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Internal Réfereue Service

Departmint of the Treasury

Return of Organization Exempt From Income Tax 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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

<u>A</u>	For the	2014 calendar year, or tax year beginning $0.01 - 0.01$, 2014, ar	ia enaing	Jun 30,2015
В	Check if applicable	C Name of organization Lions Club 14257 Kodiak	D Employer id	lentification number
	Address ch	·	92-	-6003141
П	Name chan	Number & street (or P O box if mail is not delivered to street address) Room/suite	E Telephone ni	umber
П	Initial return	Box 1735	90	7-486-2550
П	Final return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	\$ 217161.
Ħ	Amended re	Kodiak AK 99615		group return
H	Application	F Name and address of principal officer Joyce Gregory	 	ordinates? Yes X No
ш	pending	422 E Marmot W KODIAK AK 99615	J	subordinates included?
	Tax-exemp		If "No," at	ttach a list Voc No.
$\overline{}$		t status 501(c)(3) X 501(c)(4) ◀ (insert no) 4947(a)(1) or 52	(
_	Website:		1065	remption number
	Form of orga		of formation 1965	M State of legal domicile AK
	art	Summary	1 11	
	1	· ————————————————————————————————————	le and edu	lcational
•	<u>p</u>	rograms		
٥	i _			
Ĕ				
Š	2 C	neck this box 🕨 🗌 if the organization discontinued its operations or disposed of more	than 25% of its net	assets
Ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3 11
ν S	1	umber of independent voting members of the governing body (Part VI, line 1b)		. 4 11
.≘	1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5
Activities & Governance	I.	otal number of volunteers (estimate if necessary)		6 50
Å	1	atal unrelated business revenue from Part VIII, column (C), line 12		7a
		et unrelated business taxable income from Form 990-T, line 34	•	7b
_	D 14	a diretated busiless taxable income from 10th 1550-1, line 54	Prior Year	
		satebakers and seemte /Ded VIII has 4b)	344	Current Year 40. 10315.
9		ontributions and grants (Part VIII, line 1h)		
Revenue	,	ogram service revenue (Part VIII, line 2g)	821	111/2.
é	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1170	1.1
_	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11786	
	12 To	stal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12951	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	9693	79133.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		
S	1			
Expenses	16a Pi	ofessional fundraising fees (Part IX, column (A), lines 5-10)		
Pe	,	otal fundraising expenses, (Part IX, column (6), line 25)		
ŭ		her expenses (Part IX, column (A), lines 14411d, 111-24e) 22015.	5586	65. 47479.
		atal expenses Add lines 13-17 (must equal Partix column (A), line 25)	15279	
		evenue less expenses Subtract line 18 from line 12)	-232	
	 	evenue less expenses Subtract line 104roin tipe 22	Beginning of Curr	rant
Net Assets or Fund Balances			<u> </u>	Elia di Teal
set	20 To	tal assets (Part X, line 16)	5988	80. 62032.
Ž P	21 To	tal liabilities (Part X, line 26)		60000
_		et assets or fund balances. Subtract line 21 from line 20	5988	80. 62032.
Р	art II	Signature Block		
		s of perjury, I declare that I have examined this return, including accompanying schedules and stater		
and	belief, it is	true, correct, and complete Declaration of preparer (other than officer) is based on all information of	which preparer has an	ıy knowledge
		1 duling Thorsary		
Sig	gn	Signafure of officer	Dat	te / /
He	_	Joyce K (Trecory Joeanner		11/4/15
		Type or prior name and title		
Pa	id		Check	X if PTIN
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.40015	mo1010E40
	eparer	Wadiala Mary Carrier (ployed P01218543 ▶ 92-0078275
Us	e Only	Firm's name ► Kodiak Tax Service	Firm's EIN	
_		Firm's address ► PO Box 1962	Phone no	907-486-4833
		KODIAK AK 99615-		
Ма	v the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

X Yes No Form 990 (2014)

SCANNED DEC C 2 2015

Fom	n990(2014) Lions Club 14257 Kodiak	92-6003141 Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1,	Briefly describe the organization's mission Charitable and educational programs	
2	·	ed on 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	m services? Yes X No
4	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc and revenue, if any, for each program service reported	- •
4a	(Code) (Expenses \$ 126612. Including grants of \$ Charitable and educational programs) (Revenue \$
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$)(Revenue \$)
<u>4e</u>	Total program service expenses ► 126612.	Form 990 (2014)

