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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury  
Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning _____ and ending _____		B Check if applicable		C Name of organization		D Employer identification number	
		<input type="checkbox"/> Address change		ALBION KNIGHTS OF COLUMBUS COUNCIL 1739		23-7109611	
		<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
		<input type="checkbox"/> Initial return		P.O. BOX 107		(402) 395-6004	
		<input type="checkbox"/> Terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ► 0188	
		<input type="checkbox"/> Amended return		ALBION, NE 68620			
		<input type="checkbox"/> Application pending					
				G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
				I Website: ► N/A			
				J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
				K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			
				L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 105,850.			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)							
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>							
Revenue	1 Contributions, gifts, grants, and similar amounts received			SEE SCHEDULE O		1 22,503.	
	2 Program service revenue including government fees and contracts					2	
	3 Membership dues and assessments					3 6,933.	
	4 Investment income					4 231.	
	5a Gross amount from sale of assets other than inventory			5a			
	b Less: cost or other basis and sales expenses			5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6 Gaming and fundraising events			5c			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			6a 19,537.			
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b 56,646.			
	c Less: direct expenses from gaming and fundraising events			6c 60,248.			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 15,935.			
	7a Gross sales of inventory, less returns and allowances			7a			
	b Less: cost of goods sold			7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8 Other revenue (describe in Schedule O)						
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			►		9 45,602.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			SEE SCHEDULE O		10 49,957.	
	11 Benefits paid to or for members					11	
	12 Salaries, other compensation, and employee benefits					12	
	13 Professional fees and other payments to independent contractors					13 500.	
	14 Occupancy, rent, utilities, and maintenance					14 4,221.	
	15 Printing, publications, postage, and shipping					15 856.	
	16 Other expenses (describe in Schedule O)					16 2,970.	
	17 Total expenses. Add lines 10 through 16			►		17 58,504.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)					18 -12,902.	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					19 33,772.	
	20 Other changes in net assets or fund balances (explain in Schedule O)			SEE SCHEDULE O		20 9,072.	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20			►		21 29,942.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.



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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► <u>NONE</u>		
42a The organization's books are in care of ► <u>THE ORGANIZATION</u> Telephone no. ► <u>(402) 395-6004</u> Located at ► <u>P. O. BOX 107, ALBION, NE</u> ZIP + 4 ► <u>68620</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	-
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	-

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47	
48	
49a	
49b	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

48	
49a	
49b	

b If "Yes," was the related organization a section 527 organization?

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

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

**Sign Here** ► *David Mohr* Date *6-26-14*  
Signature of officer  
► DAVID MOHR, FINANCIAL SECRETARY  
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	RICHARD D. MARTINSEN	<i>Richard MartinSEN CPA</i>	6-25-14		P00116311
	Firm's name ► RICHARD MARTINSEN, PC				Firm's EIN ► 47-0646126
	Firm's address ► 1212 WEST STATE ALBION, NE 68620				Phone no. 402-395-6004

May the IRS discuss this return with the preparer shown above? See instructions ►

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Form 990-EZ (2013)

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form\\_990](http://www.irs.gov/form_990).**

OMB No 1545-0047

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2013

**Open To Public  
Inspection**

Name of the organization

**Employer identification number**

ALBION KNIGHTS OF COLUMBUS COUNCIL 1739

23-7109611

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## Part

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**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.

	(a) Event #1 <b>FISH FRYS / PANCAKE</b> (event type)	(b) Event #2	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	56,646.			56,646.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	56,646.			56,646.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	37,652.			37,652.
8 Entertainment				
9 Other direct expenses	2,450.			2,450.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 40,102.
11 Net income summary Subtract line 10 from line 3, column (d)				► 16,544.

**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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue	9,659.	9,878.		19,537.
Direct Expenses				
2 Cash prizes	6,884.	6,826.		13,710.
3 Noncash prizes	46.			46.
4 Rent/facility costs	2,700.			2,700.
5 Other direct expenses	1,021.	2,669.		3,690.
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► 20,146.
8 Net gaming income summary Subtract line 7 from line 1, column (d)				► <609.>

9 Enter the state(s) in which the organization operates gaming activities NE

a Is the organization licensed to operate gaming activities in each of these states?

