<u> </u>
а	is the organization licensed to issue qualified health plans in more than one state?			13a		100
	Note. See the instructions for additional information the organization must report on Schedule O				S2 3.	
b	Enter the amount of reserves the organization is required to maintain by the states in which					# . <u></u>
1	the organization is licensed to issue qualified health plans				1	
C	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			. 14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	dule O		. 14b		

policy, and financial statements available to the public during the tax year

.▶LARRY GROVES

State the name, address, and telephone number of the person who possesses the organization's books and records

356 CLEVEL SLIDELL

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? . . . Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons Χ other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? . . b Each committee with authority to act on behalf of the governing body? X 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Yes 10a Did the organization have local chapters, branches, or affiliates? . . 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? . . 13 14 Did the organization have a written document retention and destruction policy? . . . 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest

LA 70458 985-649-1644

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Form 990 (2014)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII. . . .

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if neither the organization r	or any rela	ated or	ganız	ation	s co	mpen	sate	d any current officer	, director, or trustee	
				(C))					
			Position							
		n ob)	ot ched	ck mo	ore th	an one				
(A)	(B)	box, u	ınless	perso	n is	both ar	١	(D)	(E)	(F)
Name and Title	Average	office	er and a	a dire	ctor/	trustee		Reportable	Reportable	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)LEN WATTS PRESIDENT	.20			X				0	0	0
(2)LARRY GROVES TREASURER	10			X				0	0	0
(3)										
(4)								7		
(5)										
(6)										
(7)										
(8)										-
(9)										
(10)										
(11)										
(12)	. ,, .									
(13)	,									
(14)										
				٠	ــــــــــــــــــــــــــــــــــــــ		ــــــــــــــــــــــــــــــــــــــ	L.,,		L,

Form 990 (2014) SLIDELL NOON				F				d Uishaat Campa	72-6029	
Part VII Section A. Officers, Direct (A) Name and title	(B) Average	(do n	ot che	(C) Position ck mo perso	on ore th	nan one both ar	: 1	(D) Reportable	nsated Employe (E) Reportable	(F) Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
18)										
[19]	•									
20)					·	,				
21)										
22)							-			
23)										
24)										
25)										
b Sub-total							> > >	0 0	0 0	0 0
? Total number of individuals (including but from the organization ▶	not iimited	to thos	se liste	ed at		e) wno	rec	eived more than \$10	U,000 of reportable	
Did the organization list any former office employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the the organization and related organizations individual	Schedule J sum of repo	for suc ortable	comp	vidua sensa	al ation	n and	othe	r compensation from		3 X
Did any person listed on line 1a receive or services rendered to the organization? If					-			-	vidual for	5 X
Section B. Independent Contractors Complete this table for your five highest c										
compensation from the organization Report (A) Name and business		sation	for th	e cal	end	ar yea	ren	ding with or within the (B) Description of se		(C) Compensation
		-	·	·····						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization ▶

