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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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.

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

KNIGHTS OF COLUMBUS #3231

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 118

Room/suite

City or town, state or country, and ZIP + 4

MANASQUAN NJ 08736

D Employer identification number

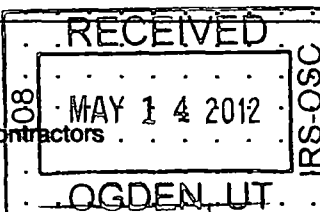
23-7142485

E Telephone number

732 223 0616

F Group Exemption
Number ►**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: ►**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**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	15,845
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,220
	4	Investment income	4	351
	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	
	b	Gross income from fundraising events (not including \$ 15,845 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	23,563
	c	Less: direct expenses from gaming and fundraising events	6c	10,716
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,847
	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	33,263
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	21,365
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	834
	16	Other expenses (describe in Schedule O)	16	12,046
	17	Total expenses. Add lines 10 through 16	17	34,245
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<982>
	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	137,336
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<568>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	135,786



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2011)

SCANNED JUN 14 2012

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	137,336	22 135,786
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	137,336	25 135,786
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,336	27 135,786

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

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.

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

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

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 ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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	☒
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	☒
35a 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	☒
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	
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	
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	☒
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	☒
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	☒
41 List the states with which a copy of this return is filed. ☐ <u>NEW JERSEY</u>		
42a The organization's books are in care of ☐ <u>RALPH CABRERA</u> Telephone no. ☐ <u>732 528 9569</u> Located at ☐ <u>4 N. TAMARACK DR BRIELLE NJ</u> ZIP + 4 ☐ <u>08730</u>		
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	☒
c At any time during the calendar year, did the organization maintain an office outside the U.S.? ☐ If "Yes," enter the name of the foreign country: ☐	42c	☒
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 during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
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	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	☒
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	☒

- 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

	Yes	No
46		☒

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, and complete the tables for lines 50 and 51.

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

- 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

	Yes	No
47		☒

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		☒

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		☒

- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		☒

- 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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

- 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 Scott W Abernombie Date 5-9-12
Type or print name and title SCOTT W ABERNOMBIE FINANCIAL SEC 05-09-12

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Statement of Purpose
Part III 900 EZ

The Knights of Columbus #3231, Rev. John F. Welsh council, is a subordinate council to the Knights of Columbus Supreme Council. This council is dedicated to help Catholic men and their families faith, help them and the greater community in times of need and perform and fund charitable works.

Schedule 6 shows the three top special events held by this Council and Schedule 10 shows the grants and similar amounts made by this Council in the tax year.

Fund Raiser - Special Events and Activities

Schedule for Line 6

Name of Event	Chanty Golf Outing	Birth Right Dinner Event	Communion Breakfast
Description of Event: Occasion and Frequency for Top 3 Events			
Gross Receipts	\$ 21,680.00	\$ 310.00	\$ 531.00
Less: Contributions in Line 1	\$ (7,980.00)	\$ -	\$ -
Gross Revenues in Line 6a	\$ 13,700.00	\$ 310.00	\$ 531.00
Less Direct Expense in Line 6b	\$ (6,668.40)	\$ (1,145.00)	\$ (1,614.99)
Net Income or Loss in Line 6c	\$ 7,031.60	\$ (835.00)	\$ (1,083.99)

Name and Address	Schedule for Line 10		Amount	Association
New Jersey State Chapter Knights of Columbus Attn: Persons w Intellectual Disabilities Program 12 College Ave Eatontown, NJ 07724	Charitable Cash Donation	\$	7,865 20	Knights of Columbus
St Denis RC Church 90 Union Ave Manasquan, NJ 08738	Charitable Cash Donation	\$	3,000 00	none
St Denis School 119 Virginia Ave Manasquan, NJ 08738	Charitable Cash Donation	\$	3,500 00	none
Christian Bros Academy 850 Newman Springs Road Lincroft, NJ 07738	Educational Cash Donation	\$	1,500 00	none
Holy Spirit Church Holy Spirit Educational Outreach Program 705 Second Ave Asbury Park, NJ 07712	Educational Cash Donation	\$	1,000 00	none
Charity Madonna House State Highway 35 & 1401 Seventh Ave Neptune, NJ 07753	Charitable Cash Donation	\$	1,000 00	none
VA NJ Health Care System Lyons Campus Attn: Voluntary Services 151 Knoll Road Lyons, NJ 07939	Charitable Cash Donation	\$	1,000 00	none
St Denis Doves Youth Group St Denis RC Church 90 Union Ave Manasquan, NJ 08738	Charitable Cash Donation	\$	1,000 00	none
St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	\$	500 00	none
Holy Innocents Society St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	\$	500 00	none
Joe Leone's .L'Aquila Earthquake Relief Fund 400 Route 35 Point Pleasant Beach, NJ 08742	Charitable Cash Donation	\$	500 00	none
TOTAL		\$	21,365 20	

SCHEDULE O

Net Change in Fund Balance		
12/31/11 Mutual Fund Balances	\$	75,083
12/31/10 Mutual Fund Balances	\$	<u>75,652</u>
CHANGE - Line 20	\$	(568)