Yes  No

b If "No," explain:

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

Yes  No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?  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  No

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

		Yes	No
13a	75.00	%	
13b	25.00	%	

Name ► PATRICK CURRAN

Address ► 827 W COLUMBIA ST APT #137 - ALBION, NE 68620

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► JOHN SMITH

Gaming manager compensation ► \$ 0.

Description of services provided ► OVERSEES THE BINGO &amp; PICKLE CARD OPERATIONS AND PREPARATION OF REPORTS.

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_.

**Part IV** 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 complete this part to provide any additional information (see instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2013**

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Name of the organization

ALBION KNIGHTS OF COLUMBUS COUNCIL 1739

Employer identification number  
23-7109611

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST

231.

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

**AFFILIATE NAME:** SUPREME COUNCIL KNIGHTS OF COLUMBUS

**AFFILIATE ADDRESS:** 526 ONE COLUMBUS PLAZA NEW HAVEN, CT 06507-0901

**PURPOSE OF PAYMENT:** PER CAPITA ASSESSMENT

**AMOUNT OF PAYMENT:**

981.

**AFFILIATE NAME:** STATE COUNCIL KNIGHTS OF COLUMBUS

**AFFILIATE ADDRESS:** 517 N 4TH DAVID CITY, NE 68632

**PURPOSE OF PAYMENT:** PER CAPITA ASSESSMENT

**AMOUNT OF PAYMENT:**

1,811.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10**

2,792.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** ATHLETICS

**GRANTEE NAME:** BOONE CENTRAL SCHOOLS

**GRANTEE ADDRESS:** 605 SOUTH 6TH ST ALBION, NE 68620

**AMOUNT GIVEN:**

203.

**ACTIVITY CLASSIFICATION:** INTELLECTUAL DISABILITIES

**GRANTEE NAME:** TOOTSIE ROLL DRIVE

**AMOUNT GIVEN:**

1,598.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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**ACTIVITY CLASSIFICATION: CHARITABLE-BUILDING REMODELING & OPERATING**

**EXPENSES**

**GRANTEE NAME: MCGIVNEY PATRIOTS**

**GRANTEE ADDRESS: 732 SOUTH 5TH ST ALBION, NE 68620**

**AMOUNT GIVEN:**

**36,462.**

**ACTIVITY CLASSIFICATION: RELIGIOUS**

**GRANTEE NAME: SAINT MICHAELS CHURCH**

**GRANTEE ADDRESS: 524 W CHURCH ST ALBION, NE 68620**

**AMOUNT GIVEN:**

**1,596.**

**ACTIVITY CLASSIFICATION: PRO LIFE PROGRAMS**

**AMOUNT GIVEN:**

**629.**

**ACTIVITY CLASSIFICATION: PRO LIFE PROGRAMS**

**GRANTEE NAME: ONE ROSE ONE LIFE**

**AMOUNT GIVEN:**

**1,051.**

**ACTIVITY CLASSIFICATION: YOUTH GROUPS**

**GRANTEE NAME: VARIOUS**

**GRANTEE ADDRESS: ALBION & SURROUNDING COMMUNITIES, NE**

**AMOUNT GIVEN:**

**1,515.**

**ACTIVITY CLASSIFICATION: CHARITABLE, RELIGIOUS, ETC**

**GRANTEE NAME: VARIOUS**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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Form 990 or 990-EZ or to provide any additional information.

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Employer identification number  
23-7109611

AMOUNT GIVEN:

4,111.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

47,165.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

SUPPLIES

2,507.

MISCELLANEOUS

463.

TOTAL TO FORM 990-EZ, LINE 16

2,970.

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

ADJUSTMENT TO BEGINNING BALANCE OF GAMING ACCOUNTS

9,072.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SOCIAL & INTELLECTUAL**

**FELLOWSHIP IS PROMOTED AMONG MEMBERS & THEIR FAMILIES THROUGH**

**EDUCATIONAL, CHARITABLE, RELIGIOUS, AND SOCIAL WELFARE WORKS.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**