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Form 990-E7

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning July 1 , 2014, and ending June 30 , 20 B Check if applicable C Name of organization D Employer identification number Address change Knights of Columbus Nativity of Our Lord Council 14658 80-0324174 Room/suite Name chance Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 185 Applegarth Road 609 371-0499 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Monroe Twp, NJ 08831 0188 H Check ► If the organization is not G Accounting Method: Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 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 . . . 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 ◪ Contributions, gifts, grants, and similar amounts received 1 2938 2 2 Program service revenue including government fees and contracts 0 3 3 5811 4 Investment income . . 4 0 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C 0 CANNED NOV 2 0 2015 Revenue Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 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 6264 Less: direct expenses from garning and fundraising events . . . 16.071 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 9,693 7a Gross sales of inventory, less returns and allowances . . . 7a 1903 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . C 7c 477 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 18,919 Grants and similar amounts paid (list in Schedule O) 10 10 9,910 11 Benefits paid to or for members 11 0 Salaries, other compensation, and employee benefits $\[\[\]$ 12 12 0 13 Professional fees and other payments to independent contractors : - -13 0 14 14 0 15 15 0 16 Other expenses (describe in Schedule O) 16 4,925 17 Total expenses. Add lines 10 through 16 . . . 17 14,885 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 4,034 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 29,411 20 Other changes in net assets or fund balances (explain in Schedule O) 20 10,000 Net assets or fund balances at end of year. Combine lines 18 through 20 21 43,445

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form 990-EZ (2014)



Da	All Deleves Observations (D IIV				
Pa	Balance Sheets (see the instructions for			Deat II		· [2]
	Check if the organization used Schedule	O to respond to ar	ly question in this	(A) Beginning of year	<u></u>	(B) End of year
00	Cook assists and assistants				20	```
22 23	Cash, savings, and investments		• • • • • •	29,411	23	43,445 O
24	Other assets (describe in Schedule O)				24	0
25	Total assets			29,411	_	43,445
26	Total liabilities (describe in Schedule O)				26	10,000
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	29,411		33,445
Par				Part III)		00,110
	Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?	- <u>-</u>	·/·			uired for section c)(3) and 501(c)(4)
	ribe the organization's program service accomplis					nizations, optional for
	ons benefited, and other relevant information for ea		s services provider	a, the number of		•
28		<u> </u>	· · · · · · · · · · · · · · · · · · ·	····		<u> </u>
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	
29						
					İ	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗌	29a	
30						
					İ	
		ıncludes foreign gra	nts, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	<u> </u>
	Total program service expenses (add lines 28a t		· · · · · ·		32	<u> </u>
Par				-	nstru	ctions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits.		<u>· · · · · </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
10/6116	ım Tronolone, Grand Knight				+	
natitie	im Tronoione, Grand Knight	15		0	٥	o
Edw	rd Visinski, Deputy Grand Knight				╫	<u>_</u>
Luve	iid Visitiski, Deputy Grand Killglik	4		_o)	0	О
					1	<u>~</u>
John	Vergano, Financial Secretary	8		D	0	0
						· · · · · · · · · · · · · · · · · · ·
Steve	en Tumminia, Treasurer	3		o	0	0
		-				
Robe	rt Macchiarola, Trustee					
		1		0	0	0
Paul	Pittari, Trustee	-				
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
83	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	162	N 0
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		√
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		1
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		
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		
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		√
37a	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?	37b		✓
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?	00-		,
h		38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country: ►	ł]	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	D
			Yes	No
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		✓
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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		1
ь	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		,
		1 700		. ▼

