



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



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	15,429.48	22 10,192.45
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	15,429.48	25 10,192.45
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,429.48	27 10,192.45

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? EDUCATIONAL, CHARITABLE, WELFARE

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 <u>INTELLECTUAL DISABILITIES FUNDS</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 <u>DISASTER FUNDS</u>		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30 <u>SEMINARY FUNDS</u>		
(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 ☐

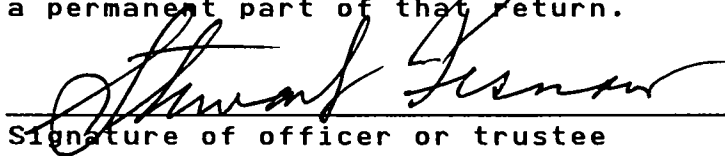
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN LANDERS 1725 W. ETHANS GLEN DR. PALATINE, IL. 60067-0925	GRAND KNIGHT	-0-	-0-	-0-
STEWART TESNOW SR. 711 W. PALATINE RD. PALATINE, IL. 60067	FINANCIAL SECRETARY	-0-	-0-	-0-
JAMES SICIORA 1146 CLEARWATER CT. PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-
JAMES KILLIGREW 1350 N. CROATREE DR. PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-
DAN KLARSKY 873 N. HAMILTON CT. PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-

0425869705
Dec. 31, 2012 LTR 2695C O R
23-7142403 201206 67
00022673

KNIGHTS OF COLUMBUS
HOLY GHOST COUNCIL #4977
455 N BENTON ST
PALATINE IL 60067

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of officer or trustee

1-23-13
Date

FINANCIAL SECRETARY

Title

014596