Form 990 (2014) SLIDELL NOON LIONS CLUB
Part VIII Statement of Revenue

		Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII	<u> </u>	
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants 1a 24555. 1c 993.				
	e f g	(contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f	36537.			
	h	Total. Add lines 1a-1f				
Q)	2a	Duomess cour				
Program Service Revenue	b -		-			
	c -					
	ď				· · · · · · · · · · · · · · · · · · ·	
ogr. Re	e					
Pro L	f	All other program service revenue	_			
	g	Total. Add lines 2a-2f	, , , , , , , , , , , , , , , , , , , ,	1		
	3	Investment income (including dividends, interest, and				
		other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds , ,				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a					
	b	Less rental expenses ·				
	c	Rental income				
	d					
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory	_ ,		,	
	b	Less cost or other basis and sales expenses		,	•	
	1	Gain or (loss)				
	1	Net gain or (loss)				· · · · · · · · · · · · · · · · · · ·
Other Revenue	Ва	Gross income from fundraising events (not including \$				
š		of contributions reported on line 1¢)			•	
مجّ		See Part IV, line 18 a 8932				
ž.	1	Less direct expenses b 5111	1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		,	
Ō		Net income or (loss) from fundraising events ▶	3821.		···	3821.
	9a	Gross income from gaming				
		activities. See Part IV, line 19 a 574101				
		Less direct expenses b 569601		10100	17600	
		Net income or (loss) from gaming activities	4500.	-13133.	17633.	
	10a	Gross sales of inventory, less		,		
		returns and allowances a 16	<u></u>	1		
	1	Less cost of goods sold . b				
	С	Net income or (loss) from sales of inventory		16.		
		Miscellaneous Revenue Business Cod		1000		
	11a	MEAL REIMBURSEMENTS 90009		1333.		
	b	UNCLASSIFIED REVENU	521.	521.		
	C			1		
	d	All other revenue ,				
	e	e Total. Add lines 11a-11d	1854.		,	
			46728	-11263.	17633.	3821
	142	Total revenue Con instructions	. 1 4h / / X	· ~ / n 3	1 1/033	1 18/1

Part IX Statement of Functional Expenses

Check if Schedule O contains a				
o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
Grants and other assistance to domestic organizations	14546.	14546.		
and domestic governments. See Part IV, line 21 . Grants and other assistance to domestic	14240.	11010.		
individuals See Part IV, line 22	150.	150.		
Grants and other assistance to foreign		100.		
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16			*	
Benefits paid to or for members				
Compensation of current officers, directors,			-	
trustees, and key employees				
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	10054.		10054.	
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions).				
Other employee benefits .				
Payroll taxes	799.		799.	
Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1033.		1033.	
d Lobbying				
e Prof fundraising services See Part IV, line 17 .	-			·
f Investment management fees ,			-	
g Other. (If line 11g amount exceeds 10% of line 25,				
col (A) amount, list line 11g expenses on Sch O)				· · · · · · · · · · · · · · · · · · ·
Advertising and promotion ,	711.		711.	,
Office expenses	3069.	15.	3054.	
Information technology				
Royalties		1000	7010	
Occupancy	8020.	1002.	7018.	
'Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	- 1 7 7 7 7		14400	
Conferences, conventions, and meetings	14400.		14400.	
Interest				
Payments to affiliates	3 4 0 4	435	2040	
Propreciation, depletion, and amortization	3484.	435.	3049.	 ,
Insurance	2487.	311.	2176.	
Other expenses Itemize expenses not covered	1. Sept. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1.			w *
above (List miscellaneous expenses in line 24e If			k to the high street of	
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O)	<u> </u>	40.	15.	
a REGULATORY FEES	99.	40.	99.	
b MISCELLANEOUS c DUES	4152.		4152.	
	4102.	· · · · · · · · · · · · · · · · · · ·	4174.	
d	· · · · · · · · · · · · · · · · · · ·			
e All other expenses	63059.	16499.	46560.	
Total functional expenses. Add lines 1 through 24e	63039.	10499.	40300.	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 41314. 25628. Cash - non-interest-bearing . 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable net 3 4 4 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 129958. basis Complete Part VI of Schedule D 10a 113096 16862. 114445. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities, See Part IV, line 11 13 Investments - program-related See Part IV, line 11... 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 . . . 15 155759. 138724. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 1901. 1183.17 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 1901. 1183. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup |X| and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 137541. 153858. 27 Unrestricted net assets . . . 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 153858. 137541. 33 33 Total net assets or fund balances 155759. 138724. Total liabilities and net assets/fund balances

990 (2014)

Form

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, ▶ Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number 72-6029329 SLIDELL NOON LIONS CLUB Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . . Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . .

conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included in Form 990, Part VIII, line 1 .

