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EXTENTION GRANTED TO 08/15/14

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)

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ 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.**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 COUNCIL #664**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

795 FOND DU LAC AVE

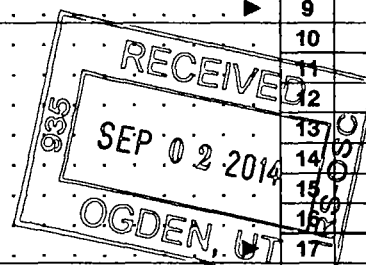
City or town, state or province, country, and ZIP or foreign postal code

FOND DU LAC, WI 54935-6408**D** Employer identification number**39-0399846****E** Telephone number**920-907-6533****F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **N/A****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 ▶ \$

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	4,714
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	20,807
	4	Investment income	4	2
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,422
	6b	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	54,490
6c	Less: direct expenses from gaming and fundraising events	6c	42,677	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	14,235	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	1,034	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	40,792	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	16,953
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,400
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,013
	16	Other expenses (describe in Schedule O)	16	13,183
	17	Total expenses. Add lines 10 through 16 ▶	17	33,549
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,243
	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	14,900
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	22,143



SCANNED SEP 19 2014

For Paperwork Reduction Act Notice, see the separate instructions.

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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	20,854	22 23,878
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	20,854	25 23,878
26 Total liabilities (describe in Schedule O)	5,954	26 1,735
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,900	27 22,143

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? **SEE SCHEDULE O**

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 POLICE AND FIREFIGHTER SUPPORT: D.A.R.E. PROGRAMS, SHOP WITH A COP, K-9 UNITS, FIRE PREVENTION PROGRAMS		
(Grants \$ 1,500) If this amount includes foreign grants, check here ☐	28a	
29 COMMUNITY SUPPORT: VARIOUS CHARITABLE ORGANIZATIONS LOCATED PRIMARILY IN THE FOND DU LAC, WISCONSIN AREA		
(Grants \$ 4,547) If this amount includes foreign grants, check here ☐	29a	
30 RELIGIOUS EDUCATION: PROGRAMS AT VARIOUS PARISHES AND SCHOOLS LOCATED IN FOND DU LAC COUNTY		
(Grants \$ 7,035) 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
CHRIS MADSEN				
GRAND KNIGHT	10	0	0	0
STEVE MICHELS				
FINANCIAL SECRETARY	10	2,400	0	0
GREG BRUNETTE				
TREASURER	4	0	0	0
TERRY MEULEMANS				
TRUSTEE	1	0	0	0
GERALD KAISER				
TRUSTEE	1	0	0	0
MICHAEL CRAZE				
TRUSTEE	1	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 0		
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 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>		
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		<u>N/A</u>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		<u>N/A</u>
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 ► NONE		
42a The organization's books are in care of ► GREG BRUNETTE, TREASURER Telephone no. ► 920-907-6533 Located at ► 795 FOND DU LAC AVENUE, FOND DU LAC, WI ZIP + 4 ► 54935		
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	☐
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	

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

	Yes	No
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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 ▶  Date **8/14/14**
 ▶ **GREGORY J BRUNETTE, TREASURER**
 ▶ 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 ▶ SELF PREPARED	Firm's EIN ▶		Phone no	
Firm's address ▶				

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

KNIGHTS OF COLUMBUS, COUNCIL #664

39-0399846

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 | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 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?		(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			
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	(b) Event #2	(c) Other events	(d) Total events
		CLUB HOUSE (event type)	OUTSIDE CLUB HSE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	27,520	28,181		55,701
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	27,520	28,181		55,701
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,953	17,724		42,677
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				42,677
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				13,024	

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			2,422	2,422
Direct Expenses	2 Cash prizes			1,211	1,211
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				1,211
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1,211

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

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 | % |
| 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 ▶ _____

Address ▶ _____

- 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ 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 ▶ \$ _____

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).

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 COUNCIL #664

Employer identification number

39-0399846

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

INTEREST INCOME **AMOUNT \$2**

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

NEWS LETTER AD REVENUE, MISCELLANEOUS **AMOUNT \$1,034**

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT

GRANTEE NAME: BROKEN BREAD FOOD PANTRY

GRANTEE ADDRESS: 51 WEST DIVISION FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: \$1,539

ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT

GRANTEE NAME: CYSTIC FIBROSIS FOUNDATION

GRANTEE ADDRESS: 20875 CROSSROADS CIRCLE SUITE 350 WAUKESHA, WI 53186

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 4/26/13

AMOUNT GIVEN: \$500

ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT

GRANTEE NAME: SALVATION ARMY

GRANTEE ADDRESS: 237 N MACY FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS COUNCIL #664**39-0399846****AMOUNT GIVEN: \$200****ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT****GRANTEE NAME: SOLUTIONS CENTER****GRANTEE ADDRESS: 114 E 2ND FOND DU LAC, WI 54935****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: 9/10/13****AMOUNT GIVEN: \$150****ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT****GRANTEE NAME: NEW BEGINNINGS****GRANTEE ADDRESS: 365 E DIVISION FOND DU LAC, WI 54935****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: VARIOUS****AMOUNT GIVEN: \$250****ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT****GRANTEE NAME: UNITED FOR DIVERSITY****GRANTEE ADDRESS: FOND DU LAC, WI 54935****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: 1/8/13****AMOUNT GIVEN: \$100****ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT****GRANTEE NAME: JUNIOR LEDGER BASKETBALL CLUB****GRANTEE ADDRESS: C/O DAN HINTZE 130 SOUTH MAIN FOND DU LAC, WI 54935****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: 12/10/13 AMOUNT GIVEN: \$400**

