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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

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		July 1	, 2013, and ending	June 30	, 2014
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Mississippi State Council Knights of Columbus Number and street (or P O box, if mail is not delivered to street address) 927 Whitworth Street City or town, state or province, country, and ZIP or foreign postal code Jackson, MS 39203-2744		64-0664255 E Telephone number 601-624-3036	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				F Group Exemption Number ► 0188	
I Website: ► www.kofc-ms.org				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
J Tax-exempt status (check only one): <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ▲ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Fraternal Organization					
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.				► \$	163,111
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 <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	143,439
	2 Program service revenue including government fees and contracts			2	
	3 Membership dues and assessments			3	9760
	4 Investment income			4	
	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			
c Less: direct expenses from gaming and fundraising events		6c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d			
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	9912	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	163,111	
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	91,467
	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	1064
	14 Occupancy, rent, utilities, and maintenance			14	
	15 Printing, publications, postage, and shipping			15	192
	16 Other expenses (describe in Schedule O)			16	54,490
17 Total expenses. Add lines 10 through 16			17	147,213	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	15,898
	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	48,371
	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	64,269

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	48,371	22 64,269
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	48,371	25 64,269
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,371	27 64,269

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? Catholic Men's Fraternal, Family & Charitable 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.)

persons benefited, and other relevant information for each program title.		
28	Donated funds to support Biloxi Catholic Diocese and Jackson Catholic Diocese seminarian education	
(Grants \$ 82,841) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29	Donated funds to support Biloxi Catholic Diocese and Jackson Catholic Diocese Pro-Life efforts	
(Grants \$ 8,622) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a
30	State Officers and program chairmen assisted local councils with charitable programs, (i.e. Membership drives, Special Olympics, Pro-Life activities, and seminarian education support)	
(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)	

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

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)

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)?

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

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?

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?

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

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 ► _____

42a The organization's books are in care of ► Philip Jabour Telephone no. ► 601-992-9359
Located at ► P O Box 5489, Brandon, MS ZIP + 4 ► 39047-5489

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**

44a 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

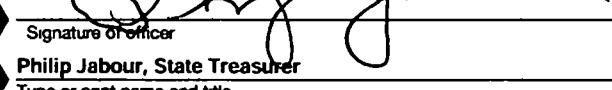
c Did the organization receive any payments for indoor tanning services during the year?

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

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

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)

	Yes	No
33		✓
34		✓
35a		✓
35b		✓
35c		✓
36		✓
37b		✓
38a		✓
38b		
39a		
39b		
40b		✓
40e		✓
42b		✓
42c		✓
43		
44a		✓
44b		✓
44c		✓
44d		✓
45a		✓
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		46	Yes	No
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 <input type="checkbox"/>				
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	Yes	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	Yes	No
49a Did the organization make any transfers to an exempt non-charitable related organization?		49a	Yes	No
b If "Yes," was the related organization a section 527 organization?		49b	Yes	No
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 ► <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>10/30/2014</u>			
► Signature of officer Philip Jabour, State Treasurer 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 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 ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

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► 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

Employer identification number

Mississippi State Council Knights of Columbus

64-0664255

8. Car Tag receipts from the State of Miss. and miscellaneous income

10. Bishop Gerow Fund for the education of future Priest in the Jackson and Biloxi Diocese \$78,706; Prolife fund for the Jackson and Biloxi

Catholic Diocese \$9672; Misc. other Donations \$3,089

13. Payment to CPA for annual audit

16. Convention Expenses, Bank Charges, travel and program expenses, etc.

Name of the organization

Employer identification number