

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 2012, 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 #2048**
 Doing Business As **KNIGHTS OF COLUMBUS #2048**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
40 COLUMBUS AVE
 City, town or post office, state, and ZIP code
ROCHESTER, NH 03867

D Employer identification number
23-7107356

E Telephone number
603-335-6636

G Gross receipts \$

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile **NH**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 The Knights of Columbus was formed to promote and conduct educational, charitable work, religious and social work.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **165**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6** **40**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a**

b Net unrelated business taxable income from Form 990-T, line 34 **7b**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3320	3220
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34	28
11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9c, 10c, and 11e)	62107	47957
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65461	51205
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (C), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	41491	75939
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	41491	75939
19 Revenue less expenses. Subtract line 18 from line 12	23970	-24734
20 Total assets (Part X, line 16)	Beginning of Current Year 111914	End of Year 109236
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	111914	109236

Part II Signature Block

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 **Ronald Minion** Date **5/14/13**
 Type or print name and title **RONALD MINION TREASURER**

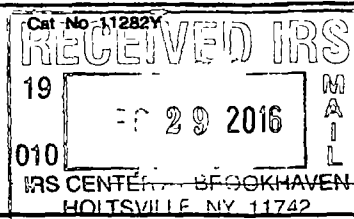
Paid Preparer Use Only
 Print/Type preparer's name **Kathleen Landry** Preparer's signature **[Signature]** Date **5-14-13** Check ☐ if self-employed PTIN **P00222458**
 Firm's name ▶ **KKT Tax Service dba Jackson Hewitt Tax Service** Firm's EIN ▶ **27-0273499**
 Firm's address ▶ **191 Wakefield St., Rochester, NH 03867** Phone no **603-335-4100**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

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OGDEN, UTAH



9-12-2017

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