See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
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, columns (B), (D), and (E))				▶	4,806

Note Line 105 plus line 1d, 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

▶ Signature of officer: Terry Lavender Date: 12/22/09

▶ Type or print name and title: TERRY LAVENDER FINANCIAL SECRETARY

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Instr W)
Mark C. Radebaugh, CPA	5/15/07		P00321027

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	Phone no ▶
Radebaugh & Co. 225 South State Street Marion, OH 43302		740-382-4243

Form **8822**
(Rev December 2008)
Department of the Treasury
Internal Revenue Service

Change of Address

▶ Please type or print.
▶ See instructions on back. ▶ Do not attach this form to your return.

OMB No 1545-1163

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 EIN

3a Your name (first name, initial, and last name)	3b Your ~~social security~~ number
KNIGHTS OF COLUMBUS COUNCIL #671	~~23-754~~ 4313
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. CEN	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	11b Employer identification number
KNIGHTS OF COLUMBUS COUNCIL #671	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) ▶ (740 382-3671

Sign Here

▶ _____ Date
Your signature

▶ _____ Date
If joint return, spouse's signature

▶ [signature] 12/20/09
If Part II completed, signature of owner, officer, or representative Date

▶ FINANCIAL SECRETARY
Title

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Cat No 12081V Form **8822** (Rev 12-2008)

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

35217

DECLARATION

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: 12/21/09

FINANCIAL SECRETARY
Title