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## 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 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

## A For the 2014 calendar year, or tax year beginning

, 2014, and ending

B Check if applicable		C KNIGHTS OF COLUMBUS 1905 COUNCIL ARCHBISHOP BLENK 475 FRANKLIN AVE GRETNNA, LA 70053				D Employer identification number 23-7107911	
<input type="checkbox"/> Address change						E Telephone number (504) 368-1905	
<input type="checkbox"/> Name change						F Gross receipts \$ 674,268.	
<input type="checkbox"/> Initial return						G Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Final return/terminated						H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<input type="checkbox"/> Amended return						H(c) Group exemption number ► 0188	
<input type="checkbox"/> Application pending		F Name and address of principal officer Same As C Above				I Tax-exempt status 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) (insert no) 4947(a)(1) or 527	
J Website: ► N/A						K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation	
						M State of legal domicile LA	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	PROVIDE PECUNIARY AND MORAL SUPPORT AND COMFORT TO THE WIDOWS AND ORPHANS OF OUR MEMBERS, THE CATHOLIC CHURCH AND OUR PRIEST, SUPPORT AND DEVELOPMENT OF PROGRAMS DESIGNED TO ENHANCE THE LIVES OF OUR FELLOW CITIZENS AND YOUTH OF OUR COMMUNITY.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 13	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	4 0	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 2	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	6 0	
	6 Total number of volunteers (estimate if necessary)	7a 38,072.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b 10,909.	
	b Net unrelated business taxable income from Form 990-T, line 34		
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,400. Current Year 4,423.	
	9 Program service revenue (Part VIII, line 2g)	6,010. 4,412.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48. 6,601.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,597. 133,814.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	167,055. 149,250.	
		24,383. 15,451.	
		18,855. 10,286.	
		52,721. 86,043.	
		95,959. 111,780.	
		71,096. 37,470.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 373,695. End of Year 415,845.	
	21 Total liabilities (Part X, line 26)	1,980. 0.	
	22 Net assets or fund balances Subtract line 21 from line 20	371,715. 415,845.	

## Part II Signature Block

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 11/14/15
	► GLENN ESTEVE		Trustee
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature
	Timothy J. Legendre		Timothy J. Legendre
	Firm's name ► Timothy J. Legendre CPA		Date 11/13/15
	Firm's address ► PO Box 1916 Harvey, LA 70059-1916		Check <input checked="" type="checkbox"/> if self-employed PTIN P00306316
		Firm's EIN ► 46-2902164	
		Phone no 504-349-9192	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 05/28/14

Form 990 (2014)

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission

PROVIDE PECUNIARY AND MORAL SUPPORT AND COMFORT TO THE WIDOWS AND ORPHANS OF OUR MEMBERS, THE CATHOLIC CHURCH AND OUR PRIEST, SUPPORT AND DEVELOPMENT OF PROGRAMS DESIGNED TO ENHANCE THE LIVES OF OUR FELLOW CITIZENS AND YOUTH OF OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If 'Yes,' describe these new services on Schedule O

 Yes  No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O

 Yes  No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 3,466. including grants of \$ 15,451.) (Revenue \$ \_\_\_\_\_)

SUPPORT OF CATHOLIC CHURCH AND IT'S PRIEST ALONG WITH COMMUNITY ACTIVITES FOR THE ELDERLY, DISABLED AND YOUTH IN THE NEW ORLEANS METROPOLITAN AREA.

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**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses ► 3,466.

## Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
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	X
4 <b>Section 501(c)(3) organizations.</b> 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	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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
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	X
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	X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	X
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	11 b	X
c 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	11 c	X
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	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X
f 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	11 f	X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12 a	X
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	12 b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a	X
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	14 b	X
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	X
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	X
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	X
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	X
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	X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	

## Part IV Checklist of Required Schedules (continued)

	Yes	No
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		
36		
37		X
38		X

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Form 990 (2014)

**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 

		Yes	No
1 a	0		
1 b	0		
1 c			
2 a	2		
2 b	X		
3 a	X		
3 b	X		
4 a		X	
5 a		X	
5 b		X	
5 c			
6 a		X	
6 b			
7 a		X	
7 b			
7 c		X	
7 d			
7 e		X	
7 f		X	
7 g			
7 h			
8			
9 a			
9 b			
10 a			
10 b			
11 a			
11 b			
12 a			
12 b			
13 a			
13 b			
13 c			
14 a		X	
14 b			

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3 b If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*

4 a 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 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 (FBAR)

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6 a 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?

6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7 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?

