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

Open to Public Inspection

Form 990 (2012)

OMB No 1545-0047

2012 For the 2012 calendar year, or tax year beginning and ending JUN 30, 2013 D Employer identification number Check if C Name of organization KNIGHTS OF COLUMBUS COUNCIL NO. 2104 Name change 23-7235360 Doing Business As Initial Ireturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-307-672-2562 PO BOX 36 Amended City, town, or post office, state, and ZIP code G Gross receipts \$ 46,232 Applica-tion SHERIDAN, WY 82801 H(a) Is this a group return pending F Name and address of principal officer: ALLEN JACKSON for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? 501(c)(3) X 501(c)( 4947(a)(1) or Tax-exempt status ) ◀ (insert no.) If "No," attach a list. (see instructions) H(c) Group exemption number ▶ J Website: ► N/A K Form of organization: X Corporation Trust Association Other > L Year of formation: 1940 M State of legal domicile: WY Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATIONAL, CHARITABLE, Activities & Governance RELIGIOUS, AND SOCIAL WELFARE WORKS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 26,228. 21,405 Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 0 5. 4. investment income (Part VIII, column (A), lines 3, 4, and 7d) 20.000. 20.000 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,232. 41,410 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 39,905. 45,819. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,905 45,819. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 troop line 12 1,505. **Beginning of Current Year** End of Year О 54,634 JAN 2 7 2014 55,047. Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 0 Net assets or fund balances Subtra | 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 Signature of officer Sign ALLEN JACKSON, FINANCIAL SECRETARY Here Type or print name and title Date PTIN Print/Type preparer's name Paid STEVEN W. RUCKI CPA 01/06 self-employed P01380935 MARSHALL, NEWBROUGH CPA' 83-0328254 Preparer Firm's name RUCKI, Firm's EIN Firm's address 109 SOUTH MAIN STREET **Use Only** SHERIDAN, WY 82801 (307) 674-6609 X Yes

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May the IRS discuss this return with the preparer shown above? (see instructions)

		<u> 235360                                   </u>	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission  EDUCATIONAL, CHARITABLE, RELIGIOUS, AND SOCIAL WELFARE WORKS	•	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to revenue, if any, for each program service reported.		and
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
	EDUCATIONAL, CHARITABLE, RELIGIOUS, AND SOCIAL WELFARE WORKS	•	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$		)
-			
4c	(Code) (Expenses \$		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	·
<u>4e</u>	Total program service expenses ►	Form 9	90 (2012)

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Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_		_ <u>X</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<del></del>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·- `	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes;" complete Schedule D, Part I	· 6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		Ì	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
e,	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ĺ
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	1.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	- X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_ <del></del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>X</b> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X. 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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Note. All Form 990 filers are required to complete Schedule O

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

KNIGHTS OF COLUMBUS COUNCIL NO. 2104 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule C	, 066 1	101100110110.			
	'Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management			<del></del> 1		
		1			Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	1:	최		
	If there are material differences in voting rights among members of the governing body, or if the governing		•			
1	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				i	
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_	1	희		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			77
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?		,	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form		is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?		•	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ippoint	one or	_·		37
	more members of the governing body?		`	7a		<u> </u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockn	olders, or		ļ	37
_	persons other than the governing body?			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:		3,	•
а	The governing body?		• • •	8a	-X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the			7.7
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u> </u>	9		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Coae.)			
40.	Doldha annamatan barra barra barra barra barra barra barra an efficience			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	hantar	a offiliatos	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such organization have written policies and procedures governing the activities of such organization in account number of such organization in account numbe	napter	s, amilates,	106		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	du bafa	ro filing the form?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	uy belo	re ming the lonn?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-		100	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	o to cor	flioto?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12b	Λ_	
C	In Schedule O how this was done	163, u	ESCILLE	12c		X
13	Did the organization have a written whistleblower policy?		•	13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	Idenendent	'		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		idoponidon.	İ		
9	The organization's CEO, Executive Director, or top management official	•		15a		Х
	Other officers or key employees of the organization			15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
- 4	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	ate ıts ı	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		·			,
	exempt status with respect to such arrangements?			16b		-
Sec	tion C. Disclosure			,		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only	availab	le.	
	for public inspection. Indicate how you made these available. Check all that apply.	•	. , , , , , , , , , , , , , , , , , , ,			
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	nd finar	ncial	
	statements available to the public during the tax year				-=-	
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiz	ation:	•	
-	THE ORGANIZATION - 307-672-0936			Í		
	301 E BRUNDAGE, SHERIDAN, WY 82801				_	
232006				Forn	990	(2012)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

