

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



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2006 Open to Public Inspection

A	For the	2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07		
В	Check if	applicable Please C Name of organization	DE	mployer identification number
X	Address	change label or	3	35-0312172
直	Name ch	Indian KNIGHTS OF COLUMBIIS #560	Ет	elephone number
H		type. Number and street (or P O box if mail is not delivered to street address) Room/suite		765-282-8280
片	Initial ret	Specific PO BOX 606	F A	ccounting method X Cash
\sqcup	Final retu	Instruc- City or town, state or country, and ZIP + 4	A	ccrual Other (specify)
\sqcup	Amende	d return tions. MUNCIE IN 47308-0606	<u> </u>	
	Applicati	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and are not applicable to sec	tion 527	
		trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for	affiliates	Yes X No
<u>G</u>	Websit	e: N/A H(b) If "Yes," enter number o	f affiliate	s •
J	Organi	zation type H(c) Are all affiliates included	2	Yes No
	(check	only one) ► X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527 (if "No," attach a list See inst	ructions)	
K	Check he	ere I if the organization is not a 509(a)(3) supporting organization and its gross H(d) Is this a separate return	filed by a	
	receipts	are normally not more than \$25,000. A return is not required, but if the organization chooses organization covered by		
	to file a r	eturn, be sure to file a complete return		
		M Check ► X if the		
		eceipts Add lines 6b, 8b, 9b, and 10b to line 12 915, 777 to attach Sch B (For		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	Clions	
	1	Contributions, gifts, grants, and similar amounts received		
	a	Contributions to donor advised funds Direct public support (not included on line 1a) 15	ᅱ	
	b		4	
	c	Indirect public support (not included on line 1a) Government contributions (grants) (not included on line 1a) 1d	-	
	d		- 40	150
	e		1e 2	150
	2	Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments SEE STATEMENT 2	3	3,915
	3 4	,	4	359
	5	Interest on savings and temporary cash investments Dividends and interest from securities	5	
	6a	Gross rents 6a 70, 62		
	b	Less rental expenses SEE STATEMENT 3 6b 99,97	_	
	C	Net rental income or (loss) Subtract line 6b from line 6a	6c	-29,349
	7	Other investment income (describe)	7	
μe	8a	Gross amount from sales of assets other (A) Securities (B) Other		
Revenue	"	than inventory 8a		
æ	Ь	Less cost or other basis and sales expenses 8b		
	С	Gain or (loss) (attach schedule)	7	
	d		8d	
	9	Special events and activities (attach schedule) (fairy amount is from danting, check here		
	a	Gross revenue (not including \$ / 1 AM of		
		contributions reported on line 1b) / 9a 754, 08	6	
	b	contributions reported on line 1b) Less direct expenses other than fundraising expenses 2010 9a 754,08 237,42	4	
	С	Net income or (loss) from special events. Subtract line 9b from line 9a	9с	516,662
W.	10a	Gross sales of inventory, less returns and allowances 10a 81,73	_	
Sign	b	Less cost of goods sold 10b 41,87	5	
1	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 4	10c	39,864
8	11	Other revenue (from Part VII, line 103)	11	4,901
Ö	12	Total revenue . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	536,502
EX.NET DENINATED	13	Program services (from line 44, column (B))	13	
翠	14	Management and general (from line 44, column (C))	14	
Ze.	15	Fundraising (from line 44, column (D))	15	2 025
e W	16	Payments to affiliates (attach schedule) SEE STATEMENT 5	16	3,937
	17	Total expenses. Add lines 16 and 44, column (A)	17	441,691
	18	Excess or (deficit) for the year Subtract line 17 from line 12	18	94,811
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	936,933
ét	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6	20	20,368
_	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	1,052,112

Form 990 (2006)

