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50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-1150

▶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.

Open to Public Inspection

Department of the Treasury

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. JUNE 30 **20**13 JULY 1 , 2012, and ending For the 2012 calendar year, or tax year beginning C Name of organization D Employer Identification number Check if applicable 23-7089341 Address change KNIGHTS OF COLUMBUS 656 Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 765-450-8906 1631 FOXFIRE LANE PO BOX 2029 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ KOKOMO, IN 46902 Application pending G Accounting Method: Cash X Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is **not** required to attach Schedule B Website: ▶ ☐ 527 (Form 990, 990-EZ, or 990-PF). 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 57,684 1 2 2 Program service revenue including government fees and contracts 3 11,430 3 Investment income 4 4 Gross amount from sale of assets other than inventory . . . 5a Less: cost or other basis and sales expenses 0.00 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 12,790 **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 exceeds \$15,000) . . . 6b 8,677 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 10,944.00 6d 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 14,800 6,075.00 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 17,375 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 103,508.00 10 Grants and similar amounts paid (list in Schedule O) 10 37,245 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 25,930 13 Professional fees and other payments to independent contractors 13 800 14 14 25,952 15 Printing, publications, postage, and shipping 15 2,247 16 Other expenses (describe in Schedule O) 16 8,188 Total expenses. Add lines 10 through 16 17 17 100,362.00 18 18 3,146.00 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 26,194.00 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

29,340.00

Pai	t II Balance Sheets	s (see the instructions f	or Part II)				
	Check if the orga	anization used Schedule	O to respond to a	ny question in this			
				-	(A) Beginning of year		(B) End of year
22		estments			2,479		6,151
23 24	•	in Schedule O)			22,456 3,000		21,631
24 25	•			· · · · · · -	27,935.00	_	30,782.00
26		be in Schedule O)			1,741		1,442
27		lances (line 27 of column			26,194.00		29,340.00
Par	Statement of Pr	ogram Service Accomp	plishments (see th	e instructions for F			Expenses
	Check if the orga	anization used Schedule	O to respond to ar	ny question in this	Part III 🗵	(Req	uired for section
What	t is the organization's prin	nary exempt purpose?	SEE SCHEDULE	0		501(c)(3) and 501(c)(4)
as m	neasured by expenses. In	rogram service accomplis n a clear and concise m relevant information for ea	anner, describe the	f its three largest pe services provided	rogram services, , the number of	4947	nizations and section (a)(1) trusts; optional thers)
20							
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	
29							
	(Grants \$) If this amount	includes foreign gra	nts abook hara		29a	
30				·		ZJa	
00							
	(Grants \$) If this amount	includes foreign gra	nts, check here .	🕨 🗌	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	
		expenses (add lines 28a t				32	
Pari		rectors, Trustees, and Key anization used Schedule				struct	ions for Part IV)
	Check if the orga	anization used Schedule		(c) Reportable	(d) Health benefits,	<u></u>	<u>· · · · · </u>
	(a) Name ar	nd title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe) o	Estimated amount of ther compensation
	RENCE HENSLEY		10				•
	ND KNIGHT LAIM GRAVES		10	0		9 -	0
	STEE		5	0			0
	ENE MUNSON			<u>_</u>		+	
	STEE		5	0		ol	0
WAY	NE ABNEY					1	
	STEE		5	0		0	0
	DLEY WILLIS						
FINA	ANCE SECRETARY		5	1,288		9	0

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for fact vy oneck if the organization used ochedule of to respond to any question in this	rait	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	162	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		
С	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		х
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		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		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?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	ļ		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	i		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
TVA	section 4911 ► ; section 4912 ► ; section 4955 ►			
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	406		
_		40b		
С	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			
е	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	40e		X
41	List the states with which a copy of this return is filed ► INDIANA			
42a	The organization's books are in care of ▶ BRAD WILLIS Telephone no. ▶ 765-	-450-	-890	6
	Located at N 1621 FOVETRE LANE VOVOMO IN			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶	72.0		-:-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
_		40		
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. ,	▶ □
4.4	Did the second refer to the first transfer transfer to the first transfer transfer to the first transfer tran		Yes	No
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		Х
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)	45h		

