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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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)

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).

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
KNIGHTS OF COLUMBUS CHARLES CARROLL OF CARROLLTON 701  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
PO BOX 266  
City or town, state or province, country, and ZIP or foreign postal code  
ONEILL, NE 68763

D Employer identification number  
23-7188485  
E Telephone number  
(402) 336-4900  
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 FRATERNAL BENEFIT SOCIETY

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 \$ 82,219

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			461
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			2,403
	4	Investment income			
	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)	5c		
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	24,074	
	b	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	17,323	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	22,129	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,268	
	7a	Gross sales of inventory, less returns and allowances	7a	32,508	
	b	Less cost of goods sold	7b	14,868	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	17,640	
	8	Other revenue (describe in Schedule O)	8	5,450	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,222	
	10	Grants and similar amounts paid (list in Schedule O)	10	16,865	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
Net Assets	13	Professional fees and other payments to independent contractors	13	1,150	
	14	Occupancy, rent, utilities, and maintenance	14	16,609	
	15	Printing, publications, postage, and shipping	15	833	
	16	Other expenses (describe in Schedule O)	16	6,727	
	17	Total expenses. Add lines 10 through 16	17	42,184	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,038	
	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	40,585	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	43,623	

**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 ☒

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	24,858	<b>22</b>	29,274
<b>23</b> Land and buildings . . . . .	4,873	<b>23</b>	4,873
<b>24</b> Other assets (describe in Schedule O) . . . . .	10,854	<b>24</b>	9,476
<b>25</b> Total assets . . . . .	40,585	<b>25</b>	43,623
<b>26</b> Total liabilities (describe in Schedule O). . . . .	0	<b>26</b>	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	40,585	<b>27</b>	43,623

**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 ☒

What is the organization's primary exempt purpose?

SOCIAL &amp; CIVIC MEETING CENTER

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**

See Additional Data Table

(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****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
KYLE KRAMER	0 00	0	0	0
GRAND KNIGHT				
DOUG STEFFEN	0 00	0	0	0
FINANCIAL SECRETARY/ TWO Y				
ANDREW FEHRINGER	0 00	0	0	0
DEPUTY GRAND KNIGHT				
LAWRANCE REIMAN	0 00	0	0	0
CHANCELLOR				
RONALD MEJSTRIK	0 00	0	0	0
RECORDER				
FORREST PEETZ	0 00	0	0	0
ADVOCATE				
MARTY SHAW	0 00	0	0	0
WARDEN				
MARVIN PETER	0 00	0	0	0
INSIDE GUARD				
TIMOTHY SHOEMAKER	0 00	0	0	0
OUTSIDE GUARD				
DAVID PONGRATZ	0 00	0	0	0
ONE YEAR TRUSTEE				
LARRY KIRSCHMER	5 00	0	0	0
TREASURER				
HEROLD PARKS	0 00	0	0	0
THREE YEAR TRUSTEE				

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b> Yes	
<b>b</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 . . . . .	<b>35b</b> Yes	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0	<b>37b</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ NE . . . . .		
<b>42a</b> The organization's books are in care of ▶ LARRY KIRSCHMER Telephone no ▶ (402) 336-4638 Located at ▶ 705 E FREMONT ST ONEILL, NE ZIP + 4 ▶ 68763 . . . . .		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	No

**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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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

**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

**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 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.

<b>Sign Here</b>	***** Signature of officer		2017-07-07 Date	
	LARRY KIRSCHMER, TREASURER Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LORI L OLSON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00249567
	Firm's name ► DANA F COLE & COMPANY LLP			Firm's EIN ► 47-0526649
	Firm's address ► 112 NORTH 6TH PO BOX 359 ONEILL, NE 68763			Phone no. (402) 336-2030

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► ☒ **Yes** ☐ **No**

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7188485

**Name:** KNIGHTS OF COLUMBUS CHARLES CARROLL OF  
CARROLLTON 701

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> Program services include providing a meeting place as a social & civic center, including functions of entertainment and gatherings for charitable, religious and educ orgs (Grants \$ 13,448) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	<b>28a</b>	0

