

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

		iue Service	► The organization	n may have	to use a	copy of this	s return to sa	tisfy state	e reporting re	equireme	ents.	In:	spection	on
A	For the	2012 cale	ndar year, or tax year	beginning	Jul	4 1	, 2012	2, and end	ding J	vue	30	, 20	13	
		applicable	C Name of organization	Knia	ats	6.F Ce	lumbus	# 4	5290	_	mployer	identific	ation nun	nber
_		change	Doing Business As	Kuuh	i -f	. کھی		# 5	- "/-		7	3-7	54-	3055
	Name ci	•	Number and street (or I	- 7 1817	ul is not de	livered to str	eet address)	Room	-0-	F T		number	<u> </u>	, - , ,
_/		•	0	^	56		001 444.000,	1.00		T	4	80-	426-	9816
$\overline{}$	initial ref		City, town or post office	Box						- -		0 /-	100	1010
\vdash	Termina		(-1 0			uAr.	1 U					. (2	27/0	*
	Amende	d return		UM	MI	486							22/10	
	Applicat	ion pending	F Name and address of p	rincipal office	T	, _A	PD	Giade					Yes	
			Joel Vern	ier 35	W ER	EST UYE	RA VY	MIY	18624 H(b) 1					
<u>I</u>	Tax-exe	mpt status:	501(c)(3)	5 01(c) (8)∢	(insert no)	4947(a)(1) o	r 📙 527		If "No," a	ittach a li	st (see in	structions	3)
J	Website	e: ►	,						H(c) (Group exe	emption r	number 🕨		
K	Form of	organization	Corporation Trust	Associat	tion 🔽 Oth	ner > Fract	emal L	Year of forn	mation	N	State o	f legal do	micile	MI
P	art I	Summ	ary							•				
	1	Briefly de	escribe the organizat	ion's missi	on or mo	ost signific	ant activitie	es: <u>7.</u>	orou	1010	av	il .	con d	Just
_		n.					welfar		d'asti	ć	بأراحه	a F		L
ဦ		0.00							JEV)	٠		C	W-CY1	h
펼	1	me-in	em. Hr. ship	andC	UM.M	V4 47	e va	Ky K	¥-55-77	చే		- -		
Governance	,	Chook th	ns box ▶☐ if the org	anization (discontin	und its or	defitors or	disposo	d of moral	(2)	96 of th			
Ĝ	2									(A)				
ంత	3		of voting members of							E I	3		201	
es	4		of independent votin								4		55	
₹	5		mber of individuals e			-	12 (Part V) [UH Sar L	V, OI.	<u> </u>	5		<u> جھ </u>	
Activities &	6		mber of volunteers (e				. 1				6		2 <i>Q1</i>	
	7a	Total unr	elated business reve	nue from F	Part VIII,	column (C	C), line 12			ļ	7a		t	
	b	Net unre	lated business taxab	le income	from For	m 990-T,	line 34 .		<u> </u>		7b		-42	
									Pn	or Year			rrent Yea	r
Revenue	8	Contribu	tions and grants (Pai	t VIII, line	1h)				4	107		L	1491	
	9	Program	service revenue (Pai	rt VIII, line :	2g) .									
e e	10	-	ent income (Part VIII,			4, and 7	(b		5	731		3	378	
œ	11		venue (Part VIII, colu				-		40	15		ยรี	5/2	
	12		enue-add lines 8 thr						44	50 3		+5	385	
	13		nd similar amounts p					,	1 13	252		11	188	
	14		paid to or for member	-			•		-				00	
	15		other compensation,	•			•	 ac 5_10\						
ses			•					35 3-10)						
Ë	16a		onal fundraising fees	•	•	•	•				G#			
Expenses	_ b		draising expenses (F							27/	3		770=	
	17		penses (Part IX, colu						32	371		بنجن	301	
	18		penses. Add lines 13	•	•		mn (A), line	25) .	99	597		449	195	
	19	Revenue	less expenses. Sub	tract line 1	8 from lir	ne 12 .		<u></u>		700		_7:	<u> 587</u>	
Assets or 1 Balances									Beginning			En	d of Year	
sets	20	Total ass	sets (Part X, line 16)						67	0488		_67	7875	,
ag≱ BB	21	Total liab	oilities (Part X, line 26	5)										
Fet.	22	Net asse	ets or fund balances.	Subtract li	ne 21 fro	m line 20	<u> </u>		67	DY88		67	<u> 787</u>	5
Pa	art II	Signa	ture Block											
			ury, I declare that I have ex									knowled	ige and b	elief, it is
tru	e, correc	t, and comp	lete Declaration of prepar	er (other than	officer) is t	ased on all i	nformation of v	which prepa	arer has any k	nowledge	• .			
			Wellen	-i · 6	212						2/1	5/14	/	
Sig	jn 💮	Sign	nature of officer	^						Date				
He	re		William	Bewen	1 0 .1 5	_	Ė,	nan	rual S	CCV	oti		,	
		Type	e or print name and title		, a. // /	·					- 	~ *		
_	اد:		pe preparer's name		Preparer's	signature		1	Date	Τ.	N	1 4 PTII	<u></u>	
Pa		'									heck _ elf-emplo			
	epare	1	nome b				. — . — . — . — . — . — . — . — . — . —			1		<u>, </u>		
Us	e On									Firm's E	_	 		
Ma	v the II		address ► s this return with the	preparer s	shown at	10Ve? (see	nstruction	ısl		Phone n	10	_	Yes	No
					_						•••	• •		30 (2012)
ror	raper	work Hedu	iction Act Notice, see	me separa	ie instruc	uons.		Cat	t No 11282Y	7			Lown 22	~ (2012)