7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7 d If 'Yes,' indicate the number of Forms 8282 filed during the year

7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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?

9 **Sponsoring organizations maintaining donor advised funds.**

9 a Did the sponsoring organization make any taxable distributions under section 4966?

9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

10 a Initiation fees and capital contributions included on Part VIII, line 12

10 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11 a Gross income from members or shareholders

11 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13 a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O

13 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

13 c Enter the amount of reserves on hand

14 a Did the organization receive any payments for indoor tanning services during the tax year?

14 b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*

**Part VII Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

1 a 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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1 a  1 b

1 b

2 b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7 a 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?

7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8 a The governing body?

8 b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1 a		
1 b		
2		X
3		X
4	X	
5	X	
6	X	
7 a		X
7 b		X
8 a	X	
8 b	X	
9	X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10 a Did the organization have local chapters, branches, or affiliates?

10 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13

12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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 a The organization's CEO, Executive Director, or top management official

15 b Other officers or key employees of the organization

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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?

	Yes	No
10 a		X
10 b		
11 a		X
11 b		
12 a		X
12 b		
12 c		
13	X	
14	X	
15 a		X
15 b		X
16 a		X
16 b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(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 interest policy, and financial statements available to the public during the tax year See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

GLENN ESTEVES 475 FRANKLIN AVE GRETNNA LA 70053 504-368-1905

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Off- icer	Institutional trustee	Officer	Key employee	Former employee highest compensated			
(1) ARTHUR NEWBY Trustee	0 0	X					0.	0.	0.
(2) TROY DENDINGER Trustee	0 0		X				0.	0.	0.
(3) GLENN ESTEVE Trustee	0 0			X			0.	0.	0.
(4) BURNIE DANJEAN GRAND KNIGHT	0 0				X		0.	0.	0.
(5) RORY CADRES DEP GRAND KNIGH	0 0					X	0.	0.	0.
(6) FRANK FALGOUST CHANCELLOR	0 0					X	0.	0.	0.
(7) RICKY VALLADARES WARDEN	0 0					X	0.	0.	0.
(8) NICHOLAS FALGOUST RECORDER	0 0					X	0.	0.	0.
(9) MICHAEL ARNOLD JR. FINANCIAL SEC	0 0					X	0.	0.	0.
(10) RICHARD MAJESTE Treasurer	0 0					X	0.	0.	0.
(11) ROBERT MAYVILLE ADVOCATE	0 0					X	0.	0.	0.
(12) GRENTON DUFRENE INSIDE GUARD	0 0					X	0.	0.	0.
(13) ROBERTT RAU OUTSIDE GUARD	0 0					X	0.	0.	0.
(14)									