	Checkins of Required Schedules			
1 ,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,			i
_	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			١
	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,"			1
	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			ł
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt_negotiation			ĺ
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ĺ	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,,,,,		
	Schedule D, Parts XI and XII	12a		Х
ь	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if			· · · · ·
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	14b		Х
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		— <u>`</u>
15		15		Х
40	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		X
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ. <u> </u>	├ ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
4.5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		 ^
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		,,	ĺ
	If "Yes," complete Schedule G, Part III	19	Х	<u></u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>

Form 990 (2014) Lions Club 14257 Kodiak

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	- 1		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,")	
	complete Schedule J	23		_X
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	- 1	1	
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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]	
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ľ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or	ļ		
	990-EZ? If "Yes." complete Schedule L. Part I	25b	ŀ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			
	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,", complete Schedule L, Part II	26	ĺ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	\neg		
	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	ļ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ľ	İ	
а		28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-		28ъ	1	Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	i e e e e e e e e e e e e e e e e e e e	28c		Χ
29	F	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00		30	1	Х
31		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	-		
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33	İ	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	~		
34		34		Х
25-	III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{X}{X}$
35a		33a		
b	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	35Ь	ļ	
		35D		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	20		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
••	——————————————————————————————————————	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O	38		

Pe	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	162	NO
	Enter the number of Forms W-2G included in line 1a Enter -O- if not applicable		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		
	gaming (gambling) winnings to prize winners?	x x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0)	
	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)? 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 Financial Accounts (FBAR)		12
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u> X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u> </u>	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	'	
	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1	
	required to file Form 8282?	.	
	If "Yes," indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e	.	
	Did the organization, during the year, pay premiums, directly or indirectly, orn a personal benefit contract?		
	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required? . 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		
	Form 1098-C?		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?		
	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	
	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12	1 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		
	Gross income from members or shareholders		
	445		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>a</u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	_	
	Section 501(c)(29) qualified nonprofit health insurance is suers.		İ
	Is the organization licensed to issue qualified health plans in more than one state?	a	
	Note. See the instructions for additional information the organization must report on Schedule O		
	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year? 14	a	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	

Part VI

1	47	
1	ΥI	
- 1	3.7	

<u> </u>	tion A. Governing Body and Management					Vaa	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a		11		Yes	
	If there are material differences in voting rights among members of the governing body, or if the governing				İ		
	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	1ь		11	}		
2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				2		Х
3	any other officer, director, trustee, or key employee?	•		H			
J	Did the organization delegate control over management duties customarily performed by or under the direct			l	,		Х
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?			-	3 4		$\frac{\lambda}{X}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			·	5	-	$\frac{X}{X}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	•		ŀ	6		$\frac{X}{X}$
6 70	Did the organization have members or stockholders?	20 01 1		-	-		
74	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or members of the governing body?	HE OII	nore	-	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholic	· ·	v porco		/ a		
		JE13, C	n person	15	7b	ľ	Х
	other than the governing body?			-	'		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
_	the year by the following The group heat?				.	Х	
	The governing body?	•			8a 8b		X
				- }	80		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				9	i	Х
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the	Inter	nal Pa			odo	
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the	II ILEI	ilai Ne	VEIII			No
100	Did the erganization have lead shorters bronches or affiliates?			Г	10a	Yes	X
	Did the organization have local chapters, branches, or affiliates?			-}-	iua		<u>~</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				106		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.	 filma	 	_ ⊢	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ming	uie ioini	' ' 			<u>~</u>
	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990				122		Х
	Did the organization have a written conflict of interest policy? If "No," go to line 13			- ⊢	12a 12b		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts.	•	•	·	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				43-		
40	describe in Schedule O how this was done	•	•	·	12c		X
13	Did the organization have a written whistleblower policy?	• •		· .}	14		$\frac{X}{X}$
14	Did the organization have a written document retention and destruction policy?			·		-+	
15	Did the process for determining compensation of the following persons include a review and approval by	ion?		- 1		- }	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	0117		İ	45.		Х
	The organization's CEO, Executive Director, or top management official			-	15a		$\frac{X}{X}$
D	Other officers or key employees of the organization			1	15b		
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 1	- 1		
164	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- 1	40.		Х
	with a taxable entity during the year?			·	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			- 1		ļ	
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			- 1	466	Ì	
	the organization's exempt status with respect to such arrangements?	· · ·	· ·	<u>· · ·</u>	16b	l	
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed Section 6104 required on expansion to make its Forms 1003 (or 1004 if applicable), 990, and 990 T (Section 6104 if applicable).	n F01	1(0)(3)-	only)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	JII 301	(()(3)5	oina)			
	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)	•	-4				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	intere	SI				
	policy, and financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and	record	38 7 - 50	O = 0	500	1	
		90	1-33	<u> </u>	738.	т	
					_		