## **TY 2016 Transfers Personal Benefits Contracts Declaration**

**Name:** KNIGHTS OF COLUMBUS CHARLES CARROLL OF  
CARROLLTON 701

**EIN:** 23-7188485

**Declaration:** 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.

## Open to Public Inspection

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

23-7188485

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

- 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

**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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	<b>1</b> Gross revenue . . . . .		24,074		24,074
	<b>2</b> Cash prizes . . . . .		11,232		11,232
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .		2,331		2,331
Direct Expenses	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				13,563
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				10,511

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

**a** Is the organization licensed to conduct 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 conduct 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 conducted in
- |                                      |            |           |
|--------------------------------------|------------|-----------|
| <b>a</b> The organization's facility | <b>13a</b> | %         |
| <b>b</b> An outside facility         | <b>13b</b> | 100 000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ LARRY KIRSCHMER

Address ▶ 705 E FREMONT ST  
ONEILL, NE 68763

- 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 ▶ Hugh Shoemaker

Gaming manager compensation ▶ \$ 990

Description of services provided ▶ Receipt, order, delivery of cards, reports etc

☐ 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 10,511

**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).

Return Reference

Explanation

<b>SCHEDULE O</b> <b>(Form 990 or 990-EZ)</b>  <small>Department of the Treasury Internal Revenue Service</small>	<h2 style="margin: 0;">Supplemental Information to Form 990 or 990-EZ</h2> <p style="margin: 0;">Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</p> <p style="margin: 0;">▶ <b>Attach to Form 990 or 990-EZ.</b></p> <p style="margin: 0;">▶ <b>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	<small>OMB No 1545-0047</small>  <h1 style="margin: 0;">2016</h1> <div style="background-color: black; color: white; padding: 5px; text-align: center;"><b>Open to Public Inspection</b></div>
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Name of the organization KNIGHTS OF COLUMBUS CHARLES CARROLL OF CARROLLTON 701	<b>Employer identification number</b>  23-7188485
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### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 7 - Sales of Inventory	Income Gross Receipts 32,508 Returns and Allowances 0 Less Cost of Goods Sold 14,868 Gross Profit 17,640 Cost of Goods Sold Inventory at Beginning of Year 0 Merchandise Purchased 12,514 Cost of Labor 0 Materials and Supplies 0 Other Costs 2,354 Inven tory at End of Year 0 Cost of Goods Sold 14,868

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 7b - Other Costs	Description SALES TAX Amount 2,354

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description OTHER INCOME Amount 780 Description INTEREST INCOME Amount 61 Description STAG PARTY Amount 918 Description BUILDING RENTAL, 410 W DOUGLAS ST, O'NEILL, Amount 3,691 Total to Form 990-EZ, line 8 5,450

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name KNIGHTS OF COLUMBUS    Affiliate Address 1 COLUMBUS PLAZA NEW HAVEN, CT 065 10    Purpose of Payment DUES/MEMBER ASSESSMENTS    Amount of Payment 3,417

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification    Grantee Name    VARIOUS RECIPIENTS (NONE MORE THAN \$5,000)    Date of Gift    Various    Amount Given    6,998

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification CHARITABLE Grantee Name ST MARY'S SCHOOL Grantee Address 326 EAST BENTON STREET O'NEILL, NE 68763 Date of Gift Various Amount Given 6,450 Total included on Form 990-EZ, line 10 13,448

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 14	Description Depreciation Amount 1,378 Description Other Expenses Amount 15,231 Total to Form 990-EZ, line 14 16,609

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description FEDERAL INCOME TAX 990-T Amount 2,292 Description OTHER EXPENSES Amount 335 Description State Income tax Amount 836 Description MEETINGS/CONFERENCES Amount 1,394 Description SUPPLIES Amount 670 Description LICENSES Amount 1,200 Total to Form 990-EZ, line 16 6,727

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part II, Line 24 - Other Assets	Description Other Depreciable Assets Beg of Year Amount 10,854 End of Year Amount 9,476