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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 January, 2011, and ending December, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization Knights of Columbus Father Martin Kennedy #5417
 Number and street for P.O. box, if mail is not delivered to street address P.O. Box 443 Room/suite
 City or town, state or country, and ZIP + 4 Landen, WY 82520-0443

D Employer identification number 23-7227001

E Telephone number

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: _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () (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	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	2920.00
	4	Investment income	4	10
	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	
Expenses	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)	6b	9244.00
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9244.00
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	
	10	Grants and similar amounts paid (list in Schedule O)	10	
	Net Assets	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	550.00
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	10703.78
17		Total expenses. Add lines 10 through 16	17	11253.78
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2009.78	
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		
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	32,529.21	

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2011)

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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		22 1355.10
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25 32579.70
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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	37b	☒
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. ▶		
42a The organization's books are in care of ▶ <u>Paul Trump</u> Telephone no. ▶ <u>302-349-2629</u> Located at ▶ <u>3226 US Hwy 287 Landers, NY</u> ZIP + 4 ▶ <u>85820</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)?	42b	☒
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 .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	☒
If "Yes," enter the name of the foreign country: ▶		
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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 <i>Paul Tramp</i>		Date <i>4-18-12</i>
	Type or print name and title <i>Fin Sec</i>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Check ☐ if self-employed
	Firm's address	Phone no	PTIN

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Receipts

Safetyway Cards	1100.00
Special	1039.00
Tootsie Rolls	4542.25
Misc	1898.00
Donations	665.00
	<u>9244.25</u>

Drs bursenments.

PerCapita	2400.75
Utilities	550.00
Misc	1516.17
Good of Order	1500.00
General Council Exp	9025.66
Donations	752.00
	<u>15,744.58</u>

General Bank Acct	1079.57
Special Bank Acct	2463.03
Savings	28,537.11
Total Assets	<u>32,579.71</u>

Knights of Columbus SEMI-ANNUAL COUNCIL AUDIT REPORT

FOR PERIOD ENDED December 12 2011

COUNCIL NO 5447 CITY Lander STATE WY

SCHEDULE A — MEMBERSHIP

ADDITIONS	INS.	ASSO.	TOT.	DEDUCTIONS	INS.	ASSO.	TOT.
Total Members Start of Period	59	80	146	Suspensions			
Initiations				Deaths		1	1
Transfers from other councils				Final Withdrawals			
Transfers--Assoc. to Ins.				Transfers--Assoc. to Insurance			
Transfers--Ins. to Assoc.				Transfers--Ins. to Associate			
Reinstatements & Readmissions				Transfers to Other Councils			
Total for Period				Total Deductions			1
Minus Total Deductions							
Number Members End of Period	64	79	160				

SCHEDULE B — CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on Hand Beginning of Period	\$ 1355 10	Cash on Hand Begin. Period	\$ 1355 10
Cash Received--Dues, Initiations	\$ 535 00	Received from Fin. Sec.	\$ 4935 00
Cash Received from other Sources.		Interest Earned on Investments	\$ 01
(Explain Kind and Amount)		Total Receipts	\$ 6290 11
Bingo Acct \$ 4000.00		Disbursements	
Misc \$ 250.00		Per Capita: Supreme Council	\$ 186 50
Special \$ 150.00	\$ 4400 00	State Council	\$ 1008 00
Total Cash Received	\$ 4935 00	General Council Expenses	\$ 3428 68
Paid to Treasurer	\$	Transfers to Sav. & Invest. Accts.	\$
Cash on Hand at End of Period	\$	Miscellaneous	\$ 587 36
		Total Disbursements	\$ 520 54
		Net Balance on Hand	\$ 1079 57