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

Section A. 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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box, s	ot che	perso	on oreth ons	nan hoolh an Highest compensated employee	,	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Tony Olazabal Past President	2	Х		X				0	0	0
(2)Kathie Morin President	7	Х		X				0	0	0
(3)Carrie Morton 1st Vice Pres	4	Х		X				0	0	0
A)Lloyd Shanley 2nd VP	4 .	х		X				0	0	0
(5)Mike Ross 3rd VP	3.	Х		X				0	0	0
(6)Joyce Gregory Treasurer	9	Х		X				0	0	0
ת)L Tobert-Mosie Secretary	4	Х		Х				0	0	0
(8)										
(9)										
10)										
11)				-						
12)						_				
13)										
14)				-						

Part VII Section A. Officers, Direct (A) Name and title	(B)	(do r	not che unless	(C Positi ck ma persa	on ore th	yees, han one both ar frustee	e 1	(D) Reportable	nsated Employe (E) Reportable		(F)	<u>()</u>
	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)	comp fro orga and	ount of other ensation om the inization related nization	n n
(15)					-					July		<u>-</u>
(16)	 		<u> </u>		_		-					_
(17)												
(18)				-						 		
(19)			-							-		
(20)	 									-		
(21)			-									
(22)												
(23)												
(24)			_			_				 	 .	
(25)												
1b Sub-total	<u> </u>		<u></u>	<u> </u>		<u> </u>	•	0	0		0	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section	n A					▶	0	0		0	
2 Total number of individuals (including but	not limited	to tho	se liste	ed al	bove	e) who	rece	erved more than \$10	0,000 of reportable	compens	ation	
from the organization									<u> </u>		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete 5				-		oyee, d	or hig	ghest compensated		3		Х
4 For any individual listed on line 1a, is the						n and	othe	r compensation from				
the organization and related organizations	greater th	an \$15	50,000)? If	"Ye:	s," con	nplei	te Schedule J for suc	ch			Х
individual5 Did any person listed on line 1a receive or	accrue co	mpens	 sation	from	any	unrel	lated		vidual for	. 4		
services rendered to the organization? If	"Yes," com	plete :	Sched	ule J	for	such į	bers	on	<u> </u>	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest or	ompensate	d inde	pende	ent c	ontra	actors	that	received more than	\$100,000 of			
compensation from the organization Repo												
(A)								(B) Description of se	0/1000	(Comper		
Name and business	auuress							DOSCIPION OF SE		Compa	.541011	
							-					
2 Total number of independent contractors (out not	limite	d to	thos	e liste	d ab	ove) who received n	nore than			
\$100,000 in compensation from the organ	12011011									Form	990 /	2014

		Check if Schedule O contains a response or n	(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 e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	10315.			
	2a b	club activities Business Code	11172.	11172.		
Program Service Revenue	d e					
_	1	All other program service revenue	11172.			
	3 4	Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶	111/2.			
	6a b c d 7a	sales of assets other than inventory Less cost or other				
	1	basis and sales expenses . Gain or (loss) Net gain or (loss) .				
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
0	9a	Net income or (loss) from fundraising events . ▶ Gross income from gaming activities See Part IV, line 19 a 185262. Less direct expenses b 81290.				
		Less direct expenses b 81290 . Net income or (loss) from gaming activities >	103972.	į		
	10a b	Gross sales of inventory, less returns and allowances . a Less cost of goods sold . b . Net income or (loss) from sales of inventory .				
	一	Miscellaneous Revenue Business Code				
	11a					
	Ь					
	C					
	d	Ali other revenue				
	e	Total. Add lines 11a-11d .				
	12	Total revenue. See instructions	128764.	11172.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX						
No.	not include amounts reported on lines 6b,				<u> </u>		
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	Fundraising		
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses		
•	and domestic governments See Part IV, line 21 .	79133.	79133.				
2	Grants and other assistance to domestic	7,5133.	,3133.		 		
•	individuals See Part IV, line 22						
3	Grants and other assistance to foreign						
-	organizations, foreign governments, and foreign				1		
	individuals See Part IV, lines 15 and 16						
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·					
5	Compensation of current officers, directors,						
	trustees, and key employees				İ		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salanes and wages						
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions).						
9	Other employee benefits						
10	Payroli taxes						
11	Fees for services (non-employees)						
а	Management						
b	Legal						
C	Accounting						
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)		1050				
12	Advertising and promotion	4272.	4272.				
13	Office expenses	1133.	1133.				
14	Information technology						
15	Royalties						
16	Occupancy		501				
17	Travel	5913.	5913.		· - · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization						
23	Insurance			· 	 		
24	Other expenses Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O) club activities	8096.	8096.				
a	dues	4279.	4279.				
b	education	18474.	18474.				
C	foodbank/others	5312.	5312.				
d		3312.	3312.	<u> </u>	 		
e	All other expenses	126612.	126612.				
25	Total functional expenses. Add lines 1 through 24e	120012.	120012.				
	Joint costs. Complete this line only if the organization		ł		}		
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation						
	Check here ▶ If following SOP 98-2 (ASC 958-720)				L		

