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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 7-1 , 2013, and ending 6-30 , 2014

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

C Name of organization
KNIGHTS OF COLUMBUS, 7528 COUNCIL

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
P O BOX 24763

City or town, state or province, country, and ZIP or foreign postal code
FEDERAL WAY, WA 98093-1763

D Employer identification number
91-1110958

E Telephone number
206-391-8008

F Group Exemption Number ► 0188

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

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

I **Website:** ►

J **Tax-exempt status** (check only one) – ☐ 501(c)(3) ☒ 501(c) (8) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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	2771
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	5059
	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	47598	
	c	Less: direct expenses from gaming and fundraising events	6c	25799	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	21799
	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	29629
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25075
	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	
	15	Printing, publications, postage, and shipping		15	452
	16	Other expenses (describe in Schedule O)		16	5602
	17	**Total expenses.** Add lines 10 through 16 ►		17	31129
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(1500)
	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	9366
	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	7866

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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	9366	22	7866
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	9366	25	7866
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	9366	27	7866

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 . . ☐

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

What is the organization's primary exempt purpose?

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 SUPPORT OF ST. VINCENT DE PAUL CATHOLIC PARISH

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

29 GENERATE MONIES TO SUPPORT PARISH AND COMMUNITY PROJESTS

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

30 SUPPORT COUNCIL MEMBERS AND THEIR FAMILIES

(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
	SEE	ATTACHED		

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		X
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		X
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		X
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		X
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		X
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		X
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		X
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		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ TIM PHILOMENO Telephone no. ▶ 206-391-8008 Located at ▶ PO BOX 24763, FEDERAL WAY, WA ZIP + 4 ▶ 98093-1763			
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		X
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		X
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		X
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		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
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		X

		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	X

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

▶ Signature of officer — Date: 10/28/14

▶ Type or print name and title: Timothy H Philomeno Financial Secretary

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

Page 1, Line 6, Special Events and Activities

Name	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income (Loss)
Crab Dinner	31,574	-	31,574	16,297	15,277
Lenten Fish Fryes	14,657	-	14,657	7,676	6,981
Anniversary Dinner	836	-	836	1,452	(616)
Mother's Day Breakfast	531	-	531	374	157
Totals	47,598	-	47,598	25,799	21,799

Page 1, Line 10, Grants and Similar Amounts Paid

Class of Activity	Name & Address of Grantee	Amount Paid
Summer Outreach Project for Youth	Mission Trek - ST Vincent de Paul Parish 30525 8th Ave. S., Federal Way, WA 98003	2,100
Mothers Support Group	Mothers & Others - St Vincent de Paul 30525 - 8th Ave. S., Federal Way, WA 98003	100
Support, Supplies & Advertising	Knights of Columbus - Washington State Council, 386 McNary Ridge Road, Burbank, WA 99323	4,170
Support, Supplies & Advertising	Knights of Columbus - Supreme Council, 1 Columbus Plaza, New Haven, CT 06510-3326	1,373
Abortion Support	Project Rachel - Catholic Community Services, 1229 W Smith, Kent, WA 98035	500
Scholarships	Kennedy High School, 140th S, 140th St, Burien, WA 98168	1,500
	Bellarmine High School, 2300 S Washington St., Tacoma, WA	500
Financial Assistance	Seminarian Support, 5 Young Men	
	Micheal Sztajno, 1 Abbey Dr., St Benedict, OR 97373	500
	Nicholas Par, 320 Middlefield Road, Menlo Park, CA 94025-3563	500
	Anh Tran, 1 Abbey Dr., St Benedict, OR 97373	500
	Peter Guthrie, 429 E Sharp Ave., Spokane, WA 99202	500
	Dean Mbuzi, 320 Middlefield Road, Menlo Park, CA 94025-3563	500
Food & Lodging for the Homeless	St. Vincent de Paul Society, 30525 - 8th Ave S., Federal Way, WA 98003	3,500
Outreach Support	Federal Way Outreach Ministries, PO Box 23267, Federal Way, WA 98093	1,332
Parish Support	St. Vincent de Paul Parish, 30525 8th Ave S., Federal Wy, WA	7,500
	Total	25,075

Page 1, Line 16, Other Expenses

Catholic Advertising	277
Council Welfare	1,983
Council Supplies	817
Exemplification Fund	35
Conferences	2,490
Total	5,602

Part IV, List of Officers, Directors, Trustees and Key Employees

Names and Addresses	Titles and Average hours per Week Devoted to Position	Compensation	Contributions to Employee Benefit Plans & Deferred Comp	Expense acct & Other Allowances
Anthony Robinson, 1245 SW 304th St , Federal Way, WA 98023	Grand Knight 8 Hours	0	0	0
Tim Philomeno, PO Box 24763, Federal Way, WA 98023	Financial Secretary 12 Hours	0	0	0
Craig C Patrick, 601 S 316th Pl , Federal Way, WA 98003	Trustee 1 Hour	0	0	0
Joseph Wolleat, 7506 191st Ave E, Bonney Lake, WA 98391	Trustee 1 Hour	0	0	0
Cary Wright, 31903 113th Pl SE, Auburn, WA 98092	Trustee 1 Hour	0	0	0