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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,806
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	4,806
105 Total (add line 104, column (B), (D), and (E))					4,806

Note: Line 105 plus line 10, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Terry Lavender Date: 12/22/09
Signature of officer: TERRY LAVENDER Title: FINANCIAL SECRETARY

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Mark C. Radebaugh, CPA* Date: 5/15/07 Check if self-employed: ☐ Preparer's SSN or PTIN: P00321027

Firm's name (or your name if self-employed): Radebaugh & Co.
address and ZIP + 4: 225 South State Street
Marion, OH 43302

EIN: Phone no: 740-382-4243

Change of Address

▶ Please type or print.

OMB No 1545-1163

▶ See instructions on back.

▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)

▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

FIN

3a Your name (first name, initial, and last name)

KNIGHTS OF COLUMBUS COUNCIL #671

3b Your social security number

23-7544313

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions

6a Old address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

P.O. Box 1025

Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

Apt. no.

7 New address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

1232 E. CENTER

Apt. no.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)

10 ☒ Business location

11a Business name

KNIGHTS OF COLUMBUS COUNCIL #671

11b Employer identification number

23-7544313

12 Old mailing address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

P.O. Box 1025

Room or suite no.

13 New mailing address (no., street, city or town, state, and ZIP code) If a P O box or foreign address, see instructions

1232 E. CENTER ST. MARION, OH 43302

Room or suite no.

14 New business location (no., street, city or town, state, and ZIP code) If a foreign address, see instructions

1232 E. CENTER ST. MARION, OH 43302

Room or suite no.

Part III Signature

Daytime telephone number of person to contact (optional) ▶

(744) 382-3671

Sign
Here

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date

Title

FINANCIAL SECRETARY

0425880727
Nov. 20, 2009 LTR 2698C 0 R
23-7544313 200412 67
00016648

KNIGHTS OF COLUMBUS SUPREME COUNCIL
#671
PO BOX 1025
MARION OH 43301



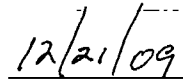
DECLARATION

5217

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of officer or trustee



Date



Title