KNIGHTS OF COLUMBUS #560

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Statement of Part II organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions) **Functional Expenses** Do not include amounts reported on line (C) Management (B) Program (A) Total (D) Fundraising and general services 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) STMT 7 253,546 cash s 253,546 If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach 25a schedule) **b** Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach 25b schedule) c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 25c 26 Salaries and wages of employees not included 76,913 26 on lines 25a, b, and c 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 25a - 2728 7,132 29 Payroll taxes 29 Professional fundraising fees 30 31 31 Accounting fees 270 32 Legal fees 32 9,499 33 33 Supplies 1,033 34 34 Telephone 35 Postage and shipping 27,512 36 36 Occupancy 6,870 37 Equipment rental and maintenance 38 Printing and publications 38 39 40 Conferences, conventions, and meetings 40 39,319 41 42 1,360 Depreciation, depletion, etc (attach schedule) 43 Other expenses not covered above (itemize) SEE STATEMENT 8 14,300 43a 43b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 437,754 13-15) Joint Costs. Check ▶ I If you are following SOP 98-2 ▶ | Yes Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$_ , (ii) the amount allocated to Program services \$ (III) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<i>-</i> 10	grams and accomplishing								
	at is the organization's prin	mary exempt purpose?					Program Service Expenses		
All of c	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number f clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) rganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) a SUBSIDIZED LOCAL CATHOLIC EDUCATION AND COMMUNITY								
а		HROUGH BINGO G		N AND COMMUNITY EFITTING 600-1000					
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>				
b									
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>	П			
С									
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>				
d									
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	<u> </u>				
е	Other program services (a	attach schedule)							
	(Grants and allocations	\$)	If this amount includes foreign grants, check here	•	\Box			
f		e Expenses (should equal lir	ne 44, column (B),			•	0		
_							Form 990 (2006)		

<u> </u>	<u>art IV</u>	Balance Sneets (See the instructions.)					
_	Note:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the des	scription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			31,093	45	33,644
	46	Savings and temporary cash investments			26,512	46	55,098
	<u> </u>						
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors,	trustees	, and			
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined		ection 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att schedul	le)	•		50b	
	51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	الما				
ţ		schedule) SEE WORKSHEET Less allowance for doubtful accounts	51a 51b		55,500		
Assets	_ b	Inventories for sale or use	[alb]		33,300		5,154
∢	52 53	Prepaid expenses and deferred charges		}	3, 3, 0	53	J, 1 <u>J</u> 1
	54a	Investments—publicly-traded and arrangements	9	Cost X FMV	111,577	54a	150,180
	Ь	Investments—other securities	_	Cost FMV	111,517	54b	130,100
		(attach schedule)				04.5	
	55a	Investments-land, buildings, and equipment basis	55a				
	Ь	Less accumulated depreciation (attach	1				
		schedule)	55b			55c	
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	1,332,390			·
	b	Less accumulated depreciation (attach					
		schedule) SEE STATEMENT 10	57b	19,610	1,278,203	57c	1,312,780
	58	Other assets, including program-related investments					
		(describe >)		58		
	59	Total assets (must equal line 74) Add lines 45 through	58		1,506,363	59	1,556,856
	60	Accounts payable and accrued expenses			2,043	60	9,350
	61	Grants payable				61	
	62	Deferred revenue				62	
es	63	Loans from officers, directors, trustees, and key employ	ees (atta	ach		,	
Ħ		schedule)				63	
Liabilitie	64a	Tax-exempt bond liabilities (attach schedule)	CI	ar MODMGIIRUM da		64a	495,394
_	b b	Mortgages and other notes payable (attach schedule) Other liabilities (describe SEE STATEMEN		EE WORKSHEET	555,032 12,355	64b 65	475,374
	65	Other liabilities (describe > SEE STATEMEN	1 11	,	12,333	05	
	66	Total liabilities. Add lines 60 through 65			569,430	66	504,744
_			nd comr	elete lines		"	
	Orga	67 through 69 and lines 73 and 74					
ý	67	Unrestricted				67	
nce	68	Temporarily restricted				68	
ala	69	Permanently restricted			69		
<u> </u>	Orga	nizations that do not follow SFAS 117, check here	▶ [X] a	nd			
F		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70		
ets	71	Paid-in or capital surplus, or land, building, and equipme			71		
Ass	72	Retained earnings, endowment, accumulated income, or	unds	936,933	72	1,052,112	
let.	73	Total net assets or fund balances (add lines 67 through		l l			
_		70 through 72 (Column (A) must equal line 19 and colu	must				
		equal line 21)		_	936,933		1,052,112
	74	Total liabilities and net assets/fund balances. Add lin	es 66 a	nd 73	1,506,363	74	1,556,856

