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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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

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 and its instructions is at www.irs.gov/form990.

<u> </u>	For the	e 2014 cale	ndar year, or tax year beginning Jan 1 , 2014, and ending	Dec 31	, 20 14				
В	Check if	f applicable	C Name of organization KNIGHTS OF COLUMBUS COUNCIL 2269	D Employ	yer identification number				
	Address	change	Doing business as	23-7106837					
	Name c	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number				
$\overline{\Box}$	Initial re	•	202 WEST THIRD STREET						
$\vec{\Box}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code						
H		ed return	O'FALLON, MO 63366-1613	G Gross	receipts \$				
$\overline{\Box}$					r subordinates? Yes V No				
_	Дриса	don pending			es included? Yes No				
_	Tay ava				a list (see instructions)				
÷	Website	mpt status	301(c)(3) 1301(c) (3) 1 (most in) 13 4347 (2)(1) 6. 13 4347	up exemptio					
<u>у</u> К									
	art I	Summ		Z I IM State	e of legal domicile MO				
	_			N D AND D	DOMINI CATE THE FOUR				
•	1	-	escribe the organization's mission or most significant activities: WE SHALL UPHO						
Governance			ES OF OUR ORDER: CHARITY, UNITY, FRATERNITY AND PATRIOTISM, PROMOTE THE						
Ē	_		AND DISTRESSED, MENTALLY & PHYSICALLY CHALLENGED, VOCATIONS, CATHO						
Š	2		is box \rightarrow I if the organization discontinued its operations or disposed of more the	1 .					
	3		of voting members of the governing body (Part VI, line 1a)	. 3	N/A				
ග	4		of independent voting members of the governing body (Part VI, line 1b)	. 4	0				
Activities	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)	. 5	0				
# ≩	6	Total nur	nber of volunteers (estimate if necessary)	. 6	340				
-	7a	Total unr	elated business revenue from Part VIII, column (Chaire VED)	. <u>7a</u>	0				
∍	b	Net unrel	ated business taxable income from Form-990-1, line 34	. 7b	0				
<u></u>			RI APR 0 0 2015 Pror	Year	Current Year				
٠	8	Contribu	tions and grants (Part VIII, line 1h)	8,805.	11,917.				
	9	Program	service revenue (Part VIII, line 2g)	0.	0.				
	10	Investme	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 1 and 100 DEN, UT	9,198.	. 23,692				
M. Revenue	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	100,354.	40,368.				
2	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	118,357.	75,977.				
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	20,329.	18,392.				
Ø.J.,	14		paid to or for members (Part IX, column (A), line 4)	0.	0.				
w	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	0.					
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	0.	†				
þer	Ь		draising expenses (Part IX, column (D), line 25) ▶ 0.		† 				
Щ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,157.	12,024.				
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	34,486	31,312.				
	19		less expenses. Subtract line 18 from line 12	83.871					
- s		110401100	Beginning of						
Assets or Balances	20	Total acc	ets (Part X, line 16)	1,041,480	 				
Sala	21		ilities (Part X, line 26)		T = -				
Fet /	22			0.					
_			ts or fund balances Subtract line 21 from line 20	1,041,480	1,073,118.				
_	art II			- 45- 54 -6	mulmandada and balaf A.a				
			ry, I declare that I have examined this return, including accompanying schedules and statements, and t ete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno		my knowledge and belief, it is				
				2/	The state of the s				
Sig	·n	Sign	ature of officer	Date	<i></i>				
_		Jy		2 -	00-15				
He	re	7	Tracy R. Hakenewerth - Grand Knight		25.12				
_		<u> </u>	pe preparer's name Preparer's signature Date		PTIN				
Pa	id	Frintry	pe preparer's name Preparer's signature Date	Check	□ "				
Pr	epare	er		self-err	pioyea				
Us	e On			irm's EIN ▶					
	11			Phone no					
Ma	y the II	HS discus	s this return with the preparer shown above? (see instructions)		∐ Yes ∐ No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

