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Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, 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.A For the 2013 calendar year, or tax year beginning JULY 1, 2013, and ending JUNE 30, 2014

B Check if applicable:

- Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

KNIGHTS OF COLUMBUS - LORAS COUNCIL #532

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

PO BOX 2672

D Employer identification number

42-0349980

E Telephone number

563-940-0796

F Group Exemption
Number ►

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

DAVENPORT IA 52809

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.KOFC.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) (insert no.) 4947(a)(1) or 527H 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

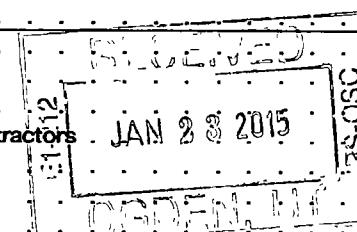
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 81736

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 □

1	Contributions, gifts, grants, and similar amounts received	1	62016
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	14127
4	Investment income	4	231
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	
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	5361
c	Less: direct expenses from gaming and fundraising events	6c	3921
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1440
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	77815
10	Grants and similar amounts paid (list in Schedule O)	10	42631
11	Benefits paid to or for members	11	22849
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1862
14	Occupancy, rent, utilities, and maintenance	14	5572
15	Printing, publications, postage, and shipping	15	2935
16	Other expenses (describe in Schedule O)	16	6884
17	Total expenses. Add lines 10 through 16	17	82733
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4918
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	103134
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	98216



For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 106421

Form 990-EZ (2013)

SCANNED FEB 05 2015

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	103133	22
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	103133	25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103133	27
		98215

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? SUPPORT OF COMMUNITY CATHOLIC ORGANIZATIONS

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.

28 TOOTSIE ROLL DRIVE. SUPPORT OF PERSON WITH INTELLECTUAL DISABILITIES		
(Grants \$ 39215) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29 OTHER CATHOLIC ACTIVITIES		
(Grants \$ 3500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a
30		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		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
DAVID CHANEZ				
GRAND KNIGHTS	1.00			
GREG SKAHILL				
DEPUTY GRAND KNIGHTS	1.00			
LORNE MAYER				
TREASURER	1.00			
GENE DONNA				
TREASURER	1.00			
DAMON FRISON				
FINANCIAL SECRETARY	5.00			
LEAON DAHL				
TRUSTEE	1.00			
MIKE GALLAGHER				
TRUSTEE	1.00			
DAVID KONRADY				
TRUSTEE	1.00			

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 33 Yes No
- 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 Yes No
- 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 Yes No
- 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 36 Yes No
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37a Yes No
- b Did the organization file Form 1120-POL for this year?
- 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 Yes No
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No
- 39 Section 501(c)(7) organizations. Enter:
- a Initiation fees and capital contributions included on line 9 39a Yes No
- b Gross receipts, included on line 9, for public use of club facilities 39b Yes No
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40a Yes No
- 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 Yes No
- 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 40c Yes No
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d Yes No
- 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 Yes No
- 41 List the states with which a copy of this return is filed ► NONE
- 42a The organization's books are in care of ► DAMON FRISON Telephone no. ► 563-940-0796
Located at ► PO BOX 2672 DAVENPORT IA ZIP + 4 ► 52809-2672 42a 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 Yes No
- 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 Yes No
- 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 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 Yes No
- 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 Yes No
- c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No
- 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 Yes No
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No
- 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."		

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

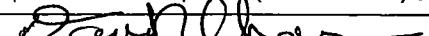
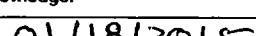
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

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	 Signature of officer		 Date	
	 DAVID R. CHANEZ, GRAND KNIGHT			
	 Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	
			Date	
			 Check <input type="checkbox"/> if self-employed	
 Firm's name			 Firm's EIN	
 Firm's address			 Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public
Inspection

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.

Name of the organization

KNIGHTS OF COLUMBUS LORAS COUNCIL #532

Employer identification number

42-0349980

LINE 10

VARIOUS ORGANIZATIONS SUPPORTING PERSONS WITH INTELLECTUAL DISABILITIES - CASH AWARDS OF \$39,216

VARIOUS OTHER CATHOLIC ORGANIZATION VARIOUS OTHER AWARDS AND AMOUNTS - CASH AWARDS OF \$3,500 OR SO

LINE 16

TAXES - \$5,200

OTHER EXPENSES - \$1,700