Form	990 (2006)	KNIGHTS OF COLUMBUS #560	35-0312172		Page 5
	art IV-A	Reconciliation of Revenue per Audited F	inancial Statements With Revenue per	Return	(See the
	•	instructions.)			N/A
a	Total revenue	e, gains, and other support per audited financial stateme	ents	а	
b	Amounts incl	uded on line a but not on Part I, line 12			
1	Net unrealize	ed gains on investments	b1		
2	Donated serv	vices and use of facilities	b2	_	
3	Recoveries o	of prior year grants	b3		
4	Other (specif	ý)		·	
			b4		
	Add lines b1	through b4		b	
С	Subtract line	b from line a		С	
d	Amounts incl	uded on Part I, line 12, but not on line a:			
1	Investment e	xpenses not included on Part I, line 6b	d1		
2	Other (specif	ý)			
			d2		
	Add lines d1	and d2		d	
е		ue (Part I, line 12) Add lines c and d	_>	▶ e	
<u>Pa</u>	art IV-B	Reconciliation of Expenses per Audited	Financial Statements With Expenses po	er Retu	rn N/A
а	Total expens	es and losses per audited financial statements		a	
þ	Amounts incl	uded on line a but not Part I, line 17			
1	Donated serv	vices and use of facilities	b1		
2	Prior year ad	justments reported on Part I, line 20	b2	_	
3	Losses repor	rted on Part I, line 20	b3	_	
4	Other (specif	ý)			
			b4	_	
	Add lines b1	through b4		b	
С	Subtract line	b from line a		С	
d	Amounts incl	uded on Part I, line 17, but not on line a:	1 1		
1	Investment e	expenses not included on Part I, line 6b	<u>d1</u>	_	
2	Other (specif	ý)			
			d2	_	
	Add lines d1	and d2		d	
е	Total expens	ses (Part I, line 17) Add lines c and d		e	

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions) Part V-A

(A) N	ame and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
FRED MATHEWS	MUNCIE	FIN'L SEC			
PO BOX 606	IN 47304	2	. 0	0	0
JASON WEBER	MUNCIE	TREASURER			
PO BOX 606	IN 47304	2		0	0
ED KSENIAK	MUNCIE	RECORDER			
PO BOX 606	IN 47304	2	0	0	0
ED SCHOWE	MUNCIE	BLDG PRES			
PO BOX 606	IN 47304	2	0	0	0
BOB PERSINGER	MUNCIE	BUILDING VP			
PO BOX 606	IN 47304	2	0	0	
JACK PRYOR	MUNCIE	BLDG FINANCE			
PO BOX 606	IN 47304	2	0	0	0
RICH REED	MUNCIE	TRUSTEE			
PO BOX 606	IN 47304	2	0	0	0
EFRAIN MIRANDA	MUNCIE	TRUSTEE			1
PO BOX 606	IN 47304	_2	0	0	0
JIM CHESLICK	MUNCIE	DPT GD KNGHT			
PO BOX 606	IN 47304	2	_ 0	0	0
NEIL HAZEN	MUNCIE	CHANCELLOR			
PO BOX 606	IN 47304	2	0	0	o

Form	990 (2006) KNIGHTS OF COLUMBUS #560	35-031	2172			P	age 6
Pa	rt V-A Current Officers, Directors, Trustees, and Key Em	ployees (continue	ed)			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on o	-					
	meetings	▶ 1	.0				
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part	- ·	sated				
	employees listed in Schedule A, Part I, or highest compensated professional ar	·					
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	-					v
	relationships? If "Yes," attach a statement that identifies the individuals and exp	plains the relationship(s)		ł	75b		<u>X</u>
_	De any officere directore trustees or key empleyees listed in Form 900. Bot \	/ A or highost					
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part v compensated employees listed in Schedule A, Part I, or highest compensated in Schedule A.					,	í
	independent contractors listed in Schedule A, Part II-A or II-B, receive compens				}	. :	
	organizations, whether tax exempt or taxable, that are related to the organization	<u>•</u>	for			.	
	the definition of "related organization"				75c		Х
	If "Yes," attach a statement that includes the information described in the instru	ctions					
d	Does the organization have a written conflict of interest policy?				75d	Х	
Pa	rt V-B Former Officers, Directors, Trustees, and Key Em	ployees That Rec	eived Comp	ensation or Oth	er B	enefi	ts
	(If any former officer, director, trustee, or key employee received c	ompensation or other b	enefits (describ	ed below) during the	year, I	ist that	ŧ
_	person below and enter the amount of compensation or other bene	efits in the appropriate c	olumn See the	instructions)			
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions to employe benefit plans & deferred) Expe	
	(A) Name and address	(D) Loans and Advances	enter -0-)	compensation plans		allowand	
KEL	LY YOUNG MUNCIE						
PO	BOX 606 IN 47308	0	17,386		0		0
					 		