	- (
Part		ervice Accomplishments ains a response or note to a	any lina in this Part III		'n
1	Briefly describe the organization		ary line in this rait in	· · · · · · · · · · · · · · · · · · ·	· · · · L

2	Did the organization undertake a prior Form 990 or 990-EZ?	iny significant program servic	ces during the year whic	h were not listed on the	TYes (7)No
	If "Yes," describe these new sen				1100 1110
3	Did the organization cease conservices?				7w [7]N-
	If "Yes," describe these changes				J tes [⊻] No
4	Describe the organization's prog	iram service accomplishmen			
	expenses. Section 501(c)(3) and the total expenses, and revenue,			nount of grants and allocat	tions to others,
4a	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	ıncluding gra	ants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,			()	· ′
	-				
4c	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)
4d	Other program services (Describ	e in Schedule O.)			
	(Expenses \$ inc	uding grants of \$) (Revenue \$)	
4e	Total program service expenses				

-aį t	Checkist of nequired ochedules			N 1-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√ _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓ _
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		√

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	_		
	employees? If "Yes," complete Schedule J	23	ļ —	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	!	1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u></u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	00		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	<u> </u>	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	:	1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		1

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1.			,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		7
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		 •
	Statements, filed for the calendar year ending with or within the year covered by this return 1.			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	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)?	4-		/
L	\cdot	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ĺ,		}
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓
7	gifts were not tax deductible?	-00		<u> </u>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		▼
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		√ -
9_	Sponsoring organizations maintaining donor advised funds.	00		, '
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter.	- 02		,
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0.			
11	Section 501(c)(12) organizations. Enter.			i
a	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			Į l
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		_	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
_	the organization is licensed to issue qualified health plans			!
C 14a	Enter the amount of reserves on hand	14a		
14a h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		-

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ıns	tructi	"No" ońs.		
	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u>· · · · · · · · · · · · · · · · · · · </u>			
Section	on A. Governing Body and Management	—-т	V	T 112		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or			۱ ۱		
	if the governing body delegated broad authority to an executive committee or similar			1		
	committee, explain in Schedule O.			١,		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0.					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2		✓		
3 Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓		
6	Did the organization have members or stockholders?	6	<u> </u>			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a	<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1			
	stockholders, or persons other than the governing body?	7b	•			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	✓			
b	Each committee with authority to act on behalf of the governing body?	8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓		
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			١,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- ,-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		V		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100	:	,		
46	describe in Schedule O how this was done	12c		\ <u>\</u>		
13	Did the organization have a written whistleblower policy?	13		V		
14	Did the organization have a written document retention and destruction policy?	14		✓		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
		15-		7		
а	The organization's CEO, Executive Director, or top management official	15a 15b		✓		
þ	Other officers or key employees of the organization	130		+		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a	with a taxable entity during the year?	16a		1		
L .	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- iva		+*		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure			· • -		
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.		, , · , -			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and		
	financial statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >			
	PONALD CAPDINED 109 COURTEELD O'FALLON MO 63366-4393 (636) 978-7639					