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b Assets included in Form 990, Part X

Schedule D (Form 990) 2014

	(continued)	s manicaning C	conections of Ait,	nistoricai i reasur	es, or Other Sillin	iai Assets
3	Using the organization's acc	uisition, accession.	and other records, che	ck any of the following th	nat are a significant use	of its collection items
	(check all that apply)			,	···· ··· · · · · · · · · · · · · · · ·	
а	Public exhibition			d Loan or exchan	ge programs	
b	Scholarly research			e Other		
С	Preservation for future of	generations			 	
4	Provide a description of the	organization's colle	ctions and explain how	they further the organiza	tion's exempt purpose	ın Part XIII
5	During the year, did the orga					
	to raise funds rather than to	be maintained as p	art of the organization's	s collection?		. Yes No
Pa	rt IV Escrow and C	Custodial Arran	igements. Comp	lete if the organizati		' to Form 990,
				990, Part X, line 21		
1a	Is the organization an agent	, trustee, custodian	or other intermediary for	or contributions or other	assets not included	
	on Form 990, Part X? .					. Yes No
þ	If "Yes," explain the arrange	ment in Part XIII an	d complete the following	g table		,
					<u> </u>	Amount
	Beginning balance .			, .	<u> 1c</u>	
	Additions during the year			· · · · · · · · · · · · · · · · · · ·	<u>1d</u>	
	Distributions during the year	r			<u>1e</u>	
	Ending balance	· · · · · ·			<u>1f</u>	
	Did the organization include				-	Yes X No
	If "Yes," explain the arrange					
.Pa				on answered "Yes"		· · • ·
_		a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four years back
1a	Beginning of year					
	balance					
	Contributions .					
Ç	Net investment earnings, gains,					
	and losses		·, ····			
d	Grants or scholarships		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
0	Other expenditures					
	for facilities and					
	programs					
f	Administrative					
	expenses .			ļ.,		
g	End of year balance		· · · · · · · · · · · · · · · · · · ·			
2	Provide the estimated perce	_	-	1g, column (a)) heid as		
	Board designated or quasi-		0.00 %			
b	Permanent endowment ▶_	0.00	%			
С	Temporarily restricted endor	wment ▶ 0.0	00 %			<u> </u>
	The percentages in lines 2a					
3a	Are there endowment funds	not in the possessi	on of the organization t	hat are held and adminis	tered for the organizati	on by Yes No
	(i) unrelated organizations					. 3a(i)
	(ii) related organizations					3a(ii)
b	if "Yes" to 3a(II), are the rela	ated organizations le	sted as required on Sch	nedule R?		3b
4	Describe in Part XIII the inte	inded uses of the or	rganization's endowmei	nt funds		
Pa		gs, and Equipr				
	Complete if the	e organization a	nswered "Yes" to F	Form 990, PartIV, Iir	ne 11a. See Form 9	990, Part X, line 10.
	Description of prop	erty	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value
			basis (investment)	basis (other)	Depreciation	
1a	Land				4	1
b	Buildings	[127,823.			127,823.
	Leasehold improvements	. , [
d	Equipment .					
е	Other ,					
Total	. Add lines 1a through 1e (0	Column (d) must ear	ual Form 990. Part X. c	olumn (B), line 10c)	· · · · · · · · · · · · · · · · · · ·	▶ 127,823.

72-6029329 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through (event type) (event type) (total number) col (c) Revenue Gross receipts Less Contributions. Gross income (line 1 minus line 2) Cash prizes Noncash prizes . Direct Expenses Rent/facility costs Food and beverages 8 Entertainment . Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (a) Bingo (b) Pull tabs/instant (c) Other gaming Revenue col (a) through col (c)) bingo/progressive bingo 266,322. 306,165. 1,614. 574,101. Gross revenue 226,804. 460,260. 233,456. Cash prizes . Direct Expenses Noncash prizes 19,000. 19,000. 38,000. Rent/facility costs 26,999. 44,342. 71,341 Other direct expenses 40.0% X 40.0% 40.0% Yes Yes Yes Volunteer labor . No No No 569,601. Direct expense summary Add lines 2 through 5 in column (d)