					+		
					+		
		:					
					+		
		i					
					1		
					<u> </u>		
			<u> </u>		Щ,		
	rt VI Other Information (See the instructions)					Yes	No
76	Did the organization make a change in its activities or methods of conducting a	ctivities? If "Yes," attach	ı a			.	37
	detailed statement of each change			-	76		X
77	Were any changes made in the organizing or governing documents but not rep	orted to the IRS?			77		
70 -	If "Yes," attach a conformed copy of the changes	during the year severed	bur			, 1	
78a	Did the organization have unrelated business gross income of \$1,000 or more this return?	uning the year covered	υy		78a	х	
	this return?			<u> </u>	78b	X	
ь 79	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during	on the year? If "Yes " att	ach	ŀ	. 00		
, 3	a statement	ig aic year. II 165, all	well		79	,	Х
80a	Is the organization related (other than by association with a statewide or nation	wide organization) throi	ıgh				_ -
	common membership, governing bodies, trustees, officers, etc., to any other ex		···			.	
	organization?	, -			80a		X
b	If "Yes," enter the name of the organization						
		ck whether it is 🔲 e	kempt or	nonexempt		. [
81a	Enter direct and indirect political expenditures (See line 81 instructions)	_	81a			. [
b	Did the organization file Form 1120-POL for this year?				81b		<u>X</u>
					Form	990	(2006)

Form	990 (2006) KNIGHTS OF COLUMBUS #560 35-03121	72		<u> </u>	age 7
Pa	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge				
	or at substantially less than fair rental value?	_	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II				
	(See instructions in Part III)	2b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications'		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A L	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	Χ	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	, <u> </u>	84b	<u>X</u>	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A L	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	n			
	received a waiver for proxy tax owed for the prior year				
С	Dues, assessments, and similar amounts from members	5c			
d	Section 162(e) lobbying and political expenditures	5d			l
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	5e	i		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	5f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	N/A	85h		<u> </u>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	6a			
b	Gross receipts, included on line 12, for public use of club facilities	6b			l
87	501(c)(12) orgs Enter a Gross income from members or shareholders	7a			
b	Gross income from other sources (Do not net amounts due or paid to other				
	sources against amounts due or received from them)	7b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections				
	301 7701-2 and 301 7701-39 If "Yes," complete Part iX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," complete Part XI	▶	88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction				
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach				
	a statement explaining each transaction	ļ.,	89b		
C	Enter Amount of tax imposed on the organization managers or disqualified				
	persons during the year under sections 4912, 4955, and 4958	<u> </u>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	-			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction?		89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra	ect?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the				
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	6			
	at any time during the year?	Į.	89g		X
90a	List the states with which a copy of this return is filed IN				
b	Number of employees employed in the pay period that includes March 12, 2006 (See	1 1			
	instructions)	90b			_16
91a	The books are in care of FKELLY YOUNG	Telephone no ▶ 765-2	282	-82	80
	PO BOX 606				
	Located at ▶ MUNCIE, IN	ZIP+4 ► 47308			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori	ty	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	r		Yes	No
	account)?		91b		X
	If "Yes," enter the name of the foreign country				1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts				
DAA			Forn	n 990	/ (200E

Form	990 (200	6) KNIGHTS OF COL	UMBUS #560		35-031	2172			Page 8
Pa	rt VI	Other Information (conf						T	Yes No
	At any ti	me during the calendar year, did the enter the name of the foreign count	e organization maintain	an office out	side of the United State	es?		91c	X
92		4947(a)(1) nonexempt charitable tru					. 1		▶ _
		er the amount of tax-exempt interest					▶ 92		
	rt VII	Analysis of Income-Pro	ducing Activities	(See the	instructions)				
Note	: Enter gr	oss amounts unless otherwise	<u> </u>	Unrelate	d business income	Excluded I	by section 512, 513, or 514	(i	E) ed or
ındıca				(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		function
93	Program	service revenue	<u> -</u>			code		inco	ome
а									
b			j.						
С									
d									
0		· · · · · · · · · · · · · · · · · · ·							
		e/Medicaid payments	<u> </u> _						
9	Fees and	d contracts from government agend	ies						
94		ship dues and assessments	-						3,915
95	Interest	on savings and temporary cash inve	estments		· · · · · · · · · · · · · · · · · · ·	14	359		
96	-	ls and interest from securities	ļ						
97		al income or (loss) from real estate	-						
		nced property	-	531120	-29,349				
b		-financed property	ļ-						
98		al income or (loss) from personal pr	operty			-			
99		vestment income	-			 			
100	Gain or (loss) from sales of assets other than inventory								
101		me or (loss) from special events	1			9	516,662		
102		ofit or (loss) from sales of inventory	' <u> </u>	722210	39,864				
103		venue a							
b		E DATA - ATM INCO	ME			3	4,335		
С	ACC	OUNT CLOSURE				1	566		
d						L			
e					10 515		501 000		2 015
		(add columns (B), (D), and (E))			10,515		521,922		3,915
		dd line 104, columns (B), (D), and (I						53	6,352
		plus line 1e, Part I, should equal th				- (0	41		
	rt VIII	Relationship of Activitie							
Lii	ne No.	Explain how each activity for whof the organization's exempt pu				importan	tly to the accomplishme	ent	
0.7	_			, ,			·		
94	*	SUPPORT SOCIAL/P	HILANTHROP	IC ACTI	VIIIES				
			 						