	10,00,11,1		27-1719080	Page Z
Part			AI	. \square
1				
	0/07	······································		
Part III Statement of Program Service Accomplish Check if Schedule O contains a response to a state of Schedule O contains a response to a state of Schedule O contains a response to a state of Schedule O contains a response to a state of Schedule O contains a response to a state of Schedule O contains a response of Schedule O. The organization undertake any significant program prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. The organization cease conducting, or make services? If "Yes," describe these changes on Schedule O. The organization service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accompexpenses. Section 501(c)(3) and 501(c)(4) organization the total expenses services. If the organization services services are services and the organization services are services and the organization services are services.	f -ine t			
2				
	•		· · · · · · · · · · · · · · · · · · ·	i
3	Did the organization cease conducting		ow it conducts, any program	
				⊠No
	-		Mh	
4				
			the amount of grants and anotations	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		•		
		2	•	
		7 , 1	<u></u>	
4h	(Code:) (Expenses \$	including grants of \$	\ (Revenue \$	<u> </u>
	(Codd:) (Expended \$\frac{1}{2}\]	i i i	, (, , , , , , , , , , , , , , , , , ,	'
		<u> </u>		
		· -		
		·····		
		<u> </u>		
4c	(Code:) (Expenses \$	ncluding grants of \$) (Revenue \$)
				·
		·		
				·
		••		
				·
4d	Other program services (Describe in Sc	chedule O.)		
74		grants of \$) (Revenue \$	\$)	
40	Total program service expenses			-

			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		J
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	ıl A	<i>d</i> _
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	17.	/ <u>r</u> /
6	Part III	5		1
7	"Yes," complete Schedule D, Part I	6		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for 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		J
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a	J	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		/
	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		1
	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		<i>\(\)</i>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<i>J</i>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		·/
	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		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u> </u>
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 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
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	16		./
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		/
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
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	1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b Form	y / 990	(2012)
				,

Form **990** (2012)

			Yes	No
21	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	21	./	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	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 Schedule J	23		レ
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		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	M.	4
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	iVI	Ü
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	/1	4
26	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		'ر:
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		€,
28	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		./
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		J
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√ ✓
36	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	j.	14
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	/	-

	Check if Schedule O contains a response to any question in this Part V		
			Yes No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		أسان
	reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	* 、 ~ 2 1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	MIT
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	MA
4a	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		1 .
	account)?	4a	
þ	If "Yes," enter the name of the foreign country: ▶	130	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a	
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	MA
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	NA
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ر ا
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1 VA
_	gifts were not tax deductible?	6b	10/11
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 2	
6	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	MA
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	19 1
•	required to file Form 8282?	7c	NA
d	If "Yes," indicate the number of Forms 8282 filed during the year	1	777
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	, AA
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	1/4
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	111
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	NA
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1.54
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	MA
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the organization make any taxable distributions under section 4966?	9a	NIT
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	MA
10	Section 501(c)(7) organizations. Enter:		- 24
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] /V///		- 1
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
Þ			
100	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1/1/
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 1//#	7 20.3	ν_{μ}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	1/4
-	Note. See the instructions for additional information the organization must report on Schedule O.		17/1
þ	Enter the amount of reserves the organization is required to maintain by the states in which	: 3f	* 1.34
-	the organization is licensed to issue qualified health plans	- 1	
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	NA
		Form	990 (2012)

Covernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Form 990 (2012) Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during R the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section	C.	Disc	losure
---------	----	------	--------

18

17 List the states with which a copy of this Form 990 is required to be	filed	▶
---	-------	---

None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ► NAV 989-426-8576 STERNAN, 1254 N BARD RD, BLADWIN MI

Form 9	an /2	M121

Knichte	1	Columber	#	5280	23-7	54	3051	Page 7
Office and Discount	<i>#</i> +	·····						

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 employees."
- 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.

Check this box if neither the organization nor	any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				(0	>)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
Trains and This	hours per					or/trust			compensation from	amount of
	week (list any		1					from	related	other
	hours for related	d d	<u> 1</u> 5	Officer	ey	豊출	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ect	동	e q	퓱	est c	□ □	(W-2/1099-MISC)	(** 2 1033 141100)	organization
	below dotted	악파	ᆲ		Key employee	Ψğ				and related
	line)	Individual trustee or director	Institutional trustee		96	Pen				organizations
		Ō	tee			Highest compensated employee	ŀ			
						<u>&</u> _	├			
(1) Toel Vernier					,					
le man of Karcht				V				। ତ	0	O
(1) Joes Vernier Grand Knight (2) Gorlon Clayfon Deputy Grand Knight (3) Dan Sheehan					,				_	Ð
Alouty Grand Kurght				√				ଚ	0	<i>U</i>
(3) Dan Sheehan					,			6		Ð
TREASURE				2				0	0	0
(4) bill Barmann	ļ			 	,		ļ	0	0	D
Financial Some trong										U
(5) Jen Klipa				V				O	0	\mathcal{O}
(6) Out War Lenter:					,			0	_	
Finencial Seine term (5) Jim Klipa Trustee (6) Paul Idzikowski Trustee (7) Fred Gisto Trustee								0	0	Ð
(7) Fred GUSED					\				0	D
Trustee				V				0	8	
(8)	1									
(9)	 									
		<u> </u>		\vdash						
(10)	†									
(11)						-			-	
·		<u> </u>	<u></u>							
(12)										
				_		ļ	<u> </u>			
(13)	ļ									
(14)	 	 	-		 	-	├			
(14)	 	1								

Form **990** (2012)

-orm	990	(2012)	

Form 990 (2012)	Knights	& Columber #	5280	23-7543055	Page 8
Part VII Section A. Offic	ers. Directors. Trustees, I	Key Employees, and Highest Con	npensated Employees	(continued)	