	8 Net gaming income summary Subtract line 7 from line 1, column d	4,500.
9	Enter the state(s) in which the organization conducts gaming activities $ { m LA} $	
é	a Is the organization licensed to conduct gaming activities in each of these states?	X Yes No
ţ	b If "No," explain	 ······································
		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes X No
i	b If "Yes," explain	
		 ,

Sche	edule G (Form 990 or 990-EZ) 2014 SLIDELL NOON LIONS CLUB 72-60	29329 Page 3	3
11	Does the organization conduct gaming activities with nonmembers?	X Yes No	_
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	_	
	administer charitable gaming?	Yes X No	,
	Indicate the percentage of gaming activity conducted in		
		13a 0.00 9	
	, , , , , , , , , , , , , , , , , , , ,	13b 100.00 9	<u>6</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		_
	Address >		_
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
·	in res, entername and address of the third party		
	Name ▶	·····	
	Address ►		
16	Gaming manager information		
	Name▶ JIM SCHARF		_
	Gaming manager compensation ▶ \$		
	Description of services provided ►BINGO MANAGER		
	X Director/officer Employee Independent contractor		
	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	. 🗓 Yes 🗌	No
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see		
	instructions)		-
			-
		_ 	•
	· · · · · · · · · · · · · · · · · · ·		•
			,
			-
			-
			-
	A.L. J. L. A.M.	00 000 001	
BCA	Schedule G (Form 9	au or 990-EZ) 2014	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service SLIDELL NOON LIONS CLUB

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2014

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

Open to Public Inspection Employer identification number 72-6029329 ŝ

Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria or assistance X Yes non-cash assistance (g) Description of Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizati Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (f) Methof of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance (d) Amount of cash Enter total number of section 501(c)(3) and government organizations listed in the line 1 table grant General Information on Grants and Assistance (c) IRC section ıf applıcable Enter total number of other organizations listed in the line 1 table used to award the grants or assistance? (p) EIN 1 (a) Name and address of Part ! Part II Ξ 18 (30) (11) (12) 3 4 9 (8) 6 ල 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 72-6029329

SLIDELL NOON LIONS CLUB	72-6029329
PART VI SECTION B LINE 11 EXPLANATION	
A COPY OF THE 990 TAX RETURN IS PROVIDED TO THE GOVERNIN	G
BOARD FOR REVIEW BEFORE THE RETURN IS SIGNED BY AN OFFIC	ER
AND MAILED IN. THE ORGANIZATION RELIES ON A PAID TAX	
PREPARER TO COMPLETE THE RETURN.	· · · · · · · · · · · · · · · · · · ·
PART VI SECTION B LINE 15B EXPLANATION	
THE ORGANIZATION COMPENSATES SOME INDIVIDUALS TO WORK BI	NGO
SESSIONS. THE RATE OF PAY IS REGULATED BY THE STATE OF L	Α.
SOME MEMBERS OF THE ORGANIZATION CHOSE TO DONATE THEIR T	IME.
THERE IS ONLY ONE OTHER PAID EMPLOYEE WHO IS COMPENSATED	ON
PART VI SECTION B LINE 15B EXPLANATION CONTINUED	
A SALARY BASIS. THE SALARY AMOUNT WAS MUTUALLY AGREED UP	ON
BY THE ORGANIZATION AND THE PAID EMPLOYEE AND IS CONSIDE	RED
TO BE A REASONABLE AMOUNT FOR THE SERVICES PERFORMED.	
PART VI SECTION B LINE 15B EXPLANATION CONTINUED	
ADDITIONALLY, POLICE OFFICERS ARE PAID TO WORK DETAILS F	OR
THE BINGO SESSIONS AND THOSE AMOUNTS ARE NEGOTIATED BY T	НЕ
ORGANIZATION AND THE LOCAL POLICE DEPARTMENT.	
	