Do.	rt IX	Information Pagardina	Tavabla Subsidia	rice and D	Vioregarded Entiti	00 (800	the instructions		
га	ILIX	Information Regarding (A)	(B)	iries and D	(C)	5 (366	(D)	(E)	
. N	partners	ress, and ÉIN of corporation, ship, or disregarded entity	Percentage of ownership interest		lature of activities	_	Total income	End-of- asse	year ·
	<u> N/A</u>	·		%					
_				%					
				%					
D-	 -	Information Described	Transfera Assas:	%	Personal Panasia		to (Soo the inst-	etions \	
	rt X	Information Regarding							
(t	o) Did the	e organization, during the year, rece e organization, during the year, pay es" to (b), file Form 8870 and Form	premiums, directly or i	indirectly, on a			eneiit contract?	Yes	
		CO LO JAM C. SILII QOTO ANA I OIIII	Lo (oco mondono)					Form	990 (2006)

	20	<u> </u>	pecial Events	Schedule		•		2000
Form 9	90	For calendar year 2006, or tax year b	eanniña	7/01/06	, and ending	6	/30/07	2006
lame		The described year 2000, or tax your b	og		, and and a		··· · · · ·	tification Number
KNIGHT	SOF	COLUMBUS #560					35-0312	172
1414 0		(A)	(B)	(C)		Oth		Total
Gross receipt Less contril Gross revenu Less direct Net income (I	outions e expenses	753,826 0 753,826 237,169 516,657	260 0 260 255 5		0 0 0 0 0		0 0 0 0 0	754,086 0 754,086 237,424 516,662
Description	(A)	BINGO		_				
	(B)	RAFFLE						
	(C)							
								
	Others	S						
				_				
								
								
				_				
				-				
				_				
				<u> </u>				
								
				<u> </u>				
								
				•				

_

01357 01/04/2010 1 29 PM								
Forms	Oth	ner Notes an	ıd L	oans Receiv	able			0000
990 / 990-PF				7/07/06		c /20 /0	_	2006
Name	For calendar year 2006, or t	ax year beginning		7/01/06	, and ending	6/30/0 Employe		tification Number
Name							. ,	
KNIGHTS OF CO	OLUMBUS #560					35-0	312	172
EUDW 990 DY	RT IV, LINE 51A	- ΔΠΩΤΤΤΟ	בואכ	I. TNFORMAT	'TON			
TOIN JOU, IM		711001110		II IIII OIGHII	·			
	Name of borrower				Relationship to	o disqualified pe	erson	
(1) LOAN - CHR.								
(4)					· · · · · · · · · · · · · · · · · · ·			
(5)			-	-	· · · ·			
(0)	·							
(7)								
(0)								
(0)					<u></u>			
(10)								
Original amount borrowed	Date of loan	Maturity date		Re	epayment terms			Interest rate
(1)								
(2)								
(3)								
(4)			\perp					<u> </u>
(5)								
(6)		ļ <u>-</u>						
(7)		· · · · · · · · · · · · · · · · · · ·						
(8)								
(9)		 						
(10)			L					<u> </u>
								