SCHEDULE C — ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash.		Due Supreme Council:	
Undeposited Funds	\$ 0	Per Capita	\$
Bank — General — Acct.	\$ 2,661.62	Supplies	\$
— Special Acct. Bingo/Carol Acct	\$ 2963 03	Catholic Adv.	\$
— Savings & Investment Acct. 301.41	\$ 28537 11	Other	\$
Due From Members	\$	Due State Council	\$
Total Current Assets	\$	Advance Payments By Members	\$
Less Current Liabilities	\$	Misc. Liabilities:	\$
Net Current Assets	\$ 32579 71		\$
Investments.			\$
* Real Estate	\$		\$
* Furniture	\$		\$
* Stocks & Bonds	\$		\$
Total Investment	\$		\$
Less Investment Liabilities	\$		\$
Net Investment Assets	\$		\$
Total Assets	\$		\$

Signed this 13th day of February 2012

[Signature] Grand Knight

[Signature] Trustee

[Signature] Trustee

Please complete all items. Insert "None" where no figures are to be shown.
Use reverse side to describe (Send copy to Supreme Secretary, State Deputy, and District Deputy)

Knights of Columbus SEMI-ANNUAL COUNCIL AUDIT REPORT

FOR PERIOD ENDED June 30 2011

COUNCIL NO. 5447 CITY Lander STATE WY

SCHEDULE A — MEMBERSHIP

ADDITIONS	INS.	ASSO.	TOT.	DEDUCTIONS	INS.	ASSO.	TOT.
Total Members Start of Period	58	81	146	Suspensions			
Initiations	1			Deaths	1	1	2
Transfers from other councils				Final Withdrawals			
Transfers—Assoc. to Ins.				Transfers—Assoc. to Insurance			
Transfers—Ins. to Assoc.				Transfers—Ins. to Associate			
Reinstatements & Readmissions				Transfers to Other Councils			
Total for Period		1		Total Deductions			
Minus Total Deductions							
Number Members End of Period	59	80	146				

SCHEDULE B — CASH TRANSACTIONS

FINANCIAL SECRETARY		TREASURER	
Cash on Hand Beginning of Period	\$ 2385.00	Cash on Hand Begin. Period	\$ 1059.40
Cash Received—Dues, Initiations		Received from Fin. Sec.	\$ 1082.9
Cash Received from other Sources.		Interest Earned on Investments	\$ 0.9
(Explain Kind and Amount)		Total Receipts	\$ 1188.9
Bingo Acct \$ 700.00		Disbursements	
Misc. \$ 1648.40		Per Capita: Supreme Council	\$ 190.25
Special \$ 1039.00		State Council	\$ 1016.60
Total Cash Received	\$ 8444.65	General Council Expenses	\$ 8398.98
Paid to Treasurer	\$ 1082.9	Transfers to Sav. & Invest. Accts.	\$ 928.81
Cash on Hand at End of Period	\$ 4290.63	Miscellaneous	\$ 10534.04
		Total Disbursements	\$ 1355.10
		Net Balance on Hand	

SCHEDULE C — ASSETS AND LIABILITIES

ASSETS		LIABILITIES	
Cash		Due Supreme Council:	
Undeposited Funds	\$ 1353.10	Per Capita	\$
Bank — General — Acct	\$ 1225.16	Supplies	\$
— Special Acct.	\$ 2529.37	Catholic Adv.	\$
— Savings & Investment Acct.		Other	\$
Due From _____ Members	\$	Due State Council	\$
Total Current Assets	\$	Advance Payments By _____ Members	\$
Less: Current Liabilities	\$	Misc. Liabilities:	\$
Net Current Assets	\$ 4290.63		\$
Investments:			\$
* Real Estate \$			\$
* Furniture \$			\$
* Stocks & Bonds \$			\$
Total Investment \$			\$
Less: Investment			\$
Liabilities			\$
Net Investment Assets	\$		\$
Total Assets	\$		\$

Signed this 1 day of August 1911
[Signature] Grand Knight
[Signature] Trustee
[Signature] Trustee
[Signature] Trustee

Please complete all items. Insert "None" where no figures are to be shown.

* Use reverse side to describe (Send copy to Supreme Secretary, State Deputy, and District Deputy)

RECEIPTS

January - June 2011

[illegible]

January - June ~~2011~~ 2011

January - June ~~2011~~ 2011

July-December 2011

[illegible]

July-December 2011

From Misc-Postage	July	44.00
	Oct	56.00
Total Postage		\$ 100.00