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Form **990-EZ**

Department of the Treasury Internal Revenue Service

For the 2013 calendar year, or tax year beginning

Short Form **Return of Organization Exempt From Income Tax**

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

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

. 2013. and ending

OMB No 1545-1150 2013

Open to Public Inspection ...

Check if applicable D Employer Identification number Address change KNIGHTS OF COLUMBUS 1769 SENECA 23-7144315 Name change **323 MAIN** Telephone number Initial return SENECA, KS 66538 Terminated 785-336-3593 Amended return Group Exemption Application pending Number **►** 0188 X Cash Accounting Method: Accrual Other (specify) Check ► X if the organization is not Website: ▶ N/A required to attach Schedule B (Form 501(c)(3) 501(c) (8 527 990, 990-EZ, or 990-PF). 4947(a)(1) or Tax-exempt status (check only one) (insert no.) Corporation Trust Association Other Form of organization: Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **►** \$ 105,786. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 24,912. 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 7,585. Investment income 4 579. 5a Gross amount from sale of assets other than inventory 5 a **b** Less: cost or other basis and sales expenses . . 5 b 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a b Gross income from fundraising events (not including \$ of contributions AUG 0 1 2014 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less: direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7a Gross sales of inventory, less returns and allowances 7 a 72,710. b Less cost of goods sold 7 b 80,222 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c -7,512.Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 25,564. See Schedule O 10 Grants and similar amounts paid (list in Schedule O) 10 9,815 11 Benefits paid to or for members. 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 9,704. 15 Printing, publications, postage, and shipping 15 See Schedule O 16 Other expenses (describe in Schedule O) 17,916. 16 17 Total expenses. Add lines 10 through 16 17 37,435. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -11,871. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 137,909. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 126,038. BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2013)

	990-EZ (2013) KNIGHTS OF COLU			23	-714	14315 Page 2
Pa	Halance Sheets (see the Inst Check if the organization used Sche	ructions for Part II) edule O to respond to any qu	estion in this Part II			
) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments			121,909		110,038.
23	Land and buildings			16,000		16,000.
24	Other assets (describe in Schedule O)			10,000	24	10,000.
25	Total assets.	• •	· · · · -	107.000		100 000
		••		137,909		126,038.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27				137,909	. 27	126,038.
Pa	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	(FID)		Expenses
	Check if the organization used Sc	hedule O to respond to any o	question in this Part III			uired for section 501
What	is the organization's primary exempt purpose? See	e Schedule O			(C)(3) and 501(c)(4) nizations and section
Des	cribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of i	its three largest program	m services, as	4947	(a)(1) trusts, optional
mea	sured by expenses. In a clear and concise efited, and other relevant information for e	e manner, describe the service	ces provided, the numb	er of persons	for o	thers.)
	·					
28	FUND RAISING AND GIFTING	TO FAMILIES IN THE	COMMUNITY			
	(Grants \$) If th	is amount includes foreign gi	rants, check here		28 a	
29						
		- 				
	70					
	(Grants \$) If th	is amount includes foreign g	rants, check here	<u> </u>	29 a	
30						
		- 				
	(Grants \$) If th	is amount includes foreign gi	rants, check here	┸	30 a	
31	Other program services (describe in Sch			L_	-	
٠.		is amount includes foreign gi	rants shook hara	·	31 a	
20			iants, check here			
	Total program service expenses (add lii			<u>.</u>	32	
<u> Pa</u>	t IV List of Officers, Directors,				ee the	instructions for Part IV) 🦳
	Check if the organization used Sc	hedule O to respond to any o	question in this Part IV			· 📙
		(b) Average hours per	(c) Reportable compensation	(d) Health benefit	s,	
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit plans, and def	s, oyee erred	(e) Estimated amount of other compensation
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to empl benefit plans, and def compensation	s, oyee erred	(e) Estimated amount of other compensation
MI		week devoted to	(Forms W-2/1099-MISC)	benefit plans, and def	s, oyee erred	(e) Estimated amount of other compensation
	CHAEL PLUMBERG	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	erred	other compensation
Tr	CHAEL PLUMBERG	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	s, oyee erred	(e) Estimated amount of other compensation
Tr J0	CHAEL PLUMBERG ustee HN D ROTTINGHAUS	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	0.	other compensation
JO DE	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	erred	other compensation
JO DE KE	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE	week devoted to position 0	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	0. 0.	0.
JO DE KE Se	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE Cretary	week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	benefit plans, and def	0.	other compensation
JO DE KE Se	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE	week devoted to position 0	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	0. 0.	0.
JO DE KE Se KE	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CTETATY VIN FELDKAMP	week devoted to position 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	benefit plans, and def	0. 0.	0. 0.
JO DE KE Se KE Tr	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP easurer	week devoted to position 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0.	benefit plans, and def	0. 0.	0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP easurer	week devoted to position 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0.	0. 0.
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JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
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JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE CRETARY VIN FELDKAMP EASURER KE STEINLAGE	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.
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JO DE KE SE KE TIMI	CHAEL PLUMBERG LISTEE HN D ROTTINGHAUS PUTY GRAND KN VIN KOHAKE Cretary VIN FELDKAMP BASURER KE STEINLAGE AND KNIGHT	week devoted to position 0 0 0	(Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	benefit plans, and def	0. 0. 0.	0. 0. 0.

