



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-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 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.

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
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1851 LEITCHFIELD ROAD
 City or town, state or country, and ZIP + 4
ELIZABETHTOWN KY 42701

D Employer identification number
23-7170620

E Telephone number
(270) 737-7424

F Group Exemption Number
0188

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: ► **elizabethtown.kc-1455.horstead.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	1	1,586
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,474
	4	Investment income	4	40
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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	535
Expenses	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)	6b	50837
	c	Less: direct expenses from gaming and fundraising events	6c	9174
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42,198
	7a	Gross sales of inventory less returns and allowances	7a	1,815
	7b	Less: cost of goods sold	7b	3,884
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(2,069)
	8	Other revenue (describe in Schedule O) Rent Income	8	9,050
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59,279
	10	Grants and similar amounts paid (list in Schedule O) Schedule E	10	38,161
	11	Benefits paid to or for members	11	
Net Assets	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	20,810
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) Schedule E	16	8,178
	17	Total expenses. Add lines 10 through 16	17	67,149
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7,870)
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	70,719	
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	62,849	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2011)

SCANNED AUG 09 2012

65 5

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

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

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/AUCTION IN PARTNERSHIP WITH SAILMERS TO PROVIDE FINANCIAL ASSISTANCE TO KOSAR HOSPITAL TO PROVIDE HEALTHCARE FOR CHILDREN - DONATED \$17,395
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 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
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 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
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 | Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 |

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		<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)		<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)?		<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	<input checked="" type="checkbox"/>	<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		<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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>-0-</u>		
b Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	<input checked="" type="checkbox"/>	<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>		
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		<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 ▶ <u>N/A</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>		
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.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>J. GREGORY PAWLEY</u> Telephone no ▶ <u>(270) 862-3639</u> Located at ▶ <u>323 PARTING WAY ELIZABETHTOWN KY</u> ZIP + 4 ▶ <u>42701</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: ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		<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>		<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> <input 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		<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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

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		<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 ☐

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

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b	<input checked="" type="checkbox"/>	

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
NONE				

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

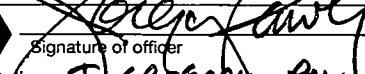
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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 	Date 8/2/12
	Type or print name and title J. GREGORY PAWLEY, PGR	

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
Totals	6,480	-	6,480
Fish Fry	10,345	6,165	4,180
Christmas Purse	8,131	-	8,131
Seminary Sponsor	5,552	-	5,552
State Raffle	70	-	70
Super Bowl	200	107	93
Reverse Bingo Raffle	535	238	297
	<u>-</u>	<u>-</u>	<u>-</u>
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	<u>3,435</u>
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	<u>1,284</u>
Total	8,179

R

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**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

Employer identification number

KNIGHTS OF COLUMBUS 1455

23-7170620

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
		Yes	No			
1 N/A						
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 <i>CHARITY AUCTION</i> (event type)	(b) Event #2 <i>FISH FRY</i> (event type)	(c) Other events <i>6</i> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	<i>20,059</i>	<i>10,345</i>	<i>20,968</i>	<i>51,372</i>
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	<i>20,059</i>	<i>10,345</i>	<i>20,968</i>	<i>51,372</i>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	<i>2664</i>	<i>6165</i>	<i>345</i>	<i>9174</i>
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(<i>9174</i>)			
	11 Net income summary. Combine line 3, column (d), and line 10 ▶	<i>42,198</i>			

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) ▶	()			
	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? ☒ 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 % |
| b An outside facility | 13b | 0 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ WILLIAM WISEMAN

Address ▶ 40 KNIGHTS OF COLUMBUS
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 ▶ \$ 0

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).