	(A) Name and title	(B) Average hours per	1V				ıs both	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	•	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)									_ "	-	
(16)											
(17)											
(18)										_	
(19)				-							
(20)											
(21)											<u>.</u>
(22)											
(23)											
(24)											
(25)											
	Sub total										
1b c	Sub-total	VII, Sectio					•	>			
d_ 2	Total (add lines 1b and 1c)	not limited					above	e) w	ho received me	ore than \$100,00	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc Schedule J	tor, o	r tr	uste ındı	ee, vidu	key e	mp	loyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portat	ole d	com	per	nsatio	n a	nd other comp	ensation from t	ne 🤼 🗼
5	Did any person listed on line 1a receive of for services rendered to the organization?										
	n B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate oort compe	ed inc nsatic	lepe on fo	end or th	ent ne c	contra alend	acto ar y	ors that receive rear ending wit	ed more than \$1 h or within the o	00,000 of rganization's tax
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
	NA										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	7 79 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Check if Schedule O contains a response to any question in this Part VIII											
•	\ * . `		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514						
इ इ	1a	Federated campaigns 1a		7		012, 010, 01014						
ran	b	Membership dues 1b 3665										
פַ בַּ	C	Fundraising events 1c	1	, ,,								
ifts Ir A	d	Related organizations 1d		1. 2.	•	3 * 4						
nigi.	٠ ۵	Government grants (contributions) 1e	1200 7 63 3	* 4								
Sir	f	All other contributions, gifts, grants,			* *	** *** (30.4 ° \$						
uti her	•	and similar amounts not included above 1f 826	- 10 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1) } ** · `							
Q E	_	Noncash contributions included in lines 1a-1f:\$										
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	Tiller									
	-"	Business Code	7/7/									
Program Service Revenue	2a			**************************************								
3ev	b		 	<u> </u>		-						
- S	c		-	1 1								
ervi	٨		 11	/ //								
пS	٠			/ /7 —								
grar	f	All other program service revenue .	# /	'''								
J. O	g	Total. Add lines 2a–2f	 	-								
	3	Investment income (including dividends, interest,		D. F. W. 13 W. B.		A AND SECTION OF THE PERSON OF						
		and other similar amounts)	37 <i>8</i>									
	4	Income from investment of tax-exempt bond proceeds ▶	3 1.0									
	5	Royalties										
		(I) Real (II) Personal	\$ 80 C W \$ 50 K	88.5 . 13. · 10.	MARINE YEAR							
	6a	Gross rents 16/46										
	b	Less: rental expenses 17640										
	C	Rental income or (loss) (1494)										
	d	Net rental income or (loss)	(1404)		amaina and an							
	7a	Gross amount from sales of (i) Securities (ii) Other	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			725 - 348 38 38						
		assets other than inventory										
	b	Less: cost or other basis				954						
		and sales expenses .										
	С	Gain or (loss)										
	d	Net gain or (loss)										
4.												
Jue	8a	Gross income from fundraising	1									
venu		events (not including \$										
Re		of contributions reported on line 1c).										
Other R		See Part IV, line 18 a / 600										
5 5	b	Less: direct expenses b 46628	يُرِ : نَدُنْ مُنْ مُنْ اللَّهُ اللَّه									
	С	Net income or (loss) from fundraising events . ▶	26175									
	9a	Gross income from garning activities.										
		See Part IV, line 19 a 23762										
	b	Less: direct expenses b 5834										
	С	Net income or (loss) from gaming activities	1 1928			· · · · · · · · · · · · · · · · · · ·						
	10a	Gross sales of inventory, less										
		returns and allowances a										
		Less: cost of goods sold b										
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	<u> </u> &_&&_*	%/ c 76 257890782	175 . D 476	(USD 1074 11 1 8 10 4						
	44.											
	11a	Tootsie Kollibrive	4904									
	b		 		-							
	0	All other revenue				·						
	d	Total. Add lines 11a-11d	WOTALL		, , , . 27 (2)	A 40 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	е 12	Total revenue. See instructions.	1777 8 5			**************************************						
		Town to to the control of the contro	16700									

Page 10

Part IX Statement of Functional Expenses

000000	11 50 1(C)(3) and 30 1(C)(4) organizations must con				
	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	<u> L</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11188			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			《黎 教教》:(), if /	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		2 1		
7 8	Other salaries and wages	1			
9 10 11 a b	Other employee benefits				
c d e f	Accounting				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 13 14 15 16 17	Advertising and promotion	703 1126 733 19269			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.	1382			
19 20 21 22 23	Interest	1983 1058 4487			
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 O.)				
a b c d	MI Sales Taxes	2400 666			
25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	44995			
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if				

		Check if Schedule O contains a response to any question in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6467	_1	12674
	2	Savings and temporary cash investments	72102	2	72450
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		* * * * * 5	
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	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 593 778			
	b	Less: accumulated depreciation 10b / 0 5 8	591919	10c	592721
	11	Investments—publicly traded securities		11	71
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		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)	670488	16	677895
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	46 . S. 7- 7- 8- 8- 8- 8- 8- 8- 8- 8- 8- 8- 8- 8- 8-
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties	*	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables 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		26	
	 -	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		<u> 20</u>	
Ses		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	670488	33	677875
	34	Total liabilities and net assets/fund balances	670483	34	677875
					Form 990 (2012)