		Check if Schedule O contains a response or note to any line in this Part X			. []
`			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	59880.	1	59457.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2575.
	5	Loans and other receivables from current and former officers, directors,			<u> </u>
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
Assets		Part II of Schedule L		6	
455	7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	59880.	16	62032.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ñ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
abi		trustees, key employees, highest compensated employees, and		1	
		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		24	
	25	Other liabilities (including federal income tax, payables to related third			
i		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
9		complete lines 27 through 29, and lines 33 and 34.	50000		(2022
anc	27	Unrestricted net assets	59880.	27	62032.
Bai	28	Temporarily restricted net assets		28	
ב	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ō		and complete lines 30 through 34.		_	
i of s	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>5</u>	32	Retained earnings, endowment, accumulated income, or other funds	EOOOO	32	62022
~	33	Total net assets or fund balances	59880.	33	62032.
	34	Total liabilities and net assets/fund balances	59880.	34	62032.

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

3b

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service

▶ Complete If the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	(see separate instructions), then Section 501(c)(4), (5), or (6) or	ganizations Complete Part III			
	e of organization			E	mployer identification number
L:	ions Club 14257	Kodıak			92-6003141
Pá	art I-A Complete if	the organization is exempt u	nder section 50	O1(c) or is a section	on 527 organization.
1	Provide a description of the	organization's direct and indirect politic	al campaign activiti	es in Part IV	
2	Political expenditures				▶ \$
3	Volunteer hours				
Pa	irt I-B Complete if	the organization is exempt u	nder section 50)1(c)(3).	
1	•	se tax incurred by the organization un			. ▶\$
2	• • • • • • • • • • • • • • • • • • •	se tax incurred by organization manag	•	95 5	. ▶\$
3	If the organization incurred a	section 4955 tax, did it file Form 4720	o for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
_Pa	irt I-C Complete if	the organization is exempt u	nder section 50)1(c), except sect	ion 501(c)(3).
3 4 5	exempt function activities . Total exempt function expen- 1120-POL, line 17b Did the filing organization file Enter the names, addresses made payments For each or contributions received that we	ditures Add lines 1 and 2 Enter here Form 1120-POL for this year? and employer identification number (Erganization listed, enter the amount page ere promptly and directly delivered to	and on Form EIN) of all section 52 Ind from the filing org a separate political of	:7 political organization janization's funds. Also organization, such as a	enter the amount of political
		e (PAC) If additional space is needed			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ento	n's contributions received
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has i 5768 (election under section 501(h)).	TOV	filed	Form	1		
Fores	ch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the	(a	<u> </u>			b)	
•	ng activity	Yes	No.			ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?		X			<u> </u>	-
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
c	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?	\rightarrow	X				
f	Grants to other organizations for lobbying purposes?		X				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	1	X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\neg	$\frac{1}{X}$				
i	Other activities?		X				
i	Total Add lines 1c through 1:						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912		<u></u>				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	х				
_	III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6		Or			
e Cit	section 501(c)(6).	,01(0	·,(\\ \\ ,	OI .			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		• •	2		X
3	Did the organization make only in Prouse lobbying expenditures of \$2,000 or less. Did the organization agree to carry over lobbying and political expenditures from the prior year?	•		•	3		X
	III-B Complete if the organization is exempt under section 501(c)(4), section 5	04/6	VEY				L.*`
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."	•					
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures(do not include amounts of political						
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
ь	Carryover from last year		2b				
С	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess de	es					
	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		1 1				
	expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Par							_
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), I	Part II.	A line	es 1 an	٠		
	separate instructions), and Part II-B, line 1. Also, complete this part for any additional information		. 4	JO 1 411			
2 (966	separate instructions), and rait it-b, line it 7450, complete this part for any additional information						
		_					
		_					
		·					