'Check if Schedule O contains a response to any question in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B)	(C) Position			( <b>D)</b> Reportable	(E) Reportable	(F) Estimated			
Name and Title	Average hours per		(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week					or/trus		from	from related	other
	(list any	rector						the	organizations	compensation
•	hours for	ip io	<b>8</b>			ated		organization	(W-2/1099-MISC)	from the
	related organizations	individual trustee or director	Institutional trustee		99/	шреп		(W-2/1099-MISC)		organization and related
	below	dual	utrona	_	Key employee	stco	<b>a</b> s			organizations
	line)	- Fig	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MONTY WEBB	1.00									
ADVOCATE		X						0.	0.	0.
(2) JON DEUTSCHER	1.00									
WARDEN		X						0.	0.	0.
(3) MICHAEL CATES	1.00									
INSIDE GUARD		X				<u> </u>		0.	0.	0.
(4) DANNY FRENCH	1.00									_
OUTSIDE GUARD		X						0.	0.	0.
(5) RALPH BLOMMEL	1.00							_	, _	_
1ST YEAR TRUSTEE		X				ļ		0.	0.	0 .
(6) ROBERT LEIBRIECH	1.00									
2ND YEAR TRUSTEE		X						0.	0.	0.
(7) ALLEN JACKSON	5.00									
FINANCIAL SECRETARY	4 00	X						0.	. 0	0 .
(8) DAVID ANDERSON	1.00									
CHANCELLOR	1 00	X				ļ		0.	0.	0
(9) RALPH BLOMMEL	1.00									
LECTURER	1 00	X						0.	0.	0
(10) TERRY WINNOP	1.00			x				0.	0.	0
3RD YEAR TRUSTEE	1.00		$\vdash$	Δ				0.		U .
(11) KEN WEBER	1.00	ł		x				0.	0.	0
GRAND KNIGHT	1.00			Α	-			0.		
(12) STEVE WASHUT DEPUTY GRAND KNIGHT	1.00	l		x				0.	0.	0
(13) GREG HAMPSON	1.00	$\vdash$		22		<u> </u>		•	•	
RECORDER	1.00			x				0.	0.	0
(14) ROBERT FALL	1.30	-								<u> </u>
TREASURER	2100			x				0.	0.	0.
m name ner V Abbits						T				
		1								
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									<b>,</b>	1

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\$100,000 of compensation from the organization

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

(A) (B) (C) Unrelated business revenue excluded from 1ax under sections 512, 513, or 514