orm 99	0- EZ (20	14)								P	age 4
										Yes	.No
46		e organization engage, directly or in					opposit	ion			_
		ndidates for public office? If "Yes," co		Part I	<u> </u>	• •	· ·	•	46		<u> </u>
Part \		Section 501(c)(3) organizations		-4: 47 40h	. d =0		-1-4- 41-	_ 4_1	- I <i>E</i>	ر سال س	
		All section 501(c)(3) organizations	s must answer que	stions 47–49b ar	10 52, an	a comp	piete the	e tai	oles te	or iine	es
		50 and 51.			n Alexa Da	.					_
		Check if the organization used Sch	iedule O to respond	to any question i	n this Pai	τ VI .	· ·	· · ·	• •		
47	Did #h	ne organization engage in lobbying :	activities or have a	cotion 501/h) clos	stron in of	foot du	una tha	ŧov.		Yes	No
47		If "Yes," complete Schedule C, Part				iect dui	ing the	lax	47		
40	-	organization a school as described in				 do E	• •	•	48		
48 49a							• •	•	49a		
49a b	Did the organization make any transfers to an exempt non-charitable related organization?								49b		
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, ti								es an	d kev
-		byees) who each received more than									
				(c) Reportable		Health ber					
	(a)	Name and title of each employee	(b) Average hours per week	compensation		utions to e plans, and			stimate her com		
			devoted to position	(Forms W-2/1099-MIS		ompensat		O.	ilei Cuii	репзак	.1011
		1			1						
	·							-			
							1				
								-			
				L							
51	Comp	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent contra	 ctors w	ho each	rec	eived	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Com	pensati	on	
									· · ·		
							· · · · · · · · · · · · · · · · · · ·				
			•••••								
	Total	number of other independent contra	ctors each receiving	over \$100 000	•						
52 52		he organization complete Schedu	_	•	rganizatio	ns mus	t attach				
-		leted Schedule A							Yes		No
Under p	<u>-</u>	of perjury, I declare that I have examined this re	eturn, including accompan								
		d complete Declaration of preparer (other than									
		Iran E. Fr	rang				1////	15			
Sign		Signature of officer				Date					
Here		John C Vergano, Financial Secreta		11/	1 /15						
		Type or print name and title									
Paid		Pnnt/Type preparer's name	Preparer's signature		Date		Check	ıf	PTIN		
Paiu Prep	arer						self-emplo				
Use (Firm's name ►				Firm's	EIN ▶				
	Jiny	Firm's address ▶				Phone	no				
May th	ne IRS	discuss this return with the preparer	shown above? See	nstructions .				▶ [Yes		No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Knights of Columbus Nativity of Our Lord Council 14658 80-0324174 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 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 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 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. (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? or entity (fundraiser) from activity Yes No 1 2 3 6 7 8 9 10 Total 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.