Part VII	Compensation of Officers, Directors	Trustees, Key Employees	, Highest Compensated Employees,	and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization noi	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
					C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (list any hours for	요호	Пg	♀	8	육,품	7	from the	related : organizations	other compensation
	related	dre	i i i	Officer	y en	p gres	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	당교	l on	Ĭ .	Key employee	8 8		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	altr		уее	ğ				organizations
		6	Institutional trustee			Highest compensated employee				
			•			ē				
(1) TRACY HAKENEWERTH GRAND KNIGHT	ļ			١,				_		_
116 WABASH SPUR DR. O'FALLON, MO 63366				✓			-	0.	0.	0.
(2) MIKE CATALFANO DEP G KNIGHT	ļ			/				1		_
524 FOREST CREST LAKE ST LOUIS, MO 63367	-		\vdash	*	_			0.	0.	<u> </u>
(3) RONALD GARDINER FIN SECRETARY				/						
109 COURTFIELD DR O'FALLON, MO 63366		-	H	<u> </u>			-	830.	0.	0.
(4) FRED M DOERING TREASUER		l							ا ا	
19 COACHLINE DR O'FALLON, MO 63366			<u> </u>	 *	\vdash		 	0.	0.	0.
(5) DON FORBECK TRUSTEE	 -		/					0.	0.	
707 CRESTVIEW O'FALLON, MO 63366			ľ	-	-			<u> </u>	<u>U.</u>	0.
(6) ROBERT POPP TRUSTEE		1	1					0.	0.	0.
961 GREEN BRIAR DR O'FALLON, MO 63366 (7) ROBERT HUDNUT TRUSTEE			├	 				<u> </u>		<u> </u>
412 ST PATRICK DR O'FALLON, MO 63366	 	ł	1) o.	О.	0.
(8)	-	_	Ė				-		.	<u> </u>
_(0)	·	1								
(9)										
		1								
(10)										
		<u></u>								
(11)										
					L_	L				_
(12)										
		L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	ļ		
(13)		ļ								
	ļ	<u> </u>		<u> </u>	<u> </u>	<u> </u>	L_			<u> </u>
(14)		l								
		l	1	I	1	l	ı	1]	1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)]					•
	(A)	(B)	(do n			tion	than o	nne	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportabl			mated	
		hours per week (list any	office	ranc	dad	irect	or/trust	<u> </u>	compensation	compensation related	from		ount of ther	
		hours for	유급	Inst	Officer	ξey	BE E	Form	the	organizatio			ensatio	n
		related	mag ₹	it.	cer	en	hest	mer	organization	(W-2/1099-M	IISC)		m the	_
		organizations below dotted	ŏa	ona		employee	8 5	ĺ	(W-2/1099-MISC)				nizatior related	
		line)	Individual trustee or director	ŧ		/ee	ng					organ	ızatıon:	s
			8	Institutional trustee			Highest compensated employee							
						_	8	<u> </u>						
(15)		 					1	l	l		1			
-					_	<u> </u>	<u> </u>	<u> </u>						
(16)	····													
(= = \							 	┝	 					
(17)		ļ					}	1	}		ł			
(4.0)				Н			<u> </u>							
(18)							<u> </u>							
(10)		 		H		-		├-		_				
(19)		}					1		1		}			
(20)					_	_	<u> </u>	 						
(20)		 												
(21)		 		Н		-		\vdash			-+			
<u>15.17</u>									ļ					
(22)														
35.57														
(23)		<u> </u>				\vdash								
35.57									ļ					
(24)														
(25)														
]					
1b	Sub-total						-		830.		0.			0.
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0.		0.			0.
_ d_	Total (add lines 1b and 1c)	<u> </u>							830.		0.			0.
2	Total number of individuals (including but	t not limited	to th	ose	list	ted	above	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organi	zation ▶ 0												
													Yes	No
3	Did the organization list any former of							emp			nsated			
	employee on line 1a? If "Yes," complete							•			• •	3	<u> </u>	✓
4	For any individual listed on line 1a, is the													
	organization and related organizations									eaule J to	r sucn	1		١,
_										, , , , . .atlan au lad	e . Sanalanal	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization													,
	<u></u>	11 163, 0		010	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	0, 3	- Derson	<u> </u>		5		<u> </u>
<u>Sectio</u>	n B. Independent Contractors Complete this table for your five highest		ad in	100	224	ont	contr	oot.	ora that raceur	d mare the	n \$100	000 of		
•	compensation from the organization. Rep													24
	year.	on compo	···outic	,,,,	J. C.		aloi la	ر	rour criding with	0. **********	ino orgi	21112411	,,, o tt	40
	(A)							Г	(B)			(C)		
	Name and business add	ress							Description of s	ervices	c	compens	ation	
N/A				_										
						_								
								一						
									'					
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgan	ııza	tion	>		0					