		•			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1 a	Federated campaigns	1a					
ran C	b		1b	5,866.				
٦,٣ ا		· .	10	2,000	,			
ifts ar A			1d					
ا≝"	_							
Sign	e							
들힐	f			20 362				
물리		similar amounts not included above	•	20,362.				
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-1f \$	<b></b>	26,228.		·	
	_			Business Code				
ا بو	2 a							
Program Service Revenue	b			1				
S E	c			) I		,		
E a	c			1			<u>-</u>	
<u> </u>	-						_	-
<u>.                                    </u>	f	All other program service reve	nue					-
		Total. Add lines 2a-2f		<b>•</b>			-a ,	
	3	Investment income (including	dividends inte				-	
	J	other similar amounts)	arriacrias, irito	lost, and	4.	4.		
	4	Income from investment of tax	 v.evemnt bond	proceeds				
		Royalties	r-exempt bond	proceeds				
	<b>5</b> ,	noyalles	(ı) Real	(II) Personal				
	•	0	(i) Heai	(II) Personal				
	6 a		-	<del>                                     </del>				
	b	•	ļ	-				
	C	, ,	L					
	_ 0	- '		<b>P</b>	<del></del>			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory				-		-
	t	Less cost or other basis						
		and sales expenses						
	C	Gain or (loss)	L					
- 1	C	Net gain or (loss)	٠.	<u> </u>	· .			
e e	8 a	Gross income from fundraising	g events (not	·				
evenue		including \$	of	.				
		_contributions reported on line	1c). See					
in in		Part IV, line 18		a	•			
Other R	b	Less: direct expenses	1	b			٠ -	
٠ <sub> </sub>	c	Net income or (loss) from fund	Iraising events			-		
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	;	a 20,000.				
	b	Less: direct expenses	i	о.	•		· -	
	c	Net income or (loss) from gam	ing activities	<b>•</b>	20,000.			20,000.
		Gross sales of inventory, less						
		and allowances		a				
	ь	Less cost of goods sold			•			
		: Net income or (loss) from sale		<u> </u>				
Ì		Miscellaneous Revenu		Business Code				
ł	11 a			Dusiness Code				
		<del></del>		<del> </del>		·		-
	b		·	<del></del>			<del></del>	
	C			<del>     </del>				-,
ļ	d							,
İ		Total. Add lines 11a-11d			46 020			30 000
23200	<u>12</u>	Total revenue. See instructions.	·	▶	46,232.	4.	0.	
12-10-	10							Form <b>990</b> (2012)

Part IX | Statement of Functional Expenses

Check if Schedule O contains a response to any question in this Part IX									
Do 1	not include amounts reported on lines 6b,		(B)	(C)	(D) .				
	8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and		expenses	general expenses	expenses				
•	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
2	the United States See Part IV, line 22								
3	Grants and other assistance to governments,								
3	organizations, and individuals outside the				-				
	United States See Part IV, lines 15 and 16	ŀ							
4	Benefits paid to or for members		<del></del>						
5	Compensation of current officers, directors,		·						
•	trustees, and key employees								
6	Compensation not included above, to disqualified		<del></del>	-					
Ū	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages		•						
8	Pension plan accruals and contributions (include								
5	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes		·						
11	Fees for services (non-employees)								
''а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,								
9	column (A) amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion				·				
13	Office expenses	30,930.							
14	Information technology	30,73301							
15	Royalties				,				
16	Occupancy		<del> </del>						
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings				-				
20	Interest								
21	Payments to affiliates	3,049.	<del>-</del>						
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If line								
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			•					
а	GENERAL COUNCIL EXPENSE	11,840.							
b				† · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
c									
d									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	45,819.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined				1				
	educational campaign and fundraising solicitation.				1				
	Check here If following SOP 98-2 (ASC 958-720)		·		<u> </u>				

Form 990 (2012)
Part X Balance Sheet

rai	rt X	Balance Sheet				
		Check if Schedule O contains a response to any o	question in this Part X			
,	-	•		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		54,634.	1	55,047.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and form	mer officers, directors,	_		
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	ed persons (as defined under			
		section 4958(f)(1)), persons described in section 4	1958(c)(3)(B), and contributing		i	
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use	, [		8	
	9	Prepaid expenses and deferred charges	. [		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 1:	1		13	,
	14	Intangible assets .			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	54,634.	16	55,047
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	[		20	
<u>د</u>	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
≝	22	Loans and other payables to current and former of	officers, directors, trustees,	•		
Liabilities		key employees, highest compensated employees	, and disqualified persons			
		Complete Part II of Schedule L	ļ		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
_	24	Unsecured notes and loans payable to unrelated	third parties		- 24	
	_25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	. 0
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and				
ဋ	27	Unrestricted net assets		52,396.	27	52,321
<u>a</u>	28	Temporarily restricted net assets		2,238.	28	2,726
<u> </u>	29	Permanently restricted net assets			29	
2		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 🔲	,		
<u>_</u>		and complete lines 30 through 34.				
ets.	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equ	pment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			32	
ž	33	Total net assets or fund balances		54,634.		55,047
	34	Total liabilities and net assets/fund balances		54,634.	34	55,047