Sec	urity provided by borrower				Purpo	se of loan		
(1)	- <u></u>							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)							_	
(8)								
(9)		····						
(10)							<u> </u>	
Canadas	ation formulaed by lander			salance due at	Balance du			market value (990-PF only)
	ation furnished by lender		neg	inning of year	end of ye	iai -		(990-FF UIIIY)
(1)				55,500				
(2)								
(3)					· · · · · · · · · · · · · · · · · · ·			
(4) (5)								
(6)		-						
(7)								
(8)								

55,500

(9) (10)

Totals

01357 01/04/2010 1 29 PM	B.F4	O41	hor Notos Davahla		
990 / 990-PF			her Notes Payable	6/30/07	2006
Name	For calendar year 2006, or ta	ax year beginning	7/01/06 , and ending	6/30/07 Employer Iden	tification Number
KNIGHTS OF CO	OLUMBUS #560		· · · - · · · - · · · · - · · · · · · · · · · · · · ·	35-0312	172
FORM 990, PAR	RT IV, LINE 64B	- ADDITION	AL INFORMATION	<u> </u>	
	Name of lender		Relationship to	o disqualified person	
(1) JP MORGAN (CHASE				
(2)			<u> </u>		
(3)			· · · · · · · · · · · · · · · · · · ·		
(4) (5)			· · · · · · · · · · · · · · · · · · ·		-
(6)				· · · · · · · · · · · · · · · · · · ·	
(7)					
(8)					
(9)					
(10)			<u> </u>		
Original amount borrowed	Date of loan	Maturity date	Repayment term	ns	Interest
(1) 562,3		3/02/11			7.50
2)	3/ 02/ 00	3/ 02/ 11		·	7,50
3)					
(4)					
[5)					
(6)					
(7)					
(8) (9)					
(10)					
(10)	-				t
Se	ecurity provided by borrower	12	Purpo	se of loan	
(1) BINGO BUILI			BUILDING PURCHASE		
(2)	71110		DOLLD I ON OR IN		
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)					
(6)					
(7)		 .			
(8) (9)				·····	
(10)					-,-
Conside	eration furnished by lender		Balance due at Balance due at beginning of year end of year		
(1)			555,032		495,394
(2)			,		
(3)					
(4)			ļ		
(5)			 		
(6)			 		
(7)	 		 		

495,394

555,032

(9) (10)

Totals

01357 Knights Of Columbus #560 35-0312172

Federal Statements

FYE: 6/30/2007

Statement 1 - Explanation for Not Filing on Time

Description

WE ARE FILING OUR FORM 990 FOR THE YEAR ENDED 06/30/07 LATE DUE TO A COMPUTER INCIDENT AFFECTING PAST YEARS. SIGNIFICANT TIME AND EFFORT WAS PUT INTO RECONSTRUCTING FINANCIAL RECORDS, BUT WITH ONLY VOLUNTEER HELP, IT WAS A LONG AND DIFFICULT PROCESS. AT THIS TIME THE RECORDS HAVE BEEN RECONSTRUCTED AND RETURNS FOR OVERDUE YEARS ARE BEING PREPARED AND FILED AS QUICKLY AS ADMINISTRATIVELY FEASIBLE. WE WILL SOON BE ON-TRACK WITH ALL REQUIRED FILINGS AND DEADLINES. WE RESPECTFULLY REQUEST THAT ANY PENALTIES FOR LATE FILING BE WAIVED AS WE CONTINUE MAKING DILLIGENT EFFORTS TO COME INTO FULL COMPLIANCE. THANK YOU.

Statement 2 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description		Amount
DUES - MEMBERS	\$_	3,915
TOTAL	\$_	3,915

Statement 3 - Form 990, Part I, Line 6b - Rental Expenses

Deduction
360
35,554
5,161
5,384
784
3,118
3,299
4,671
14,343
27,302
99,976

Statement 4 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	cogs	Gross Profit
KITCHEN	\$ 81,739	\$ 41,875	\$39,864
TOTAL	\$ 81,739	\$ 41,875	\$ 39,864

7 Knights Of Columbus #560	12172	6/30/2007
01357 Kni	35-0312172	FYE: 6/30/2007

Federal Statements

1/4/2010 1.29 PM

Statement 5 - Form 990, Part I, Line 16 - Payments to Affiliates

Amount	\$ 139	3,662	136	\$ 3,937
Purpose	PER CAPITA	PER CAPITA	SUPPLIES	
Bus Name Address	KOFC STATE - PER CAPITA 4825 E BRENTVIEW AVENUE TERRE HAUTE IN 47805	PER CAPITA - SUPREME 1 COLUMBUS PLAZA NEW HAVEN CT 06506-1480	SUPREME EXPENSE MISC 1 COLUMBUS PLAZA NEW HAVEN CT 06506-1480	TOTAL