Га	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ure	•	$\overline{\mathbf{X}}$
22	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33	1.00	X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect			
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		Х
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	75		T.,
	(such as those reported on lines 2, 6a, and 7a, among others)? b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		X
		35 b		<u> </u>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
.=	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. b Did the organization file Form 1120-POL for this year?	27 .		
	a Did the organization hie Form 1120-FOL for this year?	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	L	X
1	b If 'Yes,' complete Schedule L, Part II and enter the total			ļ -
30	amount involved	4		
	a Initiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A	1		
-70	section 4911 N/A; section 4912 N/A, section 4955 N/A			
1	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40.		
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		
'	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	-		
	by the organization 0.			
(e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41			Ь—	ь
	List the states with which a copy of this return is filed None			
٠.	List the states with which a copy of this return is filed None	-		
	a The organization's	36-3	503	
	a The organization's books are in care of ► KEVIN KOHAKE Telephone no. ► 785-3	<u>36-3</u>	<u> </u>	
42	a The organization's books are in care of ► KEVIN KOHAKE Located at ► 323 MAIN SENECA KS Telephone no. ► 785-3 ZIP + 4 ► 66538	<u>36-3</u>	593 Yes	
42	a The organization's books are in care of ► KEVIN KOHAKE Telephone no. ► 785-3	36-3 42b		No X
42	a The organization's books are in care of ► KEVIN KOHAKE Located at ► 323 MAIN SENECA KS Telephone no. ► 785-3 ZIP + 4 ► 66538 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			
42	a The organization's books are in care of ► KEVIN KOHAKE Telephone no. ► 785-3 Located at ► 323 MAIN SENECA KS b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
42	a The organization's books are in care of ► KEVIN KOHAKE Telephone no. ► 785-3 Located at ► 323 MAIN SENECA KS b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
42	Telephone no. 785-3 Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:			
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42 b		х
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 ZIP + 4 66538 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?			
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42 b		х
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 ZIP + 4 66538 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 b		х
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 ZIP + 4 66538 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 b		х
42:	Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 Located at 323 MAIN SENECA KS Telephone no. 785-3 ZIP + 4 66538 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 b		X
42:	a The organization's books are in care of ► KEVIN_KOHAKE Located at ► 323 MAIN SENECA KS b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:►	42 b		х
42:	a The organization's books are in care of ► KEVIN KOHAKE Located at ► 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. • At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b		X X
42	a The organization's books are in care of ► KEVIN KOHAKE Located at ► 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ■ 43 But the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42 b	Yes	X N/A N/A No
42:	a The organization's books are in care of F KEVIN KOHAKE Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: F Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42 b	Yes	X X N/A N/A
42:	a The organization's books are in care of ► KEVIN KOHAKE Located at ► 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ■ 43 But the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42 b	Yes	X N/A N/A No X
42:	a The organization's books are in care of KEVIN KOHAKE Located at 323 MATN SENECA KS Located at 325 MATN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	42 b 42 c	Yes	X N/A N/A No
43	a The organization's books are in care of KEVIN KOHAKE Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
42:	a The organization's books are in care of KEVIN KOHAKE Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O	42b 42c 44a 44a 44b 44c	Yes	X N/A N/A No X X X
43 44 45	a The organization's books are in care of KEVIN KOHAKE Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of	42 b 42 c 44 a 44 b 44 c	Yes	X N/A N/A No X
43 44 45	a The organization's books are in care of KEVIN KOHAKE Located at 323 MAIN SENECA KS At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yo,' provide an explanation in Schedule O	42b 42c 44a 44a 44b 44c	Yes	X N/A N/A No X X X

						53 110
46 Did,tl	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campai Schodulo C. Port I	gn activities on behalf o	• •	46	
					46	<u> </u>
<u> </u>	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only ons must answer q	uestions 47-49b and	d 52, and complete	the tables	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI			
	Ondown and Organization adda Contoas	o o to respond to driy	quostion in this rate vi	···	Ye	s No
	ne organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'		3 110
•	plete Schedule C, Part II				47	
	e organization a school as described in se		· ·		48	
	he organization make any transfers to an es,' was the related organization a section		related organization?		49 a	
	es, was the related organization a section blete this table for the organization's five high	•		directors, trustees and k	49 b	
emple	byees) who each received more than \$100,0	00 of compensation from	the organization of there	is none, enter 'None.'	=y	
		I	T	(d) Health benefits,	•	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimated an other compens	
		1				
				-		
		-				
-		<u> </u>	!		:	
f Total	number of other employees paid over \$	100.000	1			
51 Comp	olete this table for the organization's five high	hest compensated independent	endent contractors who ea	ach received more than \$	100,000 of	
comp	pensation from the organization. If there is	s none, enter 'None '		·		
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Compens	ation
						
