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

Form **990**

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)

0806

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
KNIGHTS OF COLUMBUS INDIANA STATE COUNCIL

Number and street (or P O box if mail is not delivered to street address) 3215 ST JUDE DRIVE

Room/suite

City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46227

D Employer identification number 23-7216173

E Telephone number 260-356-1096

F Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website ▶WWW.INSTATEKOFC.ORG

J Organization type (check only one) ▶ ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶ N/A

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ ☒ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 757,011.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	394,033.		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash $ 394,033. noncash $)			1e	394,033.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	291,615.
4	Interest on savings and temporary cash investments			4	3,863.
5	Dividends and interest from securities			5	
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
7	Other investment income (describe ▶)			7	

8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other	
b	Less cost or other basis and sales expenses		8b		
c	Gain or (loss) (attach schedule)		8c		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d

9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☒			
a	Gross revenue (not including $ 0. of contributions reported on line 1b)	9a	67,500.	
b	Less direct expenses other than fundraising expenses	9b	18,580.	
c	Net income or (loss) from special events Subtract line 9b from line 9a SEE STATEMENT 1			9c 48,920.

10 a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c
11	Other revenue (from Part VII, line 103)			11
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 738,431.
13	Program services (from line 44, column (B))			13 740,509.
14	Management and general (from line 44, column (C))			14 4,690.
15	Fundraising (from line 44, column (D))			15
16	Payments to affiliates (attach schedule)			16
17	Total expenses. Add lines 16 and 44, column (A)			17 745,199.
18	Excess or (deficit) for the year Subtract line 17 from line 12			18 <6,768.>
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 233,251.
20	Other changes in net assets or fund balances (attach explanation)			20 0.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 226,483.

Expenses

Net Assets

RECEIVED
JUL 01 2010
OGDEN, UT

SCANNED AUG 09 2010

AUG 04 2010 Copy Proces Rs 08/19/10

723001
12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instru**

Form **990** (200

16440302 786982 9990436 2007.07000 KNIGHTS OF COLUMBUS INDIANA 99904361

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 557,525. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	557,525.	557,525.	STATEMENT 2	
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	25a	4,690.	0.	4,690.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.	0.	0.	0.
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	5,500.	5,500.		
32 Legal fees	32				
33 Supplies	33	23,228.	23,228.		
34 Telephone	34				
35 Postage and shipping	35	3,193.	3,193.		
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39	15,131.	15,131.		
40 Conferences, conventions, and meetings	40	135,386.	135,386.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize) a MISCELLANEOUS EXPENSES	43a	546.	546.		
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	745,199.	740,509.	4,690.	0.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

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

What is the organization's primary exempt purpose? ▶ FRATERNAL FAMILY, SERVICE ORGANIZATION

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a CONTRIBUTIONS TO GIBAULT SCHOOL, THE MENTALLY CHALLENGED, RESPECT LIFE GROUPS, AND MANY OTHER NEEDY PROGRAMS

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 557,525.

b INDIANA STATE COUNCIL MEETINGS AND STATE COMMITTEE EXPENSES

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 135,386.

c PHONE, POSTAGE, AND SUPPLIES FOR WORK WITH LOCAL COUNCILS

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 47,598.

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 740,509.

Form **990** (2007)

723021
12-27-07

Part IV Balance Sheets *(See the instructions)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing	78,786.	45	97,357.
	46	Savings and temporary cash investments	172,793.	46	131,001.
	47 a	Accounts receivable 47a			
	b	Less allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable 48a			
	b	Less allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable 51a			
	b	Less allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and equipment basis 55a			
	b	Less. accumulated depreciation 55b		55c	
	56	Investments - other		56	
	57 a	Land, buildings, and equipment basis 57a			
	b	Less accumulated depreciation 57b		57c	
	58	Other assets, including program-related investments (describe ▶)		58	
	59	**Total assets** (must equal line 74) Add lines 45 through 58	251,579.	59	228,358.
Liabilities	60	Accounts payable and accrued expenses	18,328.	60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶ TAX WITHHOLDINGS)	0.	65	1,875.
	66	**Total liabilities.** Add lines 60 through 65	18,328.	66	1,875.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74			
	67	Unrestricted	54,188.	67	97,357.
	68	Temporarily restricted	179,063.	68	129,126.
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74			
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)	233,251.	73	226,483.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73	251,579.	74	228,358.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions)*

a	Total revenue, gains, and other support per audited financial statements		a	738,431.
b	Amounts included on line **a** but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines **b1** through **b4**		b	0.
c	Subtract line **b** from line **a**		c	738,431.
d	Amounts included on Part I, line 12, but not on line **a**:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines **d1** and **d2**		d	0.
e	**Total revenue** (Part I, line 12) Add lines **c** and **d**	▶	e	738,431.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	745,199.
b	Amounts included on line **a** but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines **b1** through **b4**		b	0.
c	Subtract line **b** from line **a**		c	745,199.
d	Amounts included on Part I, line 17, but not on line **a**:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines **d1** and **d2**		d	0.
e	**Total expenses** (Part I, line 17) Add lines **c** and **d**	▶	e	745,199.

