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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**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.

A For the 2013 calendar year, or tax year beginning , and ending													
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td colspan="2">C Name of organization Sterling Council 1559 of The Knights of Columbus</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>PO Box 487</td> <td></td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td>Sterling</td> <td>CO 80751</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/country Foreign postal code</td> </tr> </table>	C Name of organization Sterling Council 1559 of The Knights of Columbus		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	PO Box 487		City or town	State ZIP code	Sterling	CO 80751	Foreign country name	Foreign province/state/country Foreign postal code
C Name of organization Sterling Council 1559 of The Knights of Columbus													
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite												
PO Box 487													
City or town	State ZIP code												
Sterling	CO 80751												
Foreign country name	Foreign province/state/country Foreign postal code												
D Employer identification number 84-0385089													
E Telephone number (970) 522-0857													
F Group Exemption Number ▶ 0188													
G Accounting Method ☒ Cash ☐ 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) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527													
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other													
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 146,611													

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,852
	4	Investment income	4	75
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	63,636
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	79,748
6c	Less direct expenses from gaming and fundraising events	6c	101,846	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41,538	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	300	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,765	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	29,196
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	840
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	275
	15	Printing, publications, postage, and shipping	15	759
	16	Other expenses (describe in Schedule O)	16	18,096
	17	Total expenses. Add lines 10 through 16	17	49,166
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,401
	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	90,270
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	85,869

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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Part II Balance Sheets. (see the instructions for Part II)

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

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	56,469	22	55,552
23 Land and buildings	20,000	23	20,000
24 Other assets (describe in Schedule O)	13,801	24	10,317
25 Total assets	90,270	25	85,869
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,270	27	85,869

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See STATEMENT A

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

28 AWARDS TO SEVERAL GROUPS AT ST ANTHONY PARISH, ST ANTHONY CATHOLIC SCHOOL, HANDI-CAPPED CHILDREN IN STERLING & COLORADO, COOPERATING MINISTRY & SEMINARIES FOR CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES. SEE ATTACHED	(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 _____	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 _____	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses. (add lines 28a through 31a)		32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

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

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DENNIS BOREN GRAND KNIGHT	Hr/WK 8 00			
RONALD SCHROEDER DEP GR KNIGHT	Hr/WK 8 00			
KEN KOESTER FINANCIAL SECRETARY	Hr/WK 16 00	720		
GERALD ATKIN TREASURER	Hr/WK 8 00	60		
TOM LEDERHOS RECORDER	Hr/WK 8 00	60		
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			
_____	Hr/WK			

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

	Yes	No
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		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)		X
35 a 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)?		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		
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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		
42 a The organization's books are in care of STERLING COUNCIL 1559 OF THE KNIGHTS OF COLUMBUS Telephone no (970) 522-0857 Located at PO BOX 487 City STERLING ST CO ZIP + 4 80751		
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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		X
c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44 a 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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

- 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 Schedule C, Part II

	Yes	No
47		

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

48		
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- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

- f** Total number of other employees paid over \$100,000 ▶

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

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

- 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

▶ ☐ Yes ☒ No

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

Sign Here

Signature of officer

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Duane A Lambrecht

11/5/2014

P00117197

Firm's name ▶ LAMBRECHT and CO, CPAs PC

Firm's EIN ▶ 26-4430731

Firm's address ▶ 304 CEDAR ST, STERLING, CO 80751

Phone no (970) 522-7162

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

▶ ☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Sterling Council 1559 of The Knights of Columbus

Employer identification number

84-0385089

Part I

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

2a 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? ☐ Yes ☒ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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.

CO

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 Beer Garden (event type)	(b) Event #2 Tootsie Roll (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	70,032	5,889	3,827	79,748
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	70,032	5,889	3,827	79,748
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	12,649		0	12,649
	7 Food and beverages	19,206		0	19,206
	8 Entertainment			0	0
	9 Other direct expenses	7,307	7,452	2,440	17,199
	10 Direct expense summary Add lines 4 through 9 in column (d)				(49,054)
	11 Net income summary Subtract line 10 from line 3, column (d)				30,694

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	41,749	21,887		63,636
Direct Expenses	2 Cash prizes	34,502	16,305		50,807
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses	747	1,238		1,985
	6 Volunteer labor	☒ Yes 100.00% ☐ No	☒ Yes 100.00% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(52,792)
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				10,844

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

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 | 13a | 99.00% |
| b An outside facility | 13b | 1.00% |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KEN KOESTER

Address ▶ 15303 HWY 14 STERLING, CO 80751

- 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ KEN KOESTER

Gaming manager compensation ▶ \$ 720

Description of services provided ▶ BOOKKEEPING

☒ 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 ▶ \$ 0

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

Name of the organization

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

84-0385089

Sterling Council 1559 of The Knights of Columbus

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous- Club 300

Form 990-EZ, Part I, Line 10, Grants Paid Activity Grantee St Anthony Parish 326 S 3rd