					, -
	30 (2012) Knylly of Rowinbury #5280 >3-754305	<u> </u>		Pa	age 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				۲
1	· · · · · · · · · · · · · · · · · · ·	1	خو` · ·	77	<u></u> _
•	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>	<u></u>	100	V
2	Total expenses (must equal Part IX, column (A), line 25)	2	7 <u>7</u>	77	7
3	Revenue less expenses. Subtract line 2 from line 1	3		3 7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	670	48	8
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	٠,		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	67	78	75
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \square
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting Method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash		f ş	Ţ	15.
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		3	\$6.4
	Schedule O.	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Salk Salks	7
	If "Yes," check a box below to indicate whether the financial statements for the year were com			3 . î	
	reviewed on a separate basis, consolidated basis, or both:				. 27
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				V. 3
h	Were the organization's financial statements audited by an independent accountant?		2b	-200	1
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	d on a		.75 /	2
	separate basis, consolidated basis, or both:	,a	-51	- 3	
	☐ 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 o	vereiaht		1 - 1	
G	of the audit, review, or compilation of its financial statements and selection of an independent account		- 1	N	R-
	or the agent, remain, or complication or no interioral otation of the account of all independent account	a recurred	2c	N 7 1	(iC

If the organization changed either its oversight process or selection process during the tax year, explain in

Form **990** (2012)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?............
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	the organization Knight of Colum	hu c	#5280	Emplo	yer identification number 7 3 - 754 3055
Par	Organizations Maintaining Don	or Advis	ed Funds or Other Simi	lar Funds or	Accounts. Complete if the
	organization answered "Yes" to F	-orm 990	(a) Donor advised funds		(b) Funds and other accounts
4	Total number at and of year	ļ	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	ļ	2611		
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year	. Ļ	 		
5	Did the organization inform all donors and funds are the organization's property, subjections are the organization of the control of the cont	ect to the	organization's exclusive leg	al control? .	· · · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	e benefit	of the donor or donor advis	sor, or for any	other purpose
Par			o organization answered		
1	Purpose(s) of conservation easements held				m 990, Part IV, line 7.
•	Preservation of land for public use (e.g.,				Adam and the Command and the second accomm
	Protection of natural habitat	, recreatio			
			•		tified historic structure
•	☐ Preservation of open spaceComplete lines 2a through 2d if the organiz	ation hald	a analia de de de anos	بالا بيان بيانية . بالسلام	
2	easement on the last day of the tax year.	ation neid	a quaimed conservation co	intribution in tr	ne form of a conservation
	easement on the last day of the tax year.		' / /		
			<i>,</i> ,		🐒 😓 Held at the End of the Tax Year
a	Total number of conservation easements				2a
b	Total acreage restricted by conservation ea				2b 1/1/
C	Number of conservation easements on a ce		•	,	2c ///
d	Number of conservation easements include historic structure listed in the National Registration		acquired after 8/17/06, a		2d
3	Number of conservation easements modified tax year ►	ed, transfe	rred, released, extinguished	d, or terminate	d by the organization during the
4	Number of states where property subject to	conserva	ation easement is located >		
5	Does the organization have a written poviolations, and enforcement of the conserva			ring, inspectio	
6	Staff and volunteer hours devoted to monito	oring, insp	pecting, and enforcing cons	ervation easen	
7	Amount of expenses incurred in monitoring \$ \Bigset\$, inspectir	ng, and enforcing conservat	ion easements	s during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		(d) above satisfy the require		ion 170(h)(4)(B) · · · · · □ Yes □ No
9	In Part XIII, describe how the organization r				
•	balance sheet, and include, if applicable, the organization's accounting for conservation	e text of t	he footnote to the organizat		
Part				res or Othe	r Similar Assets
	Complete if the organization answ				ommar Assets.
	If the organization elected, as permitted un				us statement and balance sheet
10	works of art, historical treasures, or other public service, provide, in Part XIII, the text	sımilar a	ssets held for public exhib	ition, educatio	on, or research in furtherance of
b	If the organization elected, as permitted u	under SFA	S 116 (ASC 958), to repor	rt in its reveni	ue statement and balance sheet
-	works of art, historical treasures, or other public service, provide the following amount	sımilar a	ssets held for public exhib	ition, education	on, or research in furtherance of
		_			► \$ 1 1/1/_
	(ii) Assets included in Form 990 Part Y	.,			
2	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported.		·		s for financial gain, provide the
	following amounts required to be reported in Revenues included in Form 990, Part VIII, In				- 1/1/A