01357 Knights Of Columbus #560 35-0312172

Federal Statements

1/4/2010 1:29 PM

FYE: 6/30/2007

Statement 6 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
MARK UP TO FAIR MARKET LPL - OTHER	\$ 19,252
MARK UP TO FAIR MARKET SCHOLARSHIP	 1,116
TOTAL	\$ 20,368

	1/4/2010 1·29 PM	
deral Statements		-
		-

01357 Knights Of Columbus #560 35-0312172 FYE: 6/30/2007	Ä	Federal Statements	nents		7/1	1/4/2010 1·29 PM
Stat	Statement 7 - Form 990, Part II, Line 22b - Other Grants and Allocations	Part II, Line 22b -	Other Grants a	nd Allocations		
Name Address	Rek	Relationship to Ora	Class of Activity			•
Date of Gift	Description of Property	Cash	NonCash Contrib	Book	BV Explantn	FMV Explntn
ADA -						
AMERICAN HEART ASSN		숙9T 소	小	vs-		
A DCUDICUON BITT TON CUEBN		200				
ANCHELSHOF FOLLON SREEN		150				
BARN BUDDIES BOOSTER CLUB		8 77				
BOYS & GIRLS CLUB MUNCI						
		200				
BSU FOUNDATION		0.5.1				
CATHOLIC MINISTRY		o co				
CHAPLIN'S FUND		300				
ם אגדעט גינמסג אגדעטדמעט		150				
		200				
CHRISTIAN MINISTRIES		0 616				
CHRISTMAS FOR NEEDY		CTO'O				
		3,000				
CROSS ROADS OF AMERICA		200				
DAUGHTERS OF ISABELLA						
TIBAILT		355				
		13,176				
GTINOTO TOME TO VOKING TO						

8,615

100

GLENMARY HOME MISSIONER

HAMILTON TOWNSHIP VOLUN

HARVEST SOUP KITCHEN

750

₽
1:29
10
1/20
1/4

Federal Statements

01357 Knights Of Columbus #560 35-0312172 FYE: 6/30/2007

Name Address	Rela to	Relationship to Org	Class of Activity	•		
Date of Gift	Description of Property	Cash	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
HEART TO HEART		L C		€		
HILL CROFT		350	vs-	vs-		
מיחים עית אום מדוג גיוס ד		200				
ISLANIBERK VICTORY FUND		1,618				
K OF C - 4TH DEGREE		771 7				
K OF C #14192						
KNIGHTS OF COLUMBUS PO		0 0 7				
		1,537				
KNIGHIS OF COLUMBOS #1/		240				
KNIGHTS OF COLUMBUS COU		9 (6 1 r				
KOFC #14214		007				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100				
NOFC #1014		440				
MBSA						
MISC CONTRIBUTIONS		000				
		165				
MUNCIE CRIME STOPPERS		001				
MUNCIE FIRE DEPT)) H				
t 0 1		100				
MONCIE FOF #87 SHOF W/		300				
SCHOLARSHIPS))				
		7,000				
SELMA BOY SCOUT		50				

₫
1:29
201
1/4/2010

Federal Statements

01357 Knights Of Columbus #560 35-0312172 FYE: 6/30/2007

g	
Ž	
Ħ	
3	
JS (
ē	
Ca	
$\stackrel{s}{=}$	
Q D	
an	
ıts	
ā	
ົດ	
the	
ō	
2b.	
3 22	
. <u>≅</u>	
핕	
<u>a</u>	
990,	
n 9	
10	
4	
t 7	
en	
ē	
itat	
U)	ı

Statemen	Statement / - Form 350, Partin	מון ווי רווופ לכם - סווופן	Giailts ailu Ai	allis alla Allocations (continued	(neg)	•
Name Address	Rela tr	Relationship to Org	Class of Activity			
Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
SEMINARY DONATION		\$ 0000		v		
SEMINARY FUND APPEAL)) 	^	ጉ		
HOWSOL TO BO SCHOLS		1,000				
5		1,000				
SOS						
SPECIAL OLYMPICS - DEL		008				
		100				
SPECIAL OLYMPICS - JAY						
ST ANNS CHURCH		TSO				
		1,200				
ST FRANCIS						
		32,214				
ST LAWRENCE		0				
ST LAWRENCE: BOYS SCOUTS	•					
	•	1,382				
		61,325				
ST MARY'S:ST MARY PRESCHOOL						
ST VINCENT DE PAUL		000'5				
		8,615				
TOTAL		\$ 253,546	\$	\$		