Part V-A 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)*

(A) Name 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
NORM STOFFEL HUNTINGTON, IN	STATE DEPUTY 20.00	2,000.	0.	0.
STEPHEN ZIMBA HAMMOND, IN	STATE SECRETARY 10.00	800.	0.	0.
THOMAS GAWLIK TERRE HAUTE, IN	STATE TREASURER 10.00	400.	0.	0.
TOM AXON FISHERS, IN	STATE ADVOCATE 5.00	260.	0.	0.
PHILLIP PHIPPS INDIANAPOLIS, IN	STATE WARDEN 5.00	130.	0.	0.
CHARLES WHITCRAFT, JR WARSAW, IN	EXECUTIVE SECRETARY 10.00	1,000.	0.	0.
REV. RON RIEDER INDIANAPOLIS, IN	CHAPLAN 1.00	100.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) — 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization " — 75c		X
	If "Yes," attach a statement that includes the information described in the instructions		
d	Does the organization have a written conflict of interest policy? — 75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 3 and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Form **990** (2007)

723161/12-27-07

Part VI Other Information *(continued)*

				Yes	No
82 a	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)	82b N/A			
83 a	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?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85 a	*501(c)(4), (5), or (6)* 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	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
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		
86	*501(c)(7) organizations* Enter **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88 a	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 7701-3? 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
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A				
b	*501(c)(3) and 501(c)(4) organizations* 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	N/A	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
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 contract?		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 at any time during the year?		89g		X
90 a	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, 2007	90b 0			
91 a	The books are in care of ▶ STEPHEN ZIEMBA Telephone no ▶ 219-644-9036 Located at ▶ P.O. BOX 2520, HAMMOND, IN ZIP + 4 ▶ 46323				
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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts		91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
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					291,615.
95 Interest on savings and temporary cash investments					3,863.
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					48,920.
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.	344,398.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	344,398.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See 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)
94	DUES INCOME USED FOR OPERATING EXPENSES TO PROVIDE SOCIAL SERVICES
95	INTEREST USED FOR OPERATING EXPENSES TO PROVIDE SOCIAL SERVICES
101	RAFFLE INCOME, THE PROCEEDS WHICH WERE DONATED TO GIBAULT SCHOOL

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See 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 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).*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13)* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? **If** "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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 — Date 3/30/2009

Type or print name and title STEPHAN A. ZIEMBA STATE Deputy

Paid Preparer's Use Only

Preparer's signature Neal R Stegemiller, CPA — Date 3/30/09 — Check if self-employed ▶ [X] — Preparer's SSN or PTIN (See Gen Inst. X)

Firm's name (or yours if self employed), address, and ZIP + 4: ARTHUR E. FIELD & CO.
320 N. MERIDIAN STREET, SUITE 406
INDIANAPOLIS, IN 46204

EIN ▶

Phone no ▶ 317-638-0401

Form **990** (2007)

723164/12-27-07

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
RAFFLE FOR CHARITABLE ORGANIZATION	67,500.		67,500.	18,580.	48,920.
TO FM 990, PART I, LINE 9	67,500.		67,500.	18,580.	48,920.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 2

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
DONATION TO CHARITIES SEMINARIAN SUPPORT FUND VARIOUS VARIOUS	44,782.
DONATION TO CHARITIES THE MENTALLY HANDICAPPED VARIOUS VARIOUS	279,671.
DONATION TO CHARITIES RESPECT LIFE GROUPS VARIOUS VARIOUS	18,489.
DONATION TO CHARITIES GIBAULT SCHOOL TERRE HAUTE, IN TERRE HAUTE, IN	210,240.
DONATION TO CHARITIES OTHER DONATIONS VARIOUS VARIOUS	4,343.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	557,525.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 3
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
INDIANA STATE COUNCIL KNIGHTS OF COLUMBUS CHARITY FUND, INC.	X	

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☑
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time.** You **must** file original and one copy

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	KNIGHTS OF COLUMBUS INDIANA STATE COUNCIL	23 7216173
	Number, street, and room or suite no If a P O. box, see instructions 3215 SAINT JUDE DRIVE	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDIANAPOLIS, INDIANA 46227	

Check type of return to be filed (File a separate application for each return)·

☑ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ LAWRENCE B. FLUHR
Telephone No. ▶ (812) 738-4239 FAX No ▶ ( )
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . ▶ ☐ . If it is for part of the group, check this box. . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 20 09
5 For calendar year _____, or other tax year beginning JULY 1, 20 07, and ending JUNE 30, 20 08
6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension AN EXTENSION IS NEEDED TO ALLOW THE TAXPAYER ADDITIONAL TIME IN COMPILING, FROM DETAIL RECORDS, ALL OF THE INFORMATION NECESSARY TO FILE AN ACCURATE AND COMPLETE FROM 990.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$ 0
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Neal R Stegemiller Title ▶ C.P.A. Date ▶ 02/11/2009

Notice to Applicant. (To Be Completed by the IRS)

☐ We **have** approved this application Please attach this form to the organization's return
☐ We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
☐ We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
☐ Other _____

_____ By _____ _____
Director Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	KNIGHTS OF COLUMBUS C/O ARTHUR F. FIELD & CO.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 320 NORTH MERIDIAN STREET, SUITE 406
	City or town, province or state, and country (including postal or ZIP code) INDIANAPOLIS, INDIANA 46204