		······································	 			
			I .			
d Total	number of other independent contractor	s each receiving over \$	1 6100,000	-	<u>L.</u> . , ,	
52 Did t	number of other independent contractor he organization complete Schedule A? N itable trusts must attach a completed Sch	ote. All section 501(c)(47(a)(1) nonexempt	► Yes	□No
52 Did to chart	he organization complete Schedule A? N	ote. All section 501(c)(nedule A	3) organizations and 49	e best of my knowledge and be	_	□No
52 Did to chart	he organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return	ote. All section 501(c)(nedule A including accompanying scheen) is based on all information of the section of t	3) organizations and 49dules and statements, and to the of which preparer has any know	e best of my knowledge and be	_	No
52 Did t charl Under penaltit true, correct,	he organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return	ote. All section 501(c)(nedule A	3) organizations and 49dules and statements, and to the of which preparer has any know	e best of my knowledge and be edge	_	No
52 Did to chart	the organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	ote. All section 501(c)(nedule A including accompanying scheen) is based on all information of the section of t	3) organizations and 49dules and statements, and to the of which preparer has any know	e best of my knowledge and be edge	_	No
52 Did to chari	the organization complete Schedule A? Natable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	ote. All section 501(c)(nedule A including accompanying scheen) is based on all information of the section of t	3) organizations and 49dules and statements, and to the of which preparer has any know	e best of my knowledge and be edge	_	□No
52 Did to chari	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Signature of officer Kouin Kihake	ote. All section 501(c)(nedule A including accompanying scheen) is based on all information of the section of t	3) organizations and 49dules and statements, and to the of which preparer has any know	e best of my knowledge and be edge 7-25-/4 Date	_	No
52 Did t chart Under penaltitue, correct,	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Signature of officer Type or print name and title	ote. All section 501(c)(nedule A including accompanying sche or) is based on all information of Financial Scre Preparer's signature	3) organizations and 49 dules and statements, and to the of which preparer has any know	e best of my knowledge and be edge 7-25-/4 Date Check If	lief, it is	□ No
52 Did to chart Under penaltitue, correct, sign Here Paid Preparer	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office Signature of officer Value Type or print name and title Print/Type preparer's name	ote. All section 501(c)(nedule A , including accompanying sche er) is based on all information of	dules and statements, and to the of which preparer has any knowled	e best of my knowledge and be edge 7-25-/4 Date Check If	TIN	No
52 Did to chart Under penaltitrue, correct, sign Here	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Variable Variable	ote. All section 501(c)(sectule A including accompanying scheen) is based on all information of the section of	dules and statements, and to the of which preparer has any knowled	e best of my knowledge and be edge 7-25-/4 Date Check if self-employed F	TIN 200599699	.3
52 Did to chart Under penaltitue, correct, strue, correct, str	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Value	ote. All section 501(c)(sectule A including accompanying scheen) is based on all information of the section of	dules and statements, and to the of which preparer has any knowled	e best of my knowledge and be edge 7-25-/4 Date Check if self-employed F	TIN P00599699 48-124881 5) 271-89	.3
52 Did to chart Under penaltitrue, correct; Sign Here Paid Preparer Use Only	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office) Variable Variable	ote. All section 501(c)(nedule A including accompanying sche is based on all information of the section of the	3) organizations and 49 dules and statements, and to the of which preparer has any known that	e best of my knowledge and be edge 7-25-/4 Date Check if self-employed F	TIN 200599699	.3

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.

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS 1769 SENECA	23-7144315	
Form 990-EZ, Part III - Organization's Primary Exempt Purpose		
A CATHOLIC ORIGINAZTION DEDICATED TO IMPROVING THE LOCAL COMMU	UNITY	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit C	ontracts	
(a) Did the organization, during the year, receive any funds,	_directly_or	
indirectly, to pay premiums on a personal benefit contract?		No
(b) Did the organization, during the year, pay premiums, dire	ectly or	
indirectly, on a personal benefit contract?		No
		-
		
		-
		
		

013 So	chedule O - Suppl	emental Informati	on	Page 2
	KNIGHTS OF COLUM	MBUS 1769 SENECA	-	23-714431
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Cash Amount Given:	Paid In Excess of \$5,000)	\$	9,815
Form 990-EZ, Part I, Line 16 Other Expenses			· · · · · · · · · · · · · · · · · · ·	
Advertising and Promot DUES PER CAPITA Office Expenses SUPPLIES	ion		\$ Total \$	5,000. 3,583. 4,936. 4,397. 17,916.