Par	VIII	Statement of Revenue					_
		Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII . <u>.</u>		<u> </u>
1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b	8,438.				
s, C	С	Fundraising events 1c	1,929.				
ar Ja	d	Related organizations 1d				1	
in S,	е	Government grants (contributions) 1e				1	
i S	f	All other contributions, gifts, grants,					
후		and similar amounts not included above 1f	1,525.				
	g	Noncash contributions included in lines 1a-1f \$					
a Co	h	Total. Add lines 1a-1f	▶	11,917.			
			Business Code				
le J	2a					-	
æ	Ь				_		
<u>.</u> 2	С						
Šez	d						
Ē	l e						
Program Service Revenue	f	All other program service revenue.			_		
P	g	Total. Add lines 2a-2f	▶			·	
	3	Investment income (including divid				_	
		and other similar amounts)	▶	18,119.			
	4	Income from investment of tax-exempt b	ond proceeds ▶	6,823			
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	ь	Less rental expenses	T				
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other		-		-
		assets other than inventory St. #1 83,972					
	b	Less: cost or other basis		1			
	ŀ	and sales expenses85,222	.]				
	С	Gain or (loss) (1,250.)	<u> </u>				
	d	Net gain or (loss)	<u> </u>	(1,250.)			
une	8a	Gross income from fundraising					
Other Reve	 	events (not including \$ of contributions reported on line 1c).					
ē	1	See Part IV, line 18 a	St. #2 89,738.				
₹		Less: direct expenses b					
_		Net income or (loss) from fundraising	events >	39,327.			
	9a	Gross income from gaming activities.					
	ļ	See Part IV, line 19 a	ı <u> </u>				
	ь	Less: direct expenses b		_			
	С	Net income or (loss) from gaming act	tivities				
	10a	Gross sales of inventory, less returns and allowances a	1				
	b	Less cost of goods sold b		1			
	С	Net income or (loss) from sales of inv			<u> </u>		
		Miscellaneous Revenue	Business Code				
	11a	Misc small items	900099	1,041.			<u> </u>
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		1,041.			
	12	Total revenue. See instructions.	▶∫	36,650.	· · · · · · · · · · · · · · · · · · ·		

	0 (2014)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			ns must complete co	lumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,392.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	830.			
9	Other employee benefits				
10	Payroll taxes	63.			
11	Fees for services (non-employees):				
а	Management				
b	Legal				·
C	Accounting				
d e	Lobbying		 .		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	4042.			
14	Information technology				
15	Royalties				
16	Occupancy	6,000.			<u> </u>
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance			-	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Council Expenses	1,982.			
b					
С					
d					
е	All other expenses			ļ	
25	Total functional expenses. Add lines 1 through 24e	31,309.		 	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)			l l	

Ľ	art X				
		Check if Schedule O contains a response or note to any line in this Par	<u>tx</u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	459.	1_	4,120.
	2	Savings and temporary cash investments	1,041,021.	2	128,715.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		1	ı
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0.	11	939,047.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,041,480.	16	1,071,881.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<u>-</u>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Ě		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties [23	
	24	Unsecured notes and loans payable to unrelated third parties [24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			-
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
JC e		complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets		27	
ä	28	Temporarily restricted net assets		28	
īď	29	Permanently restricted net assets		29	
ß	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			i
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	<u> </u>
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
) t	32	Retained earnings, endowment, accumulated income, or other funds .	1,041,480.	32	1,073,118.
ž	33	Total net assets or fund balances	1,041,480.	33	1,073,118.
	34	Total liabilities and net assets/fund balances	1,041,480.	34	<u>1,073,118.</u>

