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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization Knights of Columbus Council #3734 Number and street (or P O box, if mail is not delivered to street address)Room/suite 1492 Knights Road City or town, state or country, and ZIP + 4 Weirton, WV 26062	D Employer identification number 23-7142255 E Telephone number (304) 723-1492 F Group Exemption Number 0188
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G Accounting method ☒ Cash ☐ Accrual Other (specify) ►	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► NA	
J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(8) ◄(insert no) ☐ 4947(a)(1) or ☐ 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 164,597

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	14,309
	4	Investment income	4	1,326
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	148,962
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
Expenses	c	Less direct expenses from gaming and fundraising events	6c	146,264
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	2,698
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18,333
	10	Grants and similar amounts paid (list in Schedule O)	10	4,796
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,400
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,550
	15	Printing, publications, postage, and shipping	15	705
	16	Other expenses (describe in Schedule O)	16	3,973
	17	Total expenses. Add lines 10 through 16	17	18,424
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-91
	19	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	77,386
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	77,295

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	72,386	22	52,330
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	5,000	24	24,965
25 Total assets	77,386	25	77,295
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,386	27	77,295

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III . ☒

Expenses

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Fraternal Society Supporting Community

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here ☐	28a	
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29

(Grants \$)	If this amount includes foreign grants, check here ☐	29a	
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30

(Grants \$)	If this amount includes foreign grants, check here ☐	30a	
--------------	---	------------	--

31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here ☐	31a	

32 Total program service expenses (add lines 28a through 31a)	32	18,424
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(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	(e) Expense account and other allowances
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Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		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	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	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	No
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	No
c	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	No
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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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) and 501(c)(4) 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) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ Ron Sekersky Telephone no ▶ (304) 723-2288 112 Joseph Blvd Located at ▶ Weirton, WV ZIP + 4 ▶ 26062		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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.

Sign Here	***** Signature of officer		2012-11-05 Date		
	Ron Sekersky Financial Secretary Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Stephen Marino	Date 2012-11-05	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	Stephen A Marino CPA 1617 Main Street Wellsburg, WV 26070				Phone no (304) 737-3690

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

Additional Data

Software ID: 11000218
Software Version: 2011.0.0
EIN: 23-7142255
Name: Knights of Columbus Council #3734

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 The organization supports surrounding churches and schools to assist those entites in meeting their financial needs Four churches and schools received funds (Grants \$ 1,015) If this amount includes foreign grants, check here . . . ☐	28a	1,015
29 The organization supports national and local charities Three organizations received contributions (Grants \$ 500) If this amount includes foreign grants, check here . . . ☐	29a	500
30 The organization awards scholarships to students to assist them in funding their future educational goals None was handed out this year (Grants \$) If this amount includes foreign grants, check here . . . ☐	30a	
The organization conducts membership activities and promotes fraternal brotherhood (Grants \$) If this amount includes foreign grants, check here . . . ☐		13,628
The organization makes contributions and pays assessments to affiliates (Grants \$) If this amount includes foreign grants, check here . . . ☐		3,281

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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	(E) Expense account and other allowances
Stanley Fiedorczyk 126 Colliers Way Weirton, WV 26062	Grand Knight 005 00	0		
Richard Fiedorczyk Jr 106 Xanthia Way Weirton, WV 26062	Deputy GK 005 00	0		
Joe Lamantia 208 Mayfair Street Weirton, WV 26062	Treasurer 005 00	0		
Tony Paske 114 Becon Drive Weirton, WV 26062	Secretary 005 00	0		

OMB No 1545-0047

2011

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

23-7142255

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ➤						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			()
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue	74,622	74,340	148,962
	2	Cash prizes	54,881	59,257	114,138
Direct Expenses	3	Non-cash prizes	4,400	8,490	12,890
	4	Rent/facility costs	5,258	3,000	8,258
	5	Other direct expenses	7,825	3,153	10,978
	6	Volunteer labor	Yes 100.000 % No	Yes 100.000 % No	Yes _____ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			(146,264)
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			2,698

9 Enter the state(s) in which the organization operates gaming activities WV

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☒ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☒ No

13

Indicate the percentage of gaming activity operated in

a The organization's facility	13a	100.000 %
b An outside facility	13b	

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Ron Sekersky

Address

112 Joseph Blvd
Weirton, WV 26062

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Ron Sekersky

Gaming manager compensation

\$

Description of services provided

Manager

☒ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.****► Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
Knights of Columbus Council #3734**Employer identification number**

23-7142255

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Charities, Grantee Lend a Hand 352 Country Club Blvd Weirton WV 26062, Cash Grant 200, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Assessment, Grantee Supreme Council 1 Columbus Plaza New Haven CT 06510, Cash Grant 1,617, Relationship Affiliate Form 990-EZ, Part I, Line 10, Grants Paid Activity Assessment, Grantee WV State Council 62 Briarwood Drive Wheeling WV 26003, Cash Grant 1,664, Relationship Affiliate Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Local Churches, Grantee St Josephs Church 229 California Avenue Weirton WV 26062, Cash Grant 500, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Local Churches, Grantee St Pauls Church 140 Walnut Street Weirton WV 26062, Cash Grant 425, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Charities, Grantee United Way 3205 Pennsylvania Avenue Weirton WV 26062, Cash Grant 200, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Charities, Grantee Weirton FOP 200 Municipal Plaza Weirton WV 26062, Cash Grant 100, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Local Churches, Grantee All Saints Church 3528 West Street Weirton WV 26062, Cash Grant 40, Relationship None Form 990-EZ, Part I, Line 10, Grants Paid Activity Support of Local Schools, Grantee Madonna High School 150 Michael Way Weirton WV 26062, Cash Grant 50, Relationship None Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 277 Form 990-EZ, Part I, Line 16, Other Expenses Accounting 400 Form 990-EZ, Part I, Line 16, Other Expenses Advertising 666 Form 990-EZ, Part I, Line 16, Other Expenses Dues 210 Form 990-EZ, Part I, Line 16, Other Expenses Licenses 25 Form 990-EZ, Part I, Line 16, Other Expenses Fraternal Member Social Activities 360 Form 990-EZ, Part I, Line 16, Other Expenses Bank Fees 35 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 2,000 Form 990-EZ, Part II, Line 24, Other Assets Notes Receivable - CE Beginning of year 5,000, End of year 24,965 Form 990-EZ, Part III, Line 31 The organization conducts membership activities and promotes fraternal brotherhood Grants and allocations 0, Program service expenses 13,628 Form 990-EZ, Part III, Line 31 The organization makes contributions and pays assessments to affiliates Grants and allocations 0, Program service expenses 3,281