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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Inspection**

Name of the organization

KNIGHTS OF COLUMBUS COUNCIL #664

Employer identification number

39-0399846

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS, CONTINUED:

ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT

GRANTEE NAME: VARIOUS COMMUNITY ORGANIZATIONS

GRANTEE ADDRESS: VARIOUS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: \$1,408

ACTIVITY CLASSIFICATION: HEALTHCARE

GRANTEE NAME: AGNESIAN HEALTHCARE FOUNDATION

GRANTEE ADDRESS: 430 E DIVISION FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/10/13

AMOUNT GIVEN: \$100

ACTIVITY CLASSIFICATION: HEALTHCARE

GRANTEE NAME: AMERICAN CANCER SOCIETY - RELAY FOR LIFE

GRANTEE ADDRESS: FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/10/13

AMOUNT GIVEN: \$100

ACTIVITY CLASSIFICATION: MENTAL DISABILITIES

GRANTEE NAME: SPECIAL PEOPLE EVENT

GRANTEE ADDRESS: VARIOUS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS COUNCIL #664

39-0399846

AMOUNT GIVEN: \$2,150

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: FOND DU LAC COUNTY, CITY OF FOND DU LAC, VILLAGE OF NORTH FOND DU LAC D.A.R.E. PROGRAMS

GRANTEE ADDRESS: VARIOUS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: \$550

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: FOND DU LAC COUNTY SHERIFF SHOP WITH A COP PROGRAM

GRANTEE ADDRESS: 180 S MACY, FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/10/13

AMOUNT GIVEN: \$100

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: FOND DU LAC COUNTY SHERIFF AND CITY OF FOND DU LAC POLICE K-9 UNITS

GRANTEE ADDRESS: VARIOUS

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 3/24/13

AMOUNT GIVEN: \$600

ACTIVITY CLASSIFICATION: POLICE & FIRE FIGHTER SUPPORT

GRANTEE NAME: CITY OF FOND DU LAC FIRE DEPARTMENT JUVENILE FIRE PREVENTION PROGRAM

GRANTEE ADDRESS: 815 S MAIN FOND DU LAC, WI 54935

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/10/13 AMOUNT GIVEN: \$250

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 COUNCIL #664

Employer identification number

39-0399846

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS, CONTINUED:

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: ST. LAWRENCE SEMINARY

GRANTEE ADDRESS: 301 CHURCH STREET MT CALVARY, WI 53057

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: \$85

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: ARCHBISHOP FULTON SHEEN FOUNDATION

GRANTEE ADDRESS: 419 NE MADISON AVE PEORIA, IL 61603

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/10/13

AMOUNT GIVEN: \$250

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: ST MARY'S SPRINGS ACADEMY

GRANTEE ADDRESS: 255 COUNTY ROAD K FOND DU LAC, WI 54937

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: \$3,000

ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION

GRANTEE NAME: SHEPARD OF THE HILLS CATHOLIC SCHOOL

GRANTEE ADDRESS: W1562 COUNTY ROAD B EDEN, WI 53010

PROPERTY DESCRIPTION: CASH DONATION

DATE OF GIFT: 12/27/13

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS COUNCIL #664**39-0399846****AMOUNT GIVEN: \$150****ACTIVITY CLASSIFICATION: RELIGIOUS EDUCATION****GRANTEE NAME: PARISH RELIGIOUS EDUCATION PROGRAMS - MULTIPLE PARISHES****GRANTEE ADDRESS: VARIOUS PARISHES LOCATED IN FOND DU LAC COUNTY****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: VARIOUS****AMOUNT GIVEN: \$3,550****ACTIVITY CLASSIFICATION: RELIGIOUS ORDERS****GRANTEE NAME: SISTERS, CHAPLIN, SEMINARIAN & DEACONATE SUPPORT****GRANTEE ADDRESS: VARIOUS LOCATIONS IN WISCONSIN****PROPERTY DESCRIPTION: CASH DONATION****DATE OF GIFT: VARIOUS****AMOUNT GIVEN: \$1,521****FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:****DESCRIPTION OF OTHER EXPENSES:****ADVERTISING \$379****MEETING COSTS \$976****CONVENTION COSTS \$598****ATHLETIC ACTIVITIES \$795****YOUTH ACTIVITIES \$281****PAYROLL TAXES \$372****PER CAPITA DUES ASSESSMENT \$8,779****MEMORIALS \$660****FEES \$25****SUPPLIES \$318****TOTAL OTHER EXPENSES \$13,183**

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.

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KNIGHTS OF COLUMBUS COUNCIL #664

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FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
COUNCIL ACTIVITIES	\$5,696	\$1,896
PAYROLL TAXES (CREDIT)	258	(161)
TOTAL TO FORM 990-EZ, LINE 26	\$5,954	\$1,735

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THIS ORGANIZATION IS ORGANIZED AS A FRATERNAL BENEFICIARY COUNCIL

TO BENEFIT ITS MEMBERS AND TO PROVIDE CHARITABLE CONTRIBUTIONS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY

OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR,

RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION

DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.