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Form **990-EZ**

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 2016

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 2016 calendar year, or tax year beginning 20 2016, and ending C Name of organization D Employer identification number sacred Columbu 23-754 Address change reart Number and street (or P.O box, if mail is not delivered to street address) Room/surte Name change E Telephone numbe Initial return hadowwood Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Keizer Number ► Ø / Application pending 1 Cash Accrual Other (specify) G Accounting Method: H Check ▶ ☐ if the organization is not I Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) K Form of organization: Corporation ☐ Trust Wother Charitable ☐ Association 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) 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 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments. 3 35 Investment income 4 5a Gross amount from sale of assets other than inventory 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . SCANNED JAN 2 5 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 61,102 sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c 32 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 320 6d Gross sales of inventory, less returns and allowances . 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O). . . 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list-in-Schedule-Q) Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance A.N. 1.7.2017. 14 15 Printing, publications, postage, and shipping . 15 Other expenses (describe in Schedule O) OGDEN, UT Total expenses. Add lines 10 through 16 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 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 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

21

Cat. No. 106421

Form **990-EZ** (2016)

Do	rt II Balance Sheets (see the instructions	for Dort III				
ГС	Check if the organization used Schedul		m.,	David III		
	Check if the organization used Schedul	e O to respond to a	ny question in this			B) End of year
22	Cash, savings, and investments		103,435	(A) Beginning of year	22	102 Que
23		· · · · · ·		55 620	23	55 600
24	-	· · · · · · ·		10.751	24	16.000
25	Total assets			175.806	25	135515
26	Total liabilities (describe in Schedule O)			113,00	26	P
27	Net assets or fund balances (line 27 of colum	n (B) must agree wit	h line 21)	175,806	27	175515
Par						
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III 🗆	ı	Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
as n	cribe the organization's program service accomp neasured by expenses. In a clear and concise r one benefited, and other relevant information for e	manner, describe the each program title	e services provided	I, the number of	•	nizations, optional for
28	Satholic Fraternal organizat	n'un dedicat	ed to Ful	therina		
	Fellow ship among Catholic School, church, civic and (Grants \$) If this amoun	men, whil	e supportion	y Various		
	school, church, civic and	Family act	ivities	<u></u>		
29	(Grants \$ ') If this amoun	t includes foreign gra	ants, check here .	▶ 📙	28a	
29						
	(Grants \$) If this amoun	t includes foreign gra	ents, check here	▶ □	29a	
30		<u> </u>		<u> </u>	200	
			-			
		t ıncludes foreign gra	ants, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amoun	t includes foreign gra			31a	
	Total program service expenses (add lines 28a			🕨	32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				struc	tions for Part IV)
	Check if the organization used Scheduli	T	(c) Reportable	(d) Health benefits,		· · · · L
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employe	ot	Estimated amount of the compensation
D	ennis Hagenauer		111			1 -
	Grand Knight		PIA	MA		NA
ΕŪ	Bashaw '	10	A (()	(10		
	secretary	10	MA	NIA		MA
Ro	bert Tesch	5	MILA	1/14	-	11/2
	treasurer	ļ	10/10	/º /F3	+-	MA
		 			+	
						
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
			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	33		/
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		/
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		/
С	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 \dots	36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		Г. I	
b 38a	Did the organization file Form 1120-POL for this year?	37b		
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 386	38a	_	/
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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 ▶ ; 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		
C	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				
b	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		Vaa	Na
D	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: ▶			
	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 United States? . If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		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	100	<u>/</u>
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		/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45 ~	·	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
	Form 990-EZ (see instructions)	45b		<u> </u>

									Yes	No
46	Did th to car	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political c complete Schedule C	ampaign activities o	n behalf o	of or in	oppositi	on 4	6	
Part \		Section 501(c)(3) organizations		,					<u> </u>	
		All section 501(c)(3) organization		stions 47-49b and	52, and	comp	olete the	tables	s for lir	nes
		50 and 51.								
		Check if the organization used Sci	hedule O to respond	to any question in	this Part	VI.				. 🗆
					•••				Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elect	ion in effe	ct dur	ing the t	ax 4	7	
48	ls the	organization a school as described in	n section 170(b)(1)(A)(i)? If "Yes," complete	Schedule	eE.		4	8	1
49a	Did th	ne organization make any transfers to	o an exempt non-cha	ntable related organ	ization?			49	e l	1
		s," was the related organization a se						49		
50	Comp	plete this table for the organization's	five highest compen-	sated employees (ot	her than o	officers	s, directo	rs, trus	tees, a	nd key
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the org				, 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	contribut benefit pl		mployee deferred		ated amo	
					 					