35-0312172

FYE: 6/30/2007

Federal Statements

Statement 8 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
KITCHEN				
SALES TAX	1,011			
EXPENSES				
ACCOUNT ANALYSIS CHARGE	292			
CHARGEBACK	2,880			
DISCOVER NETWORK FEES	441			
PAPER CHECK FEES	37			
SAFE DEPOSIT RENTAL	26			
COUNCIL OFFICE SUPPLIES	25			
EASTER EGG HUNT	650			
FINACIAL SECT. FEES	368			
FLOWERS	375			
MISCELLANEOUS EXPENSES	200			
INSURANCE	1,498			
REAL ESTATE TAXES	6,497			·- · · · · · · · · · · · · · · · · · ·
TOTAL	\$ 14,300	\$0	\$0	\$0

1/4/2010 1:29 PM

01357 Knights Of Columbus #560 35-0312172

FYE: 6/30/2007

Federal Statements

Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT CORPORATE STOCK	\$	\$	
INVESTMENTS STOCK FUND - LINSCO LPL - LT INVESTMENTS - FMV SCHOLORSHIP FUND - LPL - FMV CORPORATE BONDS	111,577	119,861 30,319	MARKET MARKET MARKET
TOTAL	\$ 111,577	\$ 150,180	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

D	esc	rıptı	on

Becomplien								
	_	Beginning of Year		Accum Deprec	_	End of Year	_	Accum Deprec
BINGO BLDG								
BUILDING - K OF C HALL	\$	522,403	\$	3,907	\$	569,289	Ş	19,610
BOILDING - K OF C HALL		614,752				614,752		
EQUIPMENT - BINGO								
LAND - BINGO BUILDING		90,703				94,097		
HAND - BINGO BOILDING		54,252				54,252		
TOTAL	\$	1,282,110	\$ <u></u>	3,907	\$_	1,332,390	\$_	19,610

Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of <u>Year</u>		
LBC EQUIPMENT NOTE	\$ 12,355	\$		
TOTAL	\$ 12,355	\$ 0		

Form **8868** (Rev April 2007)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev 4-2007)

internal Rever	ue Service					
If you a	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X			
If you a	e filing for an Additional (notautomatic) 3-Month Extersion, complete only Part II(on page 2 of this for	m)				
Do not con	plete Part II unless you have already been granted an automatic 3-month extension on a previously filed I		8			
Part !	Automatic 3-Month Extension of Time. Only submit original (no copies needed	d).				
Section 501	(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box	and				
complete Pa	art I only		▶ 🗌			
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exacome tax returns	tension (of			
Electronic	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of	f time to	file			
	eturns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you ca					
8868 electro	inically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069,	or 8870,	group			
-	composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (-	f Form			
8868 Form	ore details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonj	orofits				
Type or	Name of Exempt Organization	Employ	er identification number			
print						
File by the	KNIGHTS OF COLUMBUS #560	35-0	312172			
due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions					
return See	P.O. BOX 606					
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions MUNCIE IN 47308-0606					
Check type	of return to be filed (file a separate application for each return)					
X Form			Form 4720			
-	990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 5227			
	990-EZ Form 990-T (trust other than above)		Form 6069			
Form	990-PF Form 1041-A		Form 8870			
The boo	ks are in the care of ▶					
	ne No ▶ FAX No ▶					
	ganization does not have an office or place of business in the United States, check this box	hio io				
	· · · · · · · · · · · · · · · · · · ·	his is attach				
	e names and EINs of all members the extension will cover	attacii				
	est an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension	of time				
until	2/15/08 , to file the exempt organization return for the organization named above. The extension					
for the organization's return for						
▶ ☐ calendar year or						
▶ X	tax year beginning $7/01/06$, and ending $6/30/07$					
2 If this	tax year is for less than 12 months, check reason 🔲 Initial return 🔲 Final return 🔲 Change i	n accoun	nting period			
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,					
	ny nonrefundable credits. See instructions	3a	\$			
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
	ents made Include any prior year overpayment allowed as a credit	3b	\$			
	ce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,					
•	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment					
	m) See instructions rou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88	3c 79-FO	\$			
for payment	· · · ·	, J-LO				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.