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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public  
InspectionDepartment 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)

- 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 2012 calendar year, or tax year beginning

, 2012, and ending

, 20

<input type="checkbox"/> Check if applicable	C Name of organization <b>KNIGHTS OF COLUMBUS 612</b>		D Employer identification number <b>48-6131596</b>
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>1200 W 15TH</b>		Room/suite
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 <b>HUTCHINSON KS 67501</b>		E Telephone number <b>620-663-1736</b>
<input type="checkbox"/> Initial return			F Group Exemption Number ►0188
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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 ► \$ **155,703.**

## 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	12,795.
	2 Program service revenue including government fees and contracts	2	11,445.
	3 Membership dues and assessments	3	318.
	4 Investment income	4	
	5 a 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	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	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 exceed \$15,000)	6c	
c Less direct expenses from gaming and fundraising events	6d		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7 a Gross sales of inventory, less returns and allowances	7a	131,145.	
b Less cost of goods sold	7b	80,129.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	51,016.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,574.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,946.
	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	266.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	59,940.
	17 Total expenses. Add lines 10 through 16	17	67,152.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,422.
	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	292,786.
	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	301,208.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

**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 . . . . .	80,903.22	90,968.
23 Land and buildings . . . . .	211,883.23	210,240.
24 Other assets (describe in Schedule O) . . . . .	24	
<b>25 Total assets . . . . .</b>	<b>292,786.25</b>	<b>301,208.</b>
26 Total liabilities (describe in Schedule O) . . . . .	26	
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>292,786.27</b>	<b>301,208.</b>

**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? RELIGIOUS EDUCATION

What is the organization's primary exempt purpose? **RELIGIOUS EDUCATION**  
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	COLLECT FUNDS FROM PUBLIC TO ASSIST PHYSICALLY AND MENTALLY HANDICAPPED PERSONS-ANNUAL TOOTSIE ROLL DRIVE	
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	SELL PIZZAS AND REFRESHMENTS AT STATE FAIR-MONIES RAISE TOWARD RELIGIOUS EDUCATION PROBLEMS IN HUTCHINSON AND SURROUNDING AREA	
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	ANNUAL SAUSAGE DINNER MONIES RAISED TOWARD RELIGIOUS EDUCATION IN HUTCHINSON TRINITY HIGH SCHOOL	
	(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)	► <input type="checkbox"/> 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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Health benefits, contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
EDWARD VIEYRA	GRAND KNIG 3	0		
MICHAEL ZIEGLER	FIN SECR 8	0		
2419 N WAS HUTCHINSON KS 67502	TRUSTEE 1	0		
TYLER GASPER	TRUSTEE 1	0		
1712 EAST HUTCHINSON KS 67502	TRUSTEE 1	0		
DAVID MURILLO	TRUSTEE 1	0		
711 E 3RD HUTCHINSON KS 67502	TRUSTEE 1	0		
STEVE LUTZ	TRUSTEE 1	0		
113080 W 9 NICKERSON KS 67561				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions forPart 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 activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O	33	X
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	X
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b Did the organization file Form 1120-POL for this year?	38a	X
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	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40c	
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	40d	
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 ►	40e	X
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		
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► MICHAEL ZEIGLER Telephone no ► 620-663-6438 Located at ► 2419 N WASHINGTON KS HUTCHINSON ZIP + 4 ► 67502-		
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 ►	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	X

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 only

All section 501(c)(3) organizations 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 title of each employee paid more than \$100,000	(b) 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 <b>MICHAEL ZIEGLER</b> Type or print name and title		Date <b>5-10-13</b> SECRETARY		
Paid Preparer Use Only	Print/Type preparer's name <b>FRANCIS G HAGEMAN</b> Firm's name ► <b>HAGEMAN ACCOUNTING CO</b> Firm's address ► <b>406 N MAIN</b> <b>HUTCHINSON KS 67501</b>	Preparer's signature  Firm's EIN ► <b>48-1195990</b> Phone no <b>620-663-5841</b>	Date <b>05/08/2013</b> Check <input type="checkbox"/> if self-employed PTIN <b>P00369439</b>		

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2012

Attachment  
Sequence No. 179Name(s) shown on return  
KNIGHTS OF COLUMBUS 612Business or activity to which this form relates  
NON-PROFITIdentifying number  
48-6131596

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 ►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,643.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

## Section B-Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs		S/L
c 40-year			40 yrs	MM	S/L

## Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

## Detail Sheet

2012

Name: KNIGHTS OF COLUMBUS 612

ID: 48-6131596

**Description: DONATIONS**

## Detail Sheet

2012

**Name:** KNIGHTS OF COLUMBUS 612

ID: 48-6131596

**Description:** OTHER EXPENSES

Type	Amount
SEE ATTACHED	
DEPRECIATION	1,643.
ADVERTISING	635.
PRINTING	1,789.
PER CAPITA	4,094.
PER CAPITA SUPREME	2,880.
PPT	9,106.
OFFICE SUPPLIES	377.
SUPPLIES	1,752.
EQUIPMENT RENTAL	187.
INSURANCE	4,828.
REPAIRS	707.
STAMPS	1,587.
TELEPHONE	769.
GAS & ELECTRIC	8,517.
CABLE	1,903.
WATER	895.
FIRE EXTINGUISHER	140.
TERMITIC EXPENSE	1,090.
AIR CONDITIONING EXP	26.
BAR TENDER	2,592.
COMPUTER EXP	508.
CONTEST WINNERS	9,400.
GIFT CARDS	206.
GOLF COURSE	1,968.
LICENSE & PERMITS	210.
BOX RENT	70.
RETURNED CHECKS	65.
ENTERTAINMENT	140.
TRAVEL	847.
SHIRTS	26.
CHECKS	123.
REFRIGERATOR MAINTENANCE	150.
TRASH	710.
<b>Total</b>	<b>59,940.</b>