			/							
										-
						-			-	
f	Total	number of other employees paid over	er \$100,000	. ▶						
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	s five highest compe nization. If there is no	ensated independen one, enter "None."	t contract	tors w	ho each	receive	ed mor	e than
(a) Name and business address of each independent contractor		lent contractor	(b) Type of service		(c) Compensation					
								•		
d	Total	number of other independent contra	ictore each receiving	Over \$100,000				0-		
		he organization complete Schedu	•	•	anizations	mue	tattach	2		
		leted Schedule A						>̈□ Y	es 🗆	No
Jnder pe	natties	of perjury, I declare that I have examined this r	eturn, including accompan-	ying schedules and staten	nents, and to	the bes				
	rrect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Robert Atrib								,-	
Sign		Signature of officer			I	Date			<u></u>	
Here	Robert Tesch Secretary Treasurer									
D-1-1		Print/Type preparer's name	Preparer's signature	10	ate	1		PTIN	1	
Paid		ypo propulor o name					Check elf-employ	If		
Prepa Use C	_	Firm's name		<u>-</u>		Firm's E				
USE ("IIIY	Firm's address ▶				Phone r				
May the	IRS	discuss this return with the preparer	shown above? See i	netructions	J.				<u> </u>	M-

Form 990-EZ (2016)

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" on Form 990, Part IV, line 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

Name o	of the organization	- 1010	5000	1 1	1	Employer identific	ation number	
<u>~~</u>	ights of Columbu Fundraising Activities	<u>5 5892</u>	Jacre	<u>0- H</u>	reart	23-75	7777	
Par	Fundraising Activities	s. Complete if the	he organiza	ation answ	vered "Yes" on	Form 990, Part IV,	line 17.	
	Form 990-EZ filers are				- ·			
1	Indicate whether the organization	ion raised funds						
а	Mail solicitations		е 🗆] Solicitati	on of non-gover	nment grants		
b	Internet and email solicitation	ons	f [Solicitati	on of governmer	nt grants		
С	☐ Phone solicitations		a C		fundraising event	_		
d	☐ In-person solicitations		5 _	3 - P		.•		
2a	Did the organization have a wr	ntten or oral agre	ement with	any individ	lual (including of	ficers, directors, trust		
	or key employees listed in For							4o
b	If "Yes," list the 10 highest par	a individuals or (entities (tund	iraisers) pu	irsuant to agreer	nents under which th	e fundraiser is to	be
	compensated at least \$5,000 b	by the organization	on					
	(i) Name and address of individual		(iii) Did fund	draiser have	(iv) Cross manuals	(v) Amount paid to	(vi) Amount paid to	
	or entity (fundraiser)	(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization	
			Yes	No				_
1					1			
					1			
2								
3							:	
4								_
5			/					
6								_
7			1					
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		4	·					
9			İ					
10			+				<u> </u>	
10							İ	
	/			l	-			—
T-4-1				_				
Total 3	Light all atatas is which the case							
3	List all states in which the org- registration or licensing	anization is regis	stered or lice	ensea to s	Olicit contribution	ns or has been notifie	a it is exempt fro	mc
	registration of licensing					_		
******		=======================================						

Schedule G (Form 990 or 990-EZ) 2016

Pa	Fundraising Events Complete if the organization answered "Yes" on Form 990, Fithan \$15,000 of fundraising event contributions and gross income on Form 990-Exigross receipts greater than \$5,000							
			(a) Event #1 FESHIVAL BOOTH (event type)	(b) Event #2 FEST val Boor4 (event type)	(c) Other events	(d) Total events (add col (a) through col (c))		
Revenue	1	Gross receipts .	44058	6974	10070	61102		
ጁ	2	Less Contributions	Ø	Ø	0	0		
	3	Gross income (line 1 minus line 2) .	44058	6974	10070	61102		
	4	Cash prizes						
	5	Noncash prizes		-				
nses	6	Rent/facility costs .						
Expe	7	Food and beverages	24185	3554	5043	32782		
Direct Expenses	8	Entertainment						
	9	Other direct expenses .						
Ра	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, c e organization answei	olumn (d)	. ► . ► 0, Part IV, line 19, or	32782 28320 reported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gamung	(d) Total gaming (add col (a) through col (c))		
	1	Gross revenue						
ses	2	Cash prizes						
Ϋ́ Pe	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	☐ Yes% No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
8 Net gaming income summary Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? DYES NO b If "No," explain								
			<i>[</i>					
10		lere any of the organization's g "Yes," explain	aming licenses revoked	, suspended, or termina	ated during the tax year	?		

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

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