		i ());	Ø	ſ	Í	st _	\(\alpha \)		,
	le D (Form 990) 2012	rylls of	<u> </u>	HUN K	21/5		280 2	<u> </u>	4305 Fage 2
3	Using the organization's acquisition,								
3	collection items (check all that apply):		iner reco	ius, chec	K ally Of th	ie iolio	wing that are	a signi	licant use of its
а	Public exhibition	,	А	□ Loan	or exchang	ae prod	rante		
b	Scholarly research			Other			1/L		
c	Preservation for future generation	e	·	Outloo	· <i>[</i>	[-//	<i>[</i> 7		
4	Provide a description of the organiza		and expla	ain how t	hev further	the or	, i panization's e:	xempt	ourpose in Part
	XIII.		•			,	,		, p = = = :
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other si	mılar	
	assets to be sold to raise funds rather	r than to be mainta	ained as i	part of the	e organizat	ion's co	ollection? .	. [☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	angements. Co	mplete i	f the org	anization	answe	red "Yes" to	Form	990, Part IV,
	line 9, or reported an amour								
1a	3							not	
								. [Tyes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:	_			
	Base 1 1					<u> </u>		Amou	int
C	Beginning balance					10		2 / 1\	
d	Additions during the year				`	10		14	
e f	Distributions during the year					11		H	
2a	Ending balance						<u> </u>	, r	☐ Yes ☐ No
	If "Yes," explain the arrangement in P					nrovid	ed in Part XIII		
Par									
		(a) Current year		or year	(c) Two yea				e) Four years back
1a	Beginning of year balance			-					<u> </u>
b	Contributions								
C	Net investment earnings, gains, and				. 4				
	losses			19					
d	Grants or scholarships			$\Lambda \angle I$	19				
е	Other expenditures for facilities and			1 /	11				
	programs			/					.
f	Administrative expenses								
g	End of year balance	<u> </u>	L						
2	Provide the estimated percentage of	-	nd baland	e (line 1g	, column (a	i)) held	as:		
a	Board designated or quasi-endowme Permanent endowment ▶		%						
b	Temporarily restricted endowment	% %							
·	The percentages in lines 2a, 2b, and 2		nno/						
За	Are there endowment funds not in th	e possession of the	ne organi	zation tha	at are held	and ad	ministered for	r the	
	organization by:				u. u. u				Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations						/././.		Ba(ii)
b	If "Yes" to 3a(II), are the related organ	izations listed as r	equired o	n Schedi	ule R? .			`.I	3b
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment fu	unds.			_	' '
Part	VI Land, Buildings, and Equip	ment. See Form	n 990, P	art X, line	e 10.				
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d	l) Book value
1a	Land			2.0	000				2.000
b	Buildings			575	00			57	15 200
С	Leasehold improvements			-> (>)(''	7, 20-
d	Equipment			DE.	578		1058	1	5.520
е	Other						, , , , , , , , , , , , , , , , , , , 		
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part)	(, column	(B), line 10	O(c).)	. >	50	12721
							S	chedule	D (Form 990) 2012

Schedule D (Fo	rm 990) 2012 Kinzah	to D Col	Umbis # 5280	3-7573059 ₉₉ 3
Part VII	Investments - Other Securities	See Form 990, Part		
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(A)		-		
(B)	······································			
(C) (D)	/L/\\\	<u> </u>		
(E)	<i>I</i>			
(F)				
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col. (B) line 12) ▶			o, Michigan di Arai, Michigan di
Part VIII	Investments - Program Relate	d. See Form 990, Part	X, line 13.	
((a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
			Cost of end-of-year	
(1)				
(2)	1/04/			
(3)				
(5)				
(6)				-
(7)				
(8)				
(9)				_
(10)	b) must equal Form 990, Part X, col. (B) line 13.)		7 1000 300 7 00000 4 90000 5	(Maryaran - Januaran)
Part IX	Other Assets. See Form 990, Part A, Col. (b) line 13.)	art V line 15		
FaitiA		a) Description		(b) Book value
(1)				(b) SOOK VAILES
(2)		-		
(3)				
(4)				
(5)	1/01	/F		
(6)		/ Ĺ		
<u>(7)</u>		····		-
(8)				
<u>(9)</u> (10)				
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		40-
Part X	Other Liabilities. See Form 990.			70-
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)		 		
(5)	10.4	1/2		
(7)	-/////	E		
(8)	// //	 		
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.) 🕨			
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the	text of the footnote to the	organization's financial statements th	at reports the organization's
liability for un	certain tax positions under FIN 48 (ASC	(40). Check here if the text	of the footnote has been provided in	Part XIII

