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Short Form
Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

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 Durbin 1004

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

709 Mary Anne Drive

D Employer identification number

61-1086118

Room/suite

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

Morganfield, KY 42437

E Telephone number

270-952-0823

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.

1	Contributions, gifts, grants, and similar amounts received	1	1706.95
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	1330.00
4	Investment income	4	223.95
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 \$ 1706.95 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	45406.68
c	Less: direct expenses from gaming and fundraising events	6c	18257.20
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	27149.48
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	30410.38
10	Grants and similar amounts paid (list in Schedule O)	10	15119.56
11	Benefits paid to or for members	11	1187.34
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	17600.00
15	Printing, publications, postage, and shipping	15	834.78
16	Other expenses (describe in Schedule O)	16	3546.20
17	Total expenses. Add lines 10 through 16	17	37687.38
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7877.50)
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	41995.92
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	34118.42

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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	41995 92	22 34118 42
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	41995 92	25 34118 42
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	41995 92	27 34118 42

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

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 ATTACHMENT-		
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
	(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)	►	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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Paul J. Monsour 22 Congress Dr., Morganfield, KY 42437	Grand Knight - 7	0	0	0
Thomas E. Rudd Jr 4791 SR 130 South, Morganfield, KY 42437	Treasurer - 5	0	0	0
James B. Danhauer 110 E Young St., Morganfield, KY 42437	Deputy Grand Knight - 2	0	0	0
David E. Russelburg 418 S. Church St., Morganfield, KY 42437	Chancellor - 1	0	0	0
Bruce E. Danhauer 110 E Young St., Morganfield, KY 42437	Recorder - 1	0	0	0
Paul M. Loxley 3020 SR 492	Advocate - 1	0	0	0
Gary W. Bickett 486 Persimmon Ridge Rd., Morganfield, KY 42437	Warden - 1	0	0	0
James W. Smith 6154 S. Culver St., Morganfield, KY 42437	Inside Guard - 1	0	0	0
Thomas N. Carmon 609 S. Webster St., Morganfield, KY 42437	Outside Guard - 1	0	0	0
Gilbert E. Rudd 709 Mary Anne Dr., Morganfield, KY 42437	Financial Secretary - 1	0	0	0
Stephen W. Sheffer 6740 SR 130 South, Morganfield, KY 42437	Trustee - 1	0	0	0
Gary E. Vetter 253N Mart St., Morganfield, KY 42437	Trustee - 1	0	0	0

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

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?	38a	✓
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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
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		
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	40c	
41 List the states with which a copy of this return is filed. ► _____	40d	
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____	40e	✓
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 <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	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	✓

	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 type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input 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

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	<i>Paul J. Monson</i> Signature of officer	2-8-12 Date
	<i>PAUL J. MONSON, Grand Knight</i> Type or print name and title	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► 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 Durbin 1004

Employer identification number

61-1086118

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 e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

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

2b 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		
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.

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 Concessions (event type)	(b) Event #2 TootsieRoll Drive/D (event type)	(c) Other events KC Football Raffle (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	7511.48	706.95	1000.00	9218.43
	2 Less: Charitable contributions				
	3 Gross Income (line 1 minus line 2)	7511.48	706.95	1000.00	9218.43
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	5875.50			5875.50
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(5875.50)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				3342.93

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	26075.20	11820.00		37895.20
Direct Expenses	2 Cash prizes	6000.00			6000.00
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	4567.98	1814.72		6382.70
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				(12382.70)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►				25512.50

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: _____

Schedule O

Part I, line 10; Part III, lines 28-32

1/1/2011 Through 12/31/2011

Knights of Columbus
61-1086118

2/6/2012

Page 1

PART III**28-32.**

Durbin Council Knights of Columbus has 110 members on its membership roster.

In addition to financial support of area Catholic school and churches, service organizations, individuals and non-profit groups listed in Part I, line 10 and Part III, lines 28-32, the Durbin Council Knights of Columbus also engages in the following charitable activities:

(Hours/Hours of service noted in parentheses)

- 1) Provide hospital beds for individuals who are homebound and in need of hospital-style accommodations (15210)
- 2) Purchase and distribute "Right to Life" information (4).
- 3) Provide volunteer labor for improvement or upkeep on church properties (250).
- 4) Host/participate in fraternal and family meals and activities with other Knights of Columbus councils (100).
- 5) Visit and/or send cards, flowers to members and their families who are ill, hospitalized or had a death in the family (80).
- 6) Provide volunteer labor for school functions and maintenance (150).
- 7) Blood donation by members to American Red Cross (10).
- 8) Sponsorship and involvement in youth activities (150).
- 9) Participate in bereavement dinners for families of deceased members of local churches (100).
- 10) Volunteer time to staff a weekly charitable BINGO which provides funding for charitable works of our order (1200).
- 11) Raise funds for mentally handicapped individuals in our community (50).
- 12) Provide volunteer labor for non-related, non-members in our community (100).
- 13) Make facilities available for boy scouts and girl scouts meetings and functions (50).

ATTACHMENT

Knights of Columbus Durbin #1004

FORM 990 EZ

61-1086118

PART V

35.

All gross revenue/direct expenses reported in Part I, line 6 are directly related to a charitable BINGO operated by Durbin Council Knights of Columbus operated expressly for the purpose of funding K.C. donations, grants, community activities and operational expenses related to these activities.