Form	990 (2012) KNIGHTS OF COLUMBUS COUNCIL NO. 2104	23-723	5360	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46	5,2:	<u>32.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	45	5,8:	<u> 19.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		4:	<u>13.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	1,6	<u>34.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		-		, ,
	column (B))	10	55	5,0	47.
Pa	rt XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response to any question in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	2012)

# **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number

KNIGHTS	OF COLUMBUS COL	JNCIL	NO.	2104	23-7235	360
Part I Fundraising Activities required to complete this par	Complete if the organization a	nswered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	e Sol f Sol g Sp.  Sp.  or oral agreement with any individuals or entities (fundraisers)	licitation of licitation of ecial fundra ridual (inclu- vith profess	non-g gover alsing ding o lonal t	overnment grants rnment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			-
					-	
otal .			<b>•</b>			
3 List all states in which the organization or licensing.	in is registered or licensed to so	olicit contrib	utions	s or has been notified	d it is exempt from re	egistration
		-	-			
HA Paperwork Reduction Act Notice	see the Instructions for Form	990 or 990			Sahadula G /Fors	n 900 or 900 E7\ 2010

Sch <b>P</b> a	edu ırt İ		e organization answered	l "Yes" to Form 990, Part	IV, line 18, or reported	
		of fundraising event contributions and gre	<del>,</del>			ts greater than \$5,000
,		•	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col (a) through
ē			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
ш.	2	Less Contributions				
	_	2000 001111120110110				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
esued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages			ı	
₫	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through			<b>&gt;</b>	( )
Þ	11 irt l	Net income summary Combine line 3, colum  III Gaming. Complete if the organization	n (d), and line 10	990 Part IV line 19 or r	enorted more than	
		\$15,000 on Form 990-EZ, line 6a	answered res to rollin	1990, Fait IV, IIIIe 19, OF F	eported more than	
<u></u>	<u> </u>		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo		col. (a) through col. (c)
Ř	1	Gross revenue	20,000.			20,000.
nses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4.	Rent/facility costs		-		
	5	Other direct expenses				
	6	Volunteer labor _	Yes %  X No	Yes %	Yes % No %	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	( )
	8	Net gaming income summary. Combine line	1, column d, and line 7			20,000.
-						
		ter the state(s) in which the organization opera		<del></del>	<del></del>	Yes X No
		the organization licensed to operate gaming ac No," explain: <u>NOT_REQUIRED_TO</u>			WYOMING.	Yes X No
	_					
		ere any of the organization's gaming licenses re Yes," explain.	·		year?	Yes X No
2320	82 0	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Sch	hedule G (Form 990 or 990-EZ) 2012 KNIGHTS OF COLUMBUS COUNCIL NO. 2104 23-7	235	<u> 360</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	X No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity operated in			
	a The organization's facility	13a	'	%
	<b>b</b> An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name	<del></del>		
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(	c If "Yes," enter name and address of the third party			1
	Name ►			-
	Address >			
16	Gaming manager information:	•		
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
				<del> </del>
	Director/officer Employee Independent contractor			
	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	X No
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			-
	organization's own exempt activities during the tax year > \$			
P8	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	-	•	
			-	
	• •			
	,			
				<del></del> -

## 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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS COUNCIL NO. 2104	23-7235360
FORM 990, PART VI, SECTION B, LINE 11: AN OFFICER OF THE	CORPORATION
RECEIVES AND REVIEWS THE FORM 990 WITH THE ACCOUNTING FIR	M FOR ACCURACY.
THE FORM 990 IS PRESENTED TO THE BOARD AND RECOMMENDED FO	OR APPROVAL.
<u>.</u>	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCU	
OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABL	
THE OFFICES OF KNIGHTS OF COLUMBUS.	
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