		gross receipts greater tha	η ψυ,υυυ.			
			(a) Event #1 Picnic	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	cor (c)/
Revenue	1	Gross receipts	6264			
Œ	2	Less: Contributions Gross income (line 1 minus				
		line 2)	6264			
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	0			
Direct Expenses	7	Food and beverages	4771			
Direc	8	Entertainment	500			
	9	Other direct expenses .	190			
	10 11	Direct expense summary. Act	act line 10 from line 3, c	olumn (d)	▶ [5461 803
Pa	rt III	Gaming. Complete if the	e organizatıon answei	ed "Yes" on Form 99	0, Part IV, line 19, or r	eported more
an.		than \$15,000 on Form 9		(L) D. (L. L. (- + - +	Τ	
- in 1			(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	(a) Bingo 19,500		(c) Other gaming	
	1 2	Gross revenue			(c) Other gaming	col (a) through col (c))
			19,500		(c) Other gaming	col (a) through col (c)) 19,500 10,075
	2	Cash prizes	19,500 10,075		(c) Other gaming	col (a) through col (c))
Direct Expenses Rever	2	Cash prizes	19,500 10,075 0	bingo/progressive bingo		col (a) through col (c)) 19,500 10,075
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	19,500 10,075 0		(c) Other gaming Yes% No	col (a) through col (c)) 19,500 10,075 0
	2 3 4 5	Cash prizes	19,500 10,075 0 0 1,535 1,535 Yes 100 %	bingo/progressive bingo Yes% No	☐ Yes%	col (a) through col (c)) 19,500 10,075 0 1,535
	2 3 4 5	Cash prizes	19,500 10,075 0 0 1,535 ✓ Yes 100 % ☐ No	bingo/progressive bingo Yes % No Olumn (d)	☐ Yes% ☐ No	col (a) through col (c)) 19,500 10,075 0 1,535
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	19,500 10,075 0 1,535 196 No 1,535 No 100 % Incomplete through 5 in construction of the construct	bingo/progressive bingo Yes % No olumn (d)	☐ Yes% ☐ No	col (a) through col (c)) 19,500 10,075 0 1,535 10,610 8,890
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	19,500 10,075 0 1,535 Yes 100 % No Id lines 2 through 5 in conducts gain ganization conducts gain and activities are activities and activities and activities are activities and activities and activities are activities and activities are activities and activities and activities are activities and activities and activities are activities and activities are activities and activities are activities and activities are activities and activities activities are activities and activities activ	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d) ming activities: New Jess in each of these states	☐ Yes% ☐ No	col (a) through col (c)) 19,500 10,075 0 1,535 10,610 8,890
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	19,500 10,075 0 1,535 Yes 100 % No Id lines 2 through 5 in conducts gain ganization conducts gain and activities are activities and activities and activities are activities and activities and activities are activities and activities are activities and activities and activities are activities and activities and activities are activities and activities are activities and activities are activities and activities are activities and activities activities are activities and activities activ	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d) ming activities: New Jess in each of these states	☐ Yes % ☐ No	col (a) through col (c)) 19,500 10,075 0 1,535 10,610 8,890
Direct Expenses	2 3 4 5 6 7 8 a (s)	Cash prizes	19,500 10,075 0 1,535 Yes 100 % No Id lines 2 through 5 in conducts gamenduct gaming activities	bingo/progressive bingo Yes % No olumn (d) ine 1, column (d) ming activities: New Jess in each of these states	☐ Yes %	col (a) through col (c)) 19,500 10,075 0 1,535 10,610 8,890 Yes \(\) No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	e G (Form 990 or 990-EZ) 2015 Page 3
11 . 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	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:
	Name ► John Vergano, Financial Secretary
	Address ► 185 Applegarth Road, Monroe Twp, NJ 08831
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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 ▶ Paul Boccardi
	Gaming manager compensation ▶ \$0
	Description of services provided ► Arranges Filing,printing and distribution of tickets
	☑ Director/officer ☐ Employee ☐ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

*	

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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2015/4

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
Knights of Columbus Nativity of Our Lord Council 14658	80-0324174
Part III: The Councilstrives to further the principles of Supreme Council in Charity, Unity	and Patriotism. The Council's accomplishments
include complete to the period emmunity of Nativity of Our Lord through cupport of its min	sictrice parish activites and religious service
include service to the parish cmmunity of Nativity of Our Lord through support of its min	isures,parisir activites and religious service.
Primary event has been an outdoor service and repas. youth group support and otehr p	rish ministries. These efforts affect almost all of the
hundreds of members of the parish.	
The Council aumanta the Taumshin Food average High School asheleschin funds and	Township Christmas display
The Council supports the Township Food programs, High School scholarship funds and	TOWNSHIP Christinas display.
Part II Line 26 Raffle Prizes to be paid starting 7/1/15 through 11/30/15 (\$10,000)	
Part I: Line 6a Reflects Raffle Income 3/1/15 through 6/30/15	
Line 6c Reflect Gambling Expenses incurred 7/1/14 through 12/31/14	
Line 10 Donations include Scholarships (\$2000), Nativity of Our Lord (\$2549), God's Spe	ial Children (\$4261), Misc (\$1100)
Line 16 Expenses:Convention (\$1,000)Supplies from Supreme (\$128),Bank Charges (\$45	1).Liability Insurance (\$286)
Line 20 Raffle Income for 1st half 2015: Raffle Prizes in 2nd half of 2015 (next reporting	year)