		93055 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d \sqrt{V}	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	434
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information	
Part \	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F (, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.	o provide any additional
	Organization did not have an Ardit for	rear ended to 30 c

Schedule D (For	rm 990) 2012		Knyl	US 81	F Colu	ımbs	4 52	10	23-754	3055	Page 5
Part XIII	Supplem	ental Infor	nation (¢o	ntinuea)							_
	Part	Vİ	Land	, Buld	ing, and	Equ	ifn en	I.			
		Amoc	2 x 1	istel	From L ve	fræ [r yea	ž 1/5	a re	From	
			7/ \\->-	5.C.S. Walan	7V.L.	wes	-4l-n	5 <i>V K</i>	use	USHI	ry
		Ano	not 1	isled LeO	from on g	corre	nl és ghá lio	e b	Rivy Vests	ÓVEL	
		Cg _Y	Find	i Ost	1stsl	life	? 				
				·•							
					·						

										·	
									••		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

the organization Knulls	of Con	فوطرية ب), #	5260	Employer identific 2ろ 79	4 30 55
	Complete if the	e organiza	ation ansv	vered "Yes" to F		ine 17.
Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form If "Yes," list the ten highest paid	n raised funds the ns ten or oral agree 990, Part VII) or I individuals or e	e g cement with entity in contities (fun	of the followard of the	ion of non-governi ion of government fundraising events dual (including offi with professional f	ment grants grants cers, directors, trus undraising services	? 🗌 Yes 🗒 No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fun	r control of	(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	-		
COMMAND AND COMMENT	j, ,	1/1/				
	10/	17				
	l	/ '	-	:		
···			-			
			 			
List all states in which the orga registration or licensing.	nızation is regist	tered or lic	>	solicit contributions	s or has been notifi	ed it is exempt from
	/Ł	// /)				
	Indicate whether the organization Mail solicitations Internet and email solicitations In-person solicitations Did the organization have a writtor key employees listed in Form If "Yes," list the ten highest paid compensated at least \$5,000 by (i) Name and address of individual or entity (fundraiser)	Fundraising Activities. Complete if the Form 990-EZ filers are not required to Indicate whether the organization raised funds the Mail solicitations Internet and email solicitations In-person solicitations In-person solicitations Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) or if "Yes," list the ten highest paid individuals or ecompensated at least \$5,000 by the organization or entity (fundraiser) (i) Name and address of individual or entity (fundraiser) (ii) Activity	Fundraising Activities. Complete if the organization form 990-EZ filers are not required to complete Indicate whether the organization raised funds through any Mail solicitations Internet and email solicitations Phone solicitations Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in or if "Yes," list the ten highest paid individuals or entities (fun compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did function or entity (fundraiser) Yes List all states in which the organization is registered or lice	Fundraising Activities. Complete If the organization answ Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the folion Mail solicitations	Fundraising Activities. Complete if the organization answered "Yes" to Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Complete this part. Indicate whether the organization raised funds through any of the following activities. Complete this part. Indicate whether the organization raised funds through any of the following activities. Complete this part. Indicate whether the organization raised funds through any of the following activities. Complete this part. Indicate whether the organization raised funds through any of the following activities. Complete this part. Indicate whether the organization is solicitation of non-governing part. Indicate whether the organization is policitation of non-governing part. Indicate whether the organization is golicitation of non-governing part. Indicate whether the organization of non-governing part part part part part part part part	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, Form 990-Ez filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations In-person solicitations Organization have a written or oral agreement with any individual (including officers, directors, trus or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services' if "Yes," list the ten highest paid individuals or entities (fundraiser have custody or control of contributions? (i) Name and address of individual or entity (fundraiser have custody or control of contributions? (ii) Did fundraiser have custody or control of contributions? (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in coli (ii) individuals or entity (fundraiser listed in coli (iii) individuals (iii) i

