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## Return of Organization Exempt From Income Tax

2013

Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment 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](http://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 5453 Boone County

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

5890 Veterans Way

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

Burlington, KY 41005

D Employer identification number

61-0989004

E Telephone number

859-653-2016

F Group Exemption

Number ►

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one)  501(c)(3)  501(c)( )  (insn no)  4947(a)(1) or  527K 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. ► \$ 82,703

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
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 4,963
	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
Expenses	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 77,740
	c Less direct expenses from gaming and fundraising events . . . . .	6c 18,406
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 59,334
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9 64,297
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 66,071
Net Assets	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 14,540
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16
	17 Total expenses. Add lines 10 through 16 . . . . .	17 80,611
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 (16,314)
	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) . . . . .	19 111,935
	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 95,621

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2013)

**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	99,368	22	87,624
23	Land and buildings . . . . .			23	
24	Other assets (describe in Schedule O) . . . . .		12,567	24	7,997
25	<b>Total assets</b> . . . . .		111,935	25	95,621
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .			26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		111,935	27	95,621

**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? Educational & Charitable Projects

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 St. Henry School academic scholarships provided for one new and three renewable scholarships. Scholarships are rewarded by economic & financial need.Students must provide GPA, parish and community service.(Grants \$ 4,000 ) If this amount includes foreign grants, check here . . . . . ►  28a 4,00029 Grants to 4 youth groups to be used for educational purposes.(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  29a 6,28130 Grants to church & community groups to be used for charitable purposes.(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  30a 55,790

31 Other program services (describe in Schedule O) . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  31a32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 66,071**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
Mike Madden				
President	0	0	0	0
David White				
Secretary	0	0	0	0
G. Keith Cahill				
Treasurer	5	0	0	0
Eric Ritchie				
Vice-President	0	0	0	0
Dennis Longwell				
Director	0	0	0	0
Ray Rechtin				
Director	0	0	0	0
Dean Adams				
Director	0	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**

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 . . . . .

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) . . . . .

35 a 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)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

37 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? . . . . .

38 a 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? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40 a 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 . . . . .

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 . . . . .

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The organization's books are in care of ► **Keith Cahill** Telephone no. ► **859-653-2016**  
Located at **5890 Veterans Way, Burlington, KY** ZIP + 4 ► **41005**

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 the U.S.? . . . . .  
If "Yes," enter the name of the foreign country ► \_\_\_\_\_

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**

44 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? If "No," provide an explanation in Schedule O . . . . .

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45 b 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). . . . .

	Yes	No
33		x
34		x
35a		x
35b		x
35c		x
36		
37a		
37b		x
38a		x
38b		
39a		
39b		
40a		
40b		x
40c		
40d		
40e		x

	Yes	No
42b		x
42c		x

	Yes	No
44a		x
44b		x
44c		x
44d		
45a		x
45b		x

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 . . . . .  Yes  No

48 

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  Yes  No

49a 

b If "Yes," was the related organization a section 527 organization? . . . . .  Yes  No

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
None				

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
None		

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	► <i>S. Keathley</i>	Date <i>6/23/14</i>
	► <i>S. Keathley</i>	Type or print name and title <i>Treasurer</i>

Paid Preparer Use Only	Print/Type preparer's name <i>Nancy Keathley</i>	Preparer's signature <i>Nancy Keathley</i>	Date <i>6/9/14</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P01013009</i>
	Firm's name ► <i>NANCY KEATHLEY PLLC</i>	Firm's EIN ► <i>27-3774957</i>			
	Firm's address ► <i>P.O. Box 17346</i>	Phone no			
	Ft. Mitchell, KY 41017	859-331-9400			

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



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	57,549	64,950	72,569	69,775	77,740	342,583
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	57,549	64,950	72,569	69,775	77,740	342,583
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						342,583

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6. . . . .	57,549	64,950	72,569	69,775	77,740	342,583
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	7,654	5,255	8,094	6,524	4,963	32,490
c Add lines 10a and 10b . . . . .	7,654	5,255	8,094	6,524	4,963	32,490
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .	65,203	70,205	80,663	76,299	82,703	375,073
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	91.3377 %
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	90.8354 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	8.6623 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	9.1646 %
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

MAZ

**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>Donut Sales</b> (event type)	(b) Event #2 <b>Fish Fry</b> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	69,868	7,611		77,479
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	69,868	7,611		77,479
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	17,913	386		18,299
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				18,299
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				59,180

**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 . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain \_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

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

► 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Knights of Columbus 5453 Boone County

Employer identification number

61-0989004

Form 990, Part II - Line 24 (Other Assets)

Equipment (77,634) less Accumulated Depreciation (69,637) equals a net of 7997