Schedule G (Form 990 or 990-EZ) 2014 Lions Club 14257 Kodiak 92-6003141 Page 2 Part II 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 (d) Total events (a) Event #1 (b) Event #2 (c) Other events Fundraisers (add ∞I. (a) through (event type) (event type) (total number) col (c) Revenue 10,412. 10,412. Gross receipts . Less Contributions 3 Gross income (line 1 10,412. 10,412. minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs . Food and beverages Entertainment . . . 7,107. 7,107. Other direct expenses 7,107. Direct expense summary Add lines 4 through 9 in column (d) 3,305. Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Part III line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 93,964. 91,298. 185,262. Gross revenue 29,508. 29,508. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 50,163. 1,619. 51,782. Other direct expenses 100.0% 0.0% 0.0% Yes Yes Yes Volunteer labor . 81,290. 7 Direct expense summary Add lines 2 through 5 in column (d) 103,972. Net gaming income summary. Subtract line 7 from line 1, column d. . . 9 Enter the state(s) in which the organization conducts gaming activities AK X Yes No a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule (3 (Form	990 or	990	-EZ)	2014

b If "Yes," explain

12	Does the organization conduct of)3141 Page:
		aming activities with nonmembers			13.51
		neficiary or trustee of a trust or a r		=	
•				• • • • •	[] Yes [X] No
	Indicate the percentage of gamin	- ,		1.44	
				} 	
	An outside facility Enter the name and address of the	he person who prepares the organ		<u> </u>	b 100.00 9
	Line the name and address of the	re person who prepares the digar	nzation's gaming/special	evenus books and records	
	Name▶ Robyn Cassi	dy			
	Address►703 Lilly D	rive	KODIAK AK	99615-0000	
15.2	Does the organization have a cor	ntract with a third party from whor	n the organization receive	ic gaming toyoni io?	X Yes
		ning revenue received by the orga		•	
		e third party ▶\$ 28,1		dra the amount	
	If "Yes," enter name and address				
	·				
	Name▶ The Village	Bar			
	Address▶410 Marine N	Way	KODIAK AK	99615	
6	Gaming manager information				
	Name▶ Joyce Grego:	<u>ry</u>			
		▶oversees gaming	4 THOOME and	rcports	
	· · ·			<u> </u>	
	X Director/officer	Employee	Independent cor	<u> </u>	
[X Director/officer			<u> </u>	
[17	X Director/officer . Mandatory distributions	Employee	Independent cor	ntractor	
[17 a	X Director/officer Mandatory distributions Is the organization required unde	Employee	Independent cor	stractor proceeds to retain the state	▼ vas □ I
7 a	X Director/officer Mandatory distributions Is the organization required unde gaming license?	Employee	Independent cor	proceeds to retain the state	X Yes
[7 a b	Director/officer Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions	Employee r state law to make chantable dis	Independent cor	proceeds to retain the state	X Yes 🗍 I
[a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit	Employee r state law to make chantable disconnections of the control of the cont	Independent cortinuous from the gaming	proceeds to retain the state	X Yes
[a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make chantable disconnections of the control of the cont	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes []
[17 a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes 1
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[a b	Mandatory distributions Is the organization required unde gaming license? Enter the amount of distributions organization's own exempt activit Supplemental Information 11, lines 9, 9b, 10t	Employee r state law to make charitable discrequired under state law to be discress during the tax year ▶\$ ation. Provide the explanations re-	Independent continuous from the gaming	proceeds to retain the state proganizations or spent in the columns (iii) and (v), and	X Yes []

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 2014

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

Open to Public Inspection

Complete if the organization answered "Yes" to Form 99C Education (h) Purpose of grant 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 **Employer Identification number** 92-6003141 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 IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more than \$5,000. Part IV can be duplicated if additional space is needed. (f) Methof of valuation (book, FMV, appraisal, 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 14,495 grant General Information on Grants and Assistance (c) IRC section f applicable 99615 AK KO92-6000147 used to award the grants or assistance? (P) EIN Club 14257 Kodiak Dist 1 (a) Name and address of (1)KIB School Name of the organization ΜŢ Lions Part I Part II 30/ 5 3 ල € 9 <u>@</u> Ε 8 <u>e</u>

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (201

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

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.

2014
Open to Public
Inspection

Name of the organization	Employer identification number
Lions Club 14257 Kodiak	92-6003141
Page 6, Part VI, line 11b	·
Form 990 is reveiwed by the Treasurer who then r	eports to
the board when the 990 is completed and has been	sent Any
board member is free to review the Form 990 upon	request.
Page 10, line 1, Grants	
See attached list of grants \$79,133	