_		(Form 990 or 990-EZ) 2012	Kneller	of Colum	DUS # 5280	23-7543055 Page 2
Pa	irt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	nplete if the′organizati ng event contributions	on answered "Yes" to	o Form 990, Part IV, line	e 18, or reported more
		group roompto groutor and	(a) Event #1	(b) Event #2	(c) Other events (vi? > li Cary li (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	42635	8162	55006	72803
ш	2 3	Less: Contributions Gross income (line 1 minus		6	2000	77 201
_		line 2)	42635	8162	5 5000	72.801
	4	Cash prizes	<u> </u>		7091	7091
•	5	Noncash prizes				
nse	6	Rent/facility costs				
Oirect Expenses	7	Food and beverages	27176		7681	29857
Jirec	8	Entertainment				
	9	Other direct expenses .	1832	6048	1800	96.80
	10 11	Direct expense summary. Ac Net income summary. Comb	——————————————————————————————————————			(46625) 26175
Pa	rt III	Gaming. Complete if the	e organization answe			reported more
		than \$15,000 on Form 9		(b) Pull tabs/instant	T	(d) Total gaming (add
enne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue	23762	NET 8	+ FILIZES	23762
Ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .	5834			5334
	6	Volunteer labor	☑ Yes <i>[C 0</i> % □ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summar	y. Combine line 1, colur	mn d, and line 7		17928
	a is	nter the state(s) in which the or the organization licensed to of "No," explain:		in each of these state	Michigan s?	<mark>p⊒</mark> Yes □ No
10		ere any of the organization's g "Yes," explain:	amıng licenses revoked			? . 🗆 Yes 💢 No

Schedu	le G (Form 990 or 990-EZ) 2012 K W K3 7 CO W W 4 5280 23-7543055 Page 3			
11 12	Does the organization operate gaming activities with nonmembers?			
12	formed to administer charitable gaming?			
13	Indicate the percentage of gaming activity operated in:			
a b	The organization's facility			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name > John Kolhoff			
	Address > 1962 50/15 bury 6/adwin 141 48628			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b	amount of gaming revenue retained by the third party ► \$			
c If "Yes," enter name and address of the third party:				
	Name ►			
	Address►			
16	Gaming manager information:			
	Name > John Kolhoff			
	Gaming manager compensation ► \$			
	Description of services provided ► (° \(\alpha\) \(
	□ Director/officer □ Employee □ Independent contractor ⋈ ₩ en ber			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
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 > \$			
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
	part to provide any additional information (occinetional).			
				
	777			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2012 2012 to Public

		Governments	, and Individ	luals in the	Governments, and Individuals in the United States	6	7. L@Z
Department of the Treasury Internal Revenue Service		Complete if the orga	anization answered ▶ Attach to	answered "Yes" to Form 990, ▶ Attach to Form 990.	the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization	Knullys	3 £3	(367 + como) &	F 7260		Emp	Employer identification number
Part General	General Information on Grants and Assistance	and Assistance					
1 Does the organ the selection cr	Does the organization maintain records to substantiate the an the selection criteria used to award the grants or assistance?	substantiate the amo rants or assistance?	unt of the grants or	r assistance, the g	rantees' eligibility for	he amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and nee?	ts or assistance, and
2 Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monitoring	the use of grant fu	inds in the United			
Part II Grants a Part IV, Ii	Grants and Other Assistance to Governmer Part IV, line 21, for any recipient that received	o Governments and that received more t	1 Organizations han \$5,000. Part	in the United St Il can be duplica	its and Organizations in the United States. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization and bace is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	of organization (b) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UF OVE	# 5,000					
(2) / 0 0 4) 						
(3)					-		
(4)							
(5)							
(9)						:	
(7)							
(8)						7 7 7	
(6)							
(10)							
(11)							
(12)							
2 Enter total num 3 Enter total num	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government organizalisted in the line 1 table	tions listed in the li	ine 1 table			A A
For Paperwork Reductiv	For Paperwork Reduction Act Notice, see the Instructions for Form	ctions for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2012)

Knylls of Colombes 44280

Schedule I (Form 990) (2012)

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 23-7542055

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional All Ends are to or for Charifable or Churil orgs. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients 11/2/10/10/14/15 (a) Type of grant or assistance NONE TO information. Part IV Q ო 4 S 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number end yleir relatives & fami Section B 15 a,

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
	<u> </u>
	
1 / / /	
<i>i / / / / / / / / / / / / / / / / / / /</i>	