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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public
Inspection**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 1455

D Employer identification number

23-7170620

E Telephone number

(270) 737-7424

F Group Exemption Number

0188

1851 LEITCHFIELD ROAD
ELIZABETHTOWN, KY 42701**G Accounting Method** Cash Accrual Other (specify) ►**I Website:** ► elizabethtownkc-1455.homestead.com/news.html**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**

► \$ 72,337

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 1,586 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8t	1 1,586 2 3 8,474 4 40 5c 6a 535 6b 50837 6c 9,174 7a 1,815 7b 3,884 8 Rent Income 9 42,198 7c (2,069) 8 9,050 9 59,279 6d 10 38,161 11 12 13 14 20,810 15 16 8,178 17 67,149 18 (4,870) 19 70,719 20 21 62,849
	10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20
	<i>RECEIVED</i> <i>OSC</i> <i>AUG 09 2012</i>
	<i>Schedule</i>
	<i>Schedule</i>
	<i>66</i>
	<i>67</i>
	<i>68</i>
	<i>69</i>

65 5

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	20,863	22 18,366
23	Land and buildings	64,028	23 58,391
24	Other assets (describe in Schedule O)		24 ,
25	Total assets	84,891	25 76,757
26	Total liabilities (describe in Schedule O)	14,172	26 13,908
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,719	27 62,849

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

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

What is the organization's primary exempt purpose? **CHARITY UNITY FEDERNITY PATRIOTISM**

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 CHARITY DINNER/ACTION IN PARTNERSHIP WITH SABINERS TO PROVIDE FINANCIAL ASSISTANCE TO KOSAIR HOSPITAL TO PROVIDE HEALTH CARE FOR CHILDREN - DONATED \$17,395

FINANCIAL ASSISTANCE TO KOSAIR HOSPITAL TO PROVIDE HEALTH CARE FOR CHILDREN - DONATED \$17,395

(Grants \$) If this amount includes foreign grants, check here

29 OUR ORDER CONSISTS OF CATHOLIC MEN WHO STRIVE TO IMPROVE OUR COMMUNITY AND CHURCH - SIGNIFICANT HOURS DEDICATED TO IMPROVING OUR CHURCH & COMMUNITY - DONATED #813)

COMMUNITY AND CHURCH - SIGNIFICANT AWARENESS DEDICATED TO IMPROVING
OUR CHURCH COMMUNITY - DONATED \$8131

(Grants \$) If this amount includes foreign grants, check here

30 APPROXIMATELY 25% OF THE MEMBERSHIP VOLUNTEERS MANY HOURS IN IMPROVING THE EDUCATIONAL/EMPLOYMENT OPPORTUNITIES FOR MENTALLY RETARDED/HANDICAPPED CITIZENS IN OUR AREA - DONATED \$6,500.

PETARDED/HANDICAPPED CITIZENS IN OUR AREA - DONATED \$6,500.

(Grants \$) If this amount includes foreign grants, check here ►

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ►

32 Total program service expenses (add lines 28a through 31a) ► 32

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a <u>-0-</u>	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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?	38b	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39b	<input checked="" type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	40c	<input checked="" type="checkbox"/>
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	40d	<input checked="" type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	41	<input checked="" type="checkbox"/>
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	42a	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ► <u>NONE</u>	42b	<input checked="" type="checkbox"/>
42a The organization's books are in care of ► <u>J. GREGORY PAMELY</u> Telephone no <u>(270) 862-3638</u> Located at ► <u>323 PART 006 WAY ELIZABETH TOWN, KY</u> ZIP + 4 ► <u>42701</u>	42c	<input checked="" type="checkbox"/>
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: ► <u>N/A</u>	43	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	44a	<input checked="" type="checkbox"/>
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: ► <u>N/A</u>	44b	<input checked="" type="checkbox"/>
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 <u>N/A</u>	44c	<input checked="" type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44d	<input checked="" type="checkbox"/>
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	45a	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	45b	<input checked="" type="checkbox"/>
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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)		

		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	46	<input checked="" type="checkbox"/>

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

		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	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/> N/A
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
<i>NONE</i>				

f Total number of other employees paid over \$100,000 ► 0

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
<i>NONE</i>		

d Total number of other independent contractors each receiving over \$100,000 ► 0

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 <i>GREGORY PAWLEY, PCP</i>	Date <i>8/2/12</i>
	Type or print name and title <i>GREGORY PAWLEY, PCP</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

Knights of Columbus 1455

ID# 23-7170620

December 31, 2011

Part 1 - Line 6a, 6b, 6c - Special events and activities

	<u>Revenue</u>	<u>Expense</u>	<u>Net</u>
Brotherhood Banquet	20,059	2,664	17,395
Fish Fry	6,480	-	6,480
Christmas Purse	10,345	6,165	4,180
Seminary Sponsor	8,131	-	8,131
State Raffle	5,552	-	5,552
Super Bowl	70	-	70
Reverse Bingo Raffle	200	107	93
	535	238	297
	<hr/>	<hr/>	<hr/>
Total	51,372	9,174	42,198

Part 1 - Line 10 - Grants and similar amounts paid

Kosair Charities	17,395
Kentucky Mental Retardation Foundation	6,500
St James Church	8,131
Seminarian Scholarships	2,700
Other Charities/Donations	<hr/> 3,435
Total	38,161

Part 1 - Line 16 - Other expenses

Advertising	423
Awards	324
Ceremonies/Convention	190
Dues/assessments	3,709
Accounting	500
Supplies	747
Interest	1,002
Telephone	<hr/> 1,284
Total	8,179

R

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 1455

Employer identification number

23-7170020

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email 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.

(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
1		Yes	No		
1 <i>N/A</i>					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total ►

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

KENTUCKY DEPT. OF CHARITABLE GAMING LICENSE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>CHARITY AUCTION</u> (event type)	(b) Event #2 <u>FISIT FRY</u> (event type)	(c) Other events <u>6</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	<u>20,059</u>	<u>10,345</u>	<u>20,968</u>
	2 Less: Charitable contributions			<u>51,372</u>
	3 Gross income (line 1 minus line 2)	<u>20,059</u>	<u>10,345</u>	<u>20,968</u>
				<u>51,372</u>
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	<u>2664</u>	<u>6165</u>	<u>345</u>
	10 Direct expense summary. Add lines 4 through 9 in column (d)			<u>9174</u>
	11 Net income summary. Combine line 3, column (d), and line 10			<u>42,198</u>

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.

LESS THAN \$15,000

	(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			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____
	7 Direct expense summary. Add lines 2 through 5 in column (d)			<u>()</u>
	8 Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: KENTUCKY
 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in:	
a	The organization's facility	13a <u>100</u> %
b	An outside facility	13b <u>0</u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	

Name ► WILLIAM WISEMAN

40. KNIGHTS OF COLUMBUS

Address ► 1851 LEITCHFIELD ROAD ELIZABETHTOWN, KY 42701

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 ► \$ N/A and the amount of gaming revenue retained by the third party ► \$ N/A.

c If "Yes," enter name and address of the third party:

Name ► N/A

Address ► N/A

16 Gaming manager information:

Name ► William Wiseman

Gaming manager compensation ► \$ 100,000

Description of services provided ► RECORD KEEPING / ACCOUNTING

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ **297**

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).