	_		4 (ı
H	-aa	е	14	

Form 99	0 (2014)				· ra	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30	6,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2			3	<u>1,309.</u>
3	Revenue less expenses. Subtract line 2 from line 1	_ 3			1	1,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			1,04	<u>1,480.</u>
5	Net unrealized gains (losses) on investments	5			19	9,036.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			1,07	<u>3,118.</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· -	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					' - ر - '
b	Were the organization's financial statements audited by an independent accountant?	• . •	·	2b		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersig	חנ	_		,
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	piain	ın			·
	Schedule O.	4	-		!	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	ιοπη	11.1			
	the Single Audit Act and OMB Circular A-133?		<u> </u>	3a_		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the control of the organization did not undergo the required audit or audits?	rgo tr	ie	0 L		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.		3b	000	✓_
				Forn	n 99 0	(2014)

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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

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

KNIGHTS OF COLUMBUS COUNCIL 2269 23-7106837 PART VI - LINE 6. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN REGULAR MEMBERS PART VI - LINE 7a. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN REGULAR MEMBERS PART VI - LINE 7b. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN REGULAR MEMBERS

STMT. 1, FORM 990, PART VIII, LINE 7d 2014 NET GAIN OR (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

DESCRIPTION:

AMERICAN BEACON SMALL

DATE PURCHASED: DATE SOLD: 1/30/2014 10/24/2014

GROSS SALES PRICE:

83,972.00

COST OR OTHER BASIS:

85222.40

GAIN (LOSS)

(1250.40)

2014

NET INCOME (LOSS) FROM FUNDRAISING EVENTS

			NET
	GROSS	DIRECT	INCOME
	REVENUE	EXPENSES	(LOSS)
FISH FRY DINNERS	57,239.25	38,666.78	18572.47
ANNUAL GOLF TOURN	21,368.00	8,174.43	13193.57
HOOPS MANIA	2,260.00	1,413.00	847.00
EUCHRE TOURNAMENTS	1,563.01	0.00	1563.01
RECOGNITION DINNERS			
& MISC	2,161.00	1,786.67	374.33
TOOTSIE ROLL	5,146.70	370.50	4776.20
TOTAL	89,737.96	50,411.38	39,326.58

2014

FEDERAL SUPPLEMENTAL INFORMATION

STATEMENT OF FUNCTIONAL EXPENSES (990) LINE 1 – GRANTS & ALLOCATIONS

Assumption Parish - Golf Tourn.	250.00
Assumption School - Misc	350.00
Assumption School - Scholarship	1000.00
Backstoppers	200.00
Birthright of Wentzville	100.00
Bishop Wurm Hole Sponsor	100.00
Boys and Girls Club Hole Spon.	150.00
Catholic Adv Fund	308.00
Chaplain	1000.00
Culture of Life Fund	505.00
Desmet K of C Council Council	50.00
Ft. Zumwalt North High school	100.00
IAABO Scholarship	100.00
MO State Council Memorials	225.00
Mo. Right To Life	150.00
Mo. State Council	4854.20
O'Fallon Community Fnd.	100.00
O'Fallon Fire Dist.	65.00
Our Ladies Inn	250.00
Reach Youth Ministry	200.00
RSVP Program	1000.00
Sisters-Most PB - BB Tickets	145.00
Special Olympics	50.00
Special Olympics	750.00
St Dominic High School - Christmas Tourn	150.00
St Dominic High School - Golf Tourn.	250.00
St. Barnabas Men's Club Hole Sponsor	90.00
St. Dominic - Community Involvement	750.00
St. Dominic Graduation Night	100.00
St. Dominic High School Scholarship	4000.00
St. Giana Raffle	50.00
St. Joseph-Josephville Golf Tourn.	100.00
St. Paul K of Columbus Council- Golf Tourn.	100.00
St. Theodore Dinner Auction	100.00
The Flag People (July 4th)	500.00
Tree House of St Louis	100.00
Vitae Caring Foundation	100.00
Total	18392.20