

Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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.

<b>A For the 2012 calendar year, or tax year beginning</b>		<b>, 2012, and ending</b>		<b>, 20</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/> Address change		KNIGHTS OF COLUMBUS #2048		23-7107356
<input type="checkbox"/> Name change		Doing Business As KNIGHTS OF COLUMBUS #2048		<b>E Telephone number</b>
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address)		603-335-6636
<input type="checkbox"/> Terminated		40 COLUMBUS AVE		<b>F Gross receipts \$</b>
<input type="checkbox"/> Amended return		City, town or post office, state, and ZIP code		<b>G</b>
<input type="checkbox"/> Application pending		ROCHESTER, NH 03867		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>F Name and address of principal officer</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>I Tax-exempt status</b>		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)
<b>J Website:</b> ►				<b>H(c) Group exemption number ►</b>
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b>		<b>M State of legal domicile</b> NH

<b>Part I Summary</b>	
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 ► <input type="checkbox"/> if the organization discontinued its operations or disposed of assets other 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 TPR BRANCH OGDEN	
b Net unrelated business taxable income from Form 990-T, line 34 7a	
8 Contributions and grants (Part VIII, line 1h) 3320 3220	
9 Program service revenue (Part VIII, line 2g) 34 28	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 62107 47957	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 65461 51205	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
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 (D), line 25) 41491 75939	
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) 23970 -24734	
19 Revenue less expenses. Subtract line 18 from line 12	
20 Total assets (Part X, line 16) 111914 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.

<b>Sign Here</b>	<b>Ronald Minion</b>	<b>Date</b>
Signature of officer		5/14/13
Type or print name and title		

<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b>
	Kathleen Landry	<i>[Signature]</i>	5-14-13	<input type="checkbox"/>	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 preparer instructions.

RECEIVED IN CORRECTIONAL

IRS-NSC-01

JAN 10 2017

OGDEN, UTAH

