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

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Number and street (or P.O box, if mail is not delivered to street address) | Room/suite
405 E. 4TH STREET

City or town, state or province, country, and ZIP or foreign postal code
ALTON, IL 62002-2414

D Employer identification number
37-0369055

E Telephone number
618-465-6913

F Group Exemption Number ▶ 0188

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ WWW.ALTONKC.ORG

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☑ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 65,816

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	590
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	9,898
	4	Investment income		4	6,951
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 26,291		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 21,771		
	c	Less: direct expenses from gaming and fundraising events	6c 44,622		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	3,440
	7a	Gross sales of inventory, less returns and allowances	7a 315		
	b	Less: cost of goods sold	7b 230		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	85
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	20,964
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	19,291
	11	Benefits paid to or for members		11	976
	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	6,050
	15	Printing, publications, postage, and shipping		15	2,045
	16	Other expenses (describe in Schedule O)		16	2,935
	17	**Total expenses.** Add lines 10 through 16 ▶		17	31,297
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(10,333)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	256,050
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	(8,746)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	236,971

911 1

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	256,050	22	236,971
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	256,050	25	236,971
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	256,050	27	236,971

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **A Catholic Family Service Fraternal Organization**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 I.D. Drive raises funds to assist Intelectually Disable individuals in our community through organizations such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 Transfer of specific bequest to the Spaulding Club Association, a related 501(C)(7) Social Club.

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LARRY KULP GRAND KNIGHT	12	-0-	-0-	-0-
JOEL M. BUESTETON FINANCIAL SECRETARY	10	976	-0-	-0-
DAVID STAFFORD TREASURER	2	-0-	-0-	-0-
JOSEPH KUHNLINE TRUSTEE	2	-0-	-0-	-0-
WAYNE THOMAS TRUSTEE	2	-0-	-0-	-0-
NEIL GODAR TRUSTEE	2	-0-	-0-	-0-

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓

41 List the states with which a copy of this return is filed ▶ Illinois

42a The organization's books are in care of ▶ DAVID STAFFORD Telephone no. ▶ 618-465-6913

Located at ▶ 405 EAST FOURTH ST. ALTON, IL ZIP + 4 ▶ 62002-2414

			Yes	No
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.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Robert E. Saville — Signature of officer — Date: 5/4/2016

▶ ROBERT E. SAVILLE, TRUSTEE — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf (event type)	(b) Event #2 NONE (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,100			8,100
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	8,100			8,100
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,013			6,013
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				6,013
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				2,087

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue		26,291		26,291
Direct Expenses	2 Cash prizes		17,516		17,516
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		7,607		7,607
	6 Volunteer labor	☐ Yes ____ % ☐ No	☑ Yes 100 % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				25,123
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1,168

9 Enter the state(s) in which the organization operates gaming activities: Illinois

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	100 %
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ROBERT E. SAVILLE (GAMING) AND DAVID STAFFORD (FUNDRAISING)

Address ▶ 405 EAST FOURTH ST. ALTON, IL 62002-2414

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ ROBERT E. SAVILLE

Gaming manager compensation ▶ $ NONE

Description of services provided ▶ Oversee and coordinate the sale and purchase of pull tabs.

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☑ Yes ☐ No

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 ▶ $ See Part IV

Part IV **Supplemental Information.** 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).

Line 17b: The Illinois Pull Tabs and Jar Games Act require that the entire net proceeds from the sale of pull tabs must be exclusively devoted to the lawful purposes of the organization permitted to conduct such drawings. The Act does not require the distribution of the net proceeds during the tax year.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055

Line 10 - Grants and Similar Amounts Paid

Class of Activity Charitable Contributions

Grantee General Assistance Fund Amount: $548

Grantee: Culture of Life Amount $321

Grantee: Ill State Council Dues Amount: $2,092

Grantee: K of C National Dues Amount $319

Class of Activity: IRC 501(c) (7) Social Club

Grantee. Spaulding Club Association Amount. $16,011

405 East 4th Street

Alton, IL 62002-2414

Relationship: A Related IRC 501(c) (7) Social Club

Total Amount: $19,291

Line 16 - Other Expenses

Priest Appreciation	$1,012
Parish/School Support	$450
Team Sponsorships	$200
Illinois KC Conventon	$690
Memorial Mass	$289
Arms of Love	$50
Cuban Mission	$100
Hall of Fame	$100
Mass Cards	$44
Total	$2,935

Name of the organization: KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number: 37-0369055

Line 20 - Other Changes in Net Assets

Change in 2012 FMV to the 2013 FMV Basis $(8,746)

Part III Statement of Program Service Accomplishments

Line 28 - Corrected to Read = I.D. Drive raises funds to assist Intelectually Disable individuals in our community through organizations such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.

Line 29 - Corrected to Read = Transfer of specific bequest to the Spaulding Club Association, a related 501(C)(7) Social Club.

AMENDED RETURN SCHEDULES AND LINE ITEM CHANGES

Amended Return is being filed to included transactions from our Liberty Bank Building Fund Account xxx 7601 that was inadvertantly left off the original return; the change in the Fair Market Assets, and other information as listed below.

Item D: Corrected Employer Identification Number from 37-0369005 to 37-0369055; due to typing error.

Item I Website. Added website www.altonkc.org

Item J: Changed Tax-Exempt Status from a Section 501(c)(3) to Tax-Exempt Status 501(c)(8); see attached IRS Letter dated March 13, 1974

Item K: Added the Form of Organization to an Association.

Item L. Added amount for gross receipts of $65,816

Part I Line 4 Corrected from $536 to $6,951

Part I Line 6a: Corrected from $7,556 to $26,291

Part I Line 6c. Corrected from $25,886 to $44,622

Part I Line 6d: Corrected from $3,441 to $3,440

Part I Line 9 Corrected from $14,549 to $20,964

Part I Line 10: Corrected from $3,280 to $19,291

Part I Line 16: Corrected from $2,934 to $2,935

Part I Line 18: Corrected from $736 to $(10,333)

Part I Line 20. Corrected from $-0- to $(8,746)

Part II Line 22, 25, 27: Corrected from $256,786 to $236,971

Part III Line 28 - Corrected to Read = I.D. Drive raises funds to assist Intellectualy Disable individuals in our community through organizations such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055

AMENDED RETURN SCHEDULES AND LINE ITEM CHANGES (CONTINUED)

Part IV: Corrected Items (a), (b), (d) and (e)

Part VI: Corrected Questions 47, 48, 49, and 49b. Not required since we are a Section 501(c)(8) organization; not a 501(c)(3)

Schedule G - Part II. Added Fundraising Events information

Schedule G - Part III. Added Gaming information

Schedule O - Supplemental Information to Form 990-EZ: Added Schedule O with required information; removed Federal Statements 2013