St Sterling CO 80751, Cash Grant 17,076, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 230

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 6,033

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 4,063

Form 990-EZ, Part I, Line 16, Other Expenses Licenses & Permits 175

Form 990-EZ, Part I, Line 16, Other Expenses Per Capita Tax 2,334

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 725

Form 990-EZ, Part I, Line 16, Other Expenses Loss on KN Investment 1,582

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 2,868

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 86

Form 990-EZ, Part II, Line 24, Other Assets EQUIPMENT Beginning of year 13,801, End of

year 10,317

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2013Attachment
Sequence No **179**

Name(s) shown on return Sterling Council 1559 of The Knights of Columbus	Business or activity to which this form relates 990EZ	Identifying number 84-0385089
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Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I*

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	579
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	0
9 Tentative deduction Enter the smaller of line 5 or line 8		9	0
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562		10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	0
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13		0

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	3,980
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	☐	

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		579	7	HY	200DB	83
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,063
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Totals:															29,195	0	
Class of activity	Grantee's name	Address	City	State	Zip Code	Foreign Country	Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received		
1	St. Anthony Parish	326 S 3rd St	Sterling	CO	80751		17,076										
2	K of C - Yuma Council	508 Ash St	Yuma	CO	80759		880										
3	K of C - Wray Council	412 1/2 Dexter St	Wray	CO	80758		720										
4	K of C - Limon Council	425 H Avenue	Limon	CO	80828		880										
5	K of C - Brush Council	340 Standard	Brush	CO	80723		400										
6	K of C - Sidney Council	PO Box 291	Sidney	NE	69162		2,030										
7	K of C - Alton Council	682 Birch Ave	Alton	CO	80720		240										
8	K of C Squares - Sterling	PO Box 487	Sterling	CO	80751		244										
9	K of C Sterling Council-House Com	PO Box 487	Sterling	CO	80751		3,000			Donation to St. Anthony Parish							
10	Logan County 4-H Foundation	508 S 10th Avenue	Sterling	CO	80751		576										
11	Logan County Cooperative Missions	220 N 10th Ave	Sterling	CO	80751		1,200										
12	Brightlight of Sterling	118 Main St, Suite 202	Sterling	CO	80751		500										
13	Sterling Hi Plains Lions	PO Box 295	Iliff	CO	80736		1,200										
14	Salvation Army		Sterling	CO	80751		250										

Part I, Line 16 (990-EZ) - Other Expenses

		Total:	18,096
	Description	Amount	
1	Travel		
2	Meals and entertainment		
3	Fundraising		
4	Conferences, conventions, and meetings	230	
5	Depletion		
6	Equipment rental and maintenance		
7	Interest		
8	Supplies	6,033	
9	Telephone		
10	Unrelated business income taxes	0	
11	Amortization	0	
12	Depreciation	4,063	
13	Licenses & Permits	175	
14	Per Capita Tax	2,334	
15	Advertising	725	
16	Loss on KN Investment	1,582	
17	Insurance	2,868	
18	Miscellaneous	86	

Part II, Line 24 (990-EZ) - Other Assets

		Totals:	13,801	10,317
	Description	Beginning	End	
1	EQUIPMENT	13,801	10,317	

STATEMENT A: PRIMARY EXEMPT PURPOSE

Description

- | | |
|---|---|
| 1 | TO RENDER FINANCIAL AID TO MEMBERS AND THEIR FAMILIES. MUTUAL AID AND ASSISTANCE ARE OFFERED TO |
| 2 | SICK, DISABLED AND NEEDY MEMBERS AND THEIR FAMILIES. SOCIAL AND INTELLECTUAL FELLOWSHIP IS |
| 3 | PROMOTED AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL |
| 4 | WELFARE AND PUBLIC RELIEF CONTRIBUTIONS IN THE COMMUNITY |
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STATEMENT B- Additional Explanation

Description

- 1 THE AWARDS WERE DISTIBUTED BASED ON THE ORGANIZATION'S MISSION OF THEIR
 - 2 EXEMPT PURPOSE OF CONTRIBUTIONS TO THE CATHOLIC CHURCH, COMMUNITY, FAMILIES,
 - 3 YOUNG PEOPLE AND BROTHER KNIGHTS
-

Part II (Sch G (990/990EZ)) - Events

		Totals:		79,748	0	79,748	0	0	0	12,649	19,206	0	17,199
		Event type	Gross receipts	Less (Charitable contributions)	Gross income	Cash prizes	Noncash prizes	Rent/facility costs	Food and beverages	Entertainment	Other direct expenses		
1	Beer Garden		70,032		70,032			12,649	19,206		7,307		
2	Tootsie Roll		5,889		5,889						7,452		
3	Football Tickets		3,222		3,222						2,440		
4	SA School Fundraiser		605		605								