								162	NO
46		he organization engage, directly or in						الطال	
D - 4		ndidates for public office? If "Yes," o	<u>`</u>	, Part I	• • • •	• • •	· 46		<u> </u>
Part		Section 501(c)(3) organization		ations 47 40b and	50 and an		- 4-61	£ !	
		All section 501(c)(3) organization 50 and 51	is must answer que	stions 47–49b and	52, and co	mpiete tri	e tables	tor line	es
			hadula O ta raanand	l to any avantion in t	hio Dort \/I				
		Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI		· · ·	· · · ·	. <u> </u>
47	D:4 +	ho organization angego in Johnving	activities or house a	naction EO1/b) clastic	n in offeet	durina tha	+ 01/	Yes	No
47		he organization engage in lobbying ? If "Yes," complete Schedule C, Par							
40	•	•						_	<u> </u>
48		e organization a school as described i		•				<u> </u>	
49a			itable related organization?				_		
50		es," was the related organization a seplete this table for the organization's					. 49b		d kov
30		oyees) who each received more than							
	СПР	oyees, who each received more than	· ·		(d) Health			10110.	
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee				
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, compen		other cor	mpensat	ion
					Compen	Sation			
	· · · ·								
						ı			
									.
					ļ				
f	Total		¢100 000						
-		number of other employees paid ov	•		0				
51		plete this table for the organization ,000 of compensation from the orga			contractors	wno eacr	received	i more	than
	\$100	,000 or compensation from the orga	inzation. If there is no	nie, enter None.					
(a)	Name a	nd address of each independent contractor pa	id more than \$100,000	(b) Type of serv	ice	(c)	Compensat	tion	

Ь	Total	number of other independent contra	ectore each receiving	Over \$100,000					0
		•		·	and 4047/a	/4)			
52		ne organization complete Schedule A xempt charitable trusts must attach			and 4947(a)	(1)	► ☐ Yes		No.
l Inder n	-	of perjury, I declare that I have examined this							No
true, co	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	ents, and to the las any knowled	best of my kr ige.	owleage and	a bellet,	IT IS
		Pewsone Herries		- 					
Sign	Signature of officer			05/14/14 Date					
Here		LAWRENE HENSLEY, GRAND KNIGHT							
		Type or print name and title	WILGUT						
D		Print/Type preparer's name	Preparens signature	Da Da	te		PTIN		
Paid		MATTHEW G SALE	W Allowy	\ <i>Y </i>		Check Self-employ	if	001 = 4	0
Prep		0	1 / (WINIUM /~	105	·		yed P002		<u> </u>
Use (Only	Firm's name ► SALE & COMPANY Firm's address ► PO BOX 2963 KC	···	2963		s EIN ▶ 26			
Mav th	ne IRS	discuss this return with the prepare			Phor	ne no 765-	▼ X Yes		
							· IAITES	. I I P	1 U

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization KNIGHTS OF COLUMBUS 656 23-7089341 PART I OTHER REVENUE RENTAL INCOME 25,029 LESS RENTAL EXPENSES OF 7,654 = NET OF 17,375 LINE 10 GRANTS & SIMILAR AMOUNTS PAID DEREK AARON- SEMINARY SCHOOL \$ 1,500 COLE DAILY- SEMIANRY SCHOOL \$1,000 PETE LOGSDON- SEMINARY SCHOOL \$ 1,000 HOWARD CO. SPECIAL OLYMPICS MISC. SMALL DONATIONS ST JOAN OF ARC & ST PAT SCHOOL \$24,150 \$ 100 \$ 8,677 DAUGHTERS OF ISABELLA GIBAULT SCHOOL 100 MARCH OF DIMES TOTAL \$ 37,245 LINE 15 OTHER EXPENSES DUES TO SUPREME COUNCIL, TRANSFERS, OTHER KNIGHTS OF COLUMBUS DUES 5,014 ADVERTISING 1,817 OFFICE EXPENSES, DUES, MISC SUPPLIES 1,357 LINE 24 OTHER ASSETS BAR INVENTORY 3,000 LINE 26 PAYROLL LIABILITIES 1,442 PART III EXEMPT PURPOSE CATHOLIC GENTLEMAN ORGANIZED TO PROVIDE CHARITABLE FUNDS AND EFFORTS TO THE COMMUNITY, TO EXEMPLIFY THE IDEALS OF CHARITY, UNITY, FRATERNITY, AND PATRIOTISM. ALSO, COMMITTED TO THE DEFENSE OF THE PRIESTHOOD AND THE PRESERVATION AND DEFENSE OF THE FAMILY.

Name of the organization	Employer Identification number
KNIGHTS OF COLUMBUS 656	23-7089341
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