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

	Yes	No
3	X	X
4	X	X
5	X	X

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a Federated campaigns</b>	<b>1 a</b>			
	<b>b Membership dues</b>	<b>1 b</b>			
	<b>c Fundraising events</b>	<b>1 c</b>			
	<b>d Related organizations</b>	<b>1 d</b>			
	<b>e Government grants (contributions)</b>	<b>1 e</b>			
	<b>f All other contributions, gifts, grants, and similar amounts not included above</b>	<b>1 f</b>	<b>4,423.</b>		
	<b>g Noncash contributions included in lines 1a-1f</b>				
	<b>h Total. Add lines 1a-1f</b>		<b>4,423.</b>		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2 a Membership Dues &amp; Assessments</b>		<b>4,412.</b>	<b>4,412.</b>	
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f All other program service revenue</b>				
	<b>g Total. Add lines 2a-2f</b>		<b>4,412.</b>		
	<b>3 Investment income (including dividends, interest and other similar amounts)</b>		<b>6,601.</b>	<b>6,601.</b>	
	<b>4 Income from investment of tax-exempt bond proceeds</b>				
	<b>5 Royalties</b>				
	<b>6 a Gross rents</b>	(i) Real	(ii) Personal		
		<b>41,969.</b>			
	<b>b Less rental expenses</b>	<b>19,293.</b>			
	<b>c Rental income or (loss)</b>	<b>22,676.</b>			
	<b>d Net rental income or (loss)</b>		<b>22,676.</b>	<b>22,676.</b>	
	<b>7 a Gross amount from sales of assets other than inventory</b>	(i) Securities	(ii) Other		
	<b>b Less cost or other basis and sales expenses</b>				
	<b>c Gain or (loss)</b>				
	<b>d Net gain or (loss)</b>				
<b>Other Revenue</b>	<b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)</b>				
	See Part IV, line 18	<b>a</b>	<b>72,384.</b>		
	<b>b Less direct expenses</b>	<b>b</b>	<b>28,452.</b>		
	<b>c Net income or (loss) from fundraising events</b>		<b>43,932.</b>		
	<b>9 a Gross income from gaming activities</b>				
	See Part IV, line 19	<b>a</b>	<b>315,169.</b>		
	<b>b Less direct expenses</b>	<b>b</b>	<b>286,035.</b>		
	<b>c Net income or (loss) from gaming activities</b>		<b>29,134.</b>	<b>-5,400.</b>	<b>34,534.</b>
	<b>10 a Gross sales of inventory, less returns and allowances</b>	<b>a</b>	<b>229,310.</b>		
	<b>b Less cost of goods sold</b>	<b>b</b>	<b>191,238.</b>		
	<b>c Net income or (loss) from sales of inventory</b>		<b>38,072.</b>		<b>38,072.</b>
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11 a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d All other revenue</b>				
	<b>e Total. Add lines 11a-11d</b>				
	<b>12 Total revenue. See instructions</b>		<b>149,250.</b>	<b>28,289.</b>	<b>38,072.</b>
					<b>34,534.</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,451.	15,451.		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	10,286.			10,286.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,407.		1,407.	
13 Office expenses	20,486.			
14 Information technology				
15 Royalties				
16 Occupancy	19,047.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,317.		2,317.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,817.		9,817.	
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)				
a <u>INCOME TAX EXPENSE</u>	13,368.		13,368.	
b <u>BUILDING RENTAL</u>	9,700.			9,700.
c <u>SECURITY SERVICES</u>	2,600.			2,600.
d <u>PLAQUES &amp; BADGES</u>	1,823.	1,823.		
e All other expenses	5,478.	1,643.	899.	1,784.
25 Total functional expenses. Add lines 1 through 24e	111,780.	18,917.	27,808.	24,370.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash – non-interest-bearing	117,208.	149,922.
	2 Savings and temporary cash investments	256,487.	265,923.
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	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	
	b Less accumulated depreciation	10b	10c
	11 Investments – publicly traded securities	11	
	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	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>373,695.</b>	<b>415,845.</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	1,980.	19
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,980.</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.</b>	<input type="checkbox"/>	
27 Unrestricted net assets	27		
28 Temporarily restricted net assets	28		
29 Permanently restricted net assets	29		
<b>Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.</b>	<input checked="" type="checkbox"/>		
30 Capital stock or trust principal, or current funds	30		
31 Paid-in or capital surplus, or land, building, or equipment fund	31		
32 Retained earnings, endowment, accumulated income, or other funds	32	415,845.	
33 Total net assets or fund balances	33	415,845.	
<b>34 Total liabilities and net assets/fund balances</b>	<b>373,695.</b>	<b>415,845.</b>	

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Form 990 (2014)

**Part XII Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	149,250.
2 Total expenses (must equal Part IX, column (A), line 25)	2	111,780.
3 Revenue less expenses Subtract line 2 from line 1	3	37,470.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	371,715.
5 Net unrealized gains (losses) on investments	5	6,660.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
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	415,845.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

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Form 990 (2014)

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

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization **KNIGHTS OF COLUMBUS  
1905 COUNCIL ARCHBISHOP BLENK** Employer identification number **23-7107911**

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Total** ► **3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

**Part II** **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>FESTIVAL INCOM</u> (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	72,384.			72,384.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	72,384.			72,384.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,452.			28,452.
	10 Direct expense summary Add lines 4 through 9 in column (d)				28,452.
	11 Net income summary Subtract line 10 from line 3, column (d)				43,932.

**Part III** **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue	311,315.		3,854.	315,169.
DIRECT EXPENSES	2 Cash prizes	225,000.			225,000.
	3 Noncash prizes				
	4 Rent/facility costs	9,700.			9,700.
	5 Other direct expenses	42,081.		9,254.	51,335.
	6 Volunteer labor	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes 0% <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				286,035.
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				29,134.

9 Enter the state(s) in which the organization conducts gaming activities LA

a Is the organization licensed to conduct gaming activities in each of these states?

b If 'No,' explain

Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	100.0 %

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party \_\_\_\_\_

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

Department of the Treasury  
Internal Revenue Service

**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.

► Attach to Form 990 or 990-EZ.

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**KNIGHTS OF COLUMBUS  
1905 COUNCIL ARCHBISHOP BLENK**

Employer identification number

**23-7107911**

**Form 990, Part VI, Line 11b - Form 990 Review Process**

No review was or will be conducted.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

No documents available to the public.