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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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Knights of Columbus #3231

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
PO Box 118

City or town, state or province, country, and ZIP or foreign postal code
Manasquan, NJ 08736

D Employer identification number
23-7142485

E Telephone number
732 245-3332

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ NA

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☑ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other Fraternal lodge of a fraternal benefit society

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 . . . ▶ $ 43,476

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	13,400
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	4,382.
	4	Investment income		4	1,631.
	5a	Gross amount from sale of assets other than inventory	5a 1,701		
	b	Less: cost or other basis and sales expenses	5b 95		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	1,606
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	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 22,362		
	c	Less: direct expenses from gaming and fundraising events	6c 3,263		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	19,099
	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	40,118
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	36,286
	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	752
	16	Other expenses (describe in Schedule O)		16	17,526
	17	**Total expenses.** Add lines 10 through 16	▶	17	54,564
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(14,446)
	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	127,238
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	941
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	113,733

12 95

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	127,238	22	113,733
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	127,238	25	113,733
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	127,238	27	113,733

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, 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 _____

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

29 _____

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

30 _____

(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
Scott Abercrombie Financial Secretary	20	0	0	0
Ralph Cabrera Treasurer	5	0	0	0
Kelan Vorbach Grand Knight	10	0	0	0
Giuseppe Garruzzo Trustee	5	0	0	0
Bernard Ricciardi Trustee	5	0	0	0
Lawrence Cunningham Trustee	5	0	0	0

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		✓
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		✓
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		✓
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		
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		✓
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		✓
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		✓
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		
41	List the states with which a copy of this return is filed ▶ **New Jersey**			
42a	The organization's books are in care of ▶ **Ralph Cabrera** Telephone no. ▶ **732 528 4569**			
	Located at ▶ **41N Tamarack Dr Brielle NJ 08730** ZIP + 4 ▶ **08730**			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✓
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		✓
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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(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 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: 4-29-2015

▶ Scott Abercrombie Financial Secretary
Type or print name and title

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

Schedule O - Line 6 (Top 3 Events)

Name of Event	Knights of Columbus #3231	Bnelle (Township) Day	NJKC Intellectual Fund - Handicap Citizens Drive
Description of Event Occasion and Frequency for Top 3 Events	Golf Outing		Attn Persons w Intellectual Disabilities Program
Gross Receipts	$ 21,154 00	$ 1,527 00	$ 8,780 55
Less Contributions in Line 1	$ (3,819 00)	$ -	$ (8,780 55)
Gross Income from Gaming in Line 6a	$ -	$ -	$ -
Gross Income From Fundraising in Line 6b	$ 17,335 00	$ 1,527 00	$ -
Less Direct Expense in Line 6c	$ (1,115 05)	$ (343 33)	$ -
Net Income or Loss in Line 6d	$ 16,219 95	$ 1,183 67	$ -

Schedule O - Line 10

Name and Address			Amount	Association
NJKC Intellectual Fund - Handicap Citizens Drive Attn: Persons w Intellectual Disabilities Program 12 College Ave Eatontown, NJ 07724	Charitable Cash Donation	$	8,780.55	NJ Knights of Columbus
St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$	2,104.98	none
St Denis School 119 Virginia Ave Manasquan, NJ 08736	Charitable Cash Donation	$	9,400.00	none
Christian Bros Academy 850 Newman Springs Road Lincroft, NJ 07738	Educational Cash Donation	$	1,500.00	none
Madonna House State Highway 35 & 1401 Seventh Ave Neptune, NJ 07753	Charitable Cash Donation	$	1,000.00	none
VA NJ Health Care System Lyons Campus Attn: Voluntary Services 151 Knoll Road Lyons, NJ 07939	Charitable Cash Donation	$	1,000.00	none
St Denis Doves Youth Group St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$	3,500.00	none
St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	$	500.00	none
Knights of Columbus, Chapter 4 attn Jon Scioscia 136 Woodland Ave Fords, NJ 08863	Charitable Cash Donation	$	7,000.00	NJ Knights of Columbus
Rev Mark Nillo 5400 Roland Ave Baltimore, MD 21210	Charitable Cash Donation	$	500.00	none
Ms Jen O'Toole Family c/o St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$	1,000.00	none
TOTAL		$	36,285.53	

SCHEDULE O - Line 20

		12/31/2013		12/31/2014
Cash, Savings and Investments	$	127,238	$	113,733
TOTAL ASSETS	$	127,238	$	113,733
TOTAL LIABILITIES		0		0
Net Change in Fund Balance: Reinvestment of Capital Gains				
CHANGE - Line 20			$	941

Schedule O: Part III 990 EZ
Statement of Purpose

The Knights of Columbus is a fraternal benefit society, recognized by the IRS as a tax-exempt organization under Section 501(c) (8) of the internal Revenue Code (IRC) In addition, pursuant to a group exemption, the IRS recognizes all subordinate councils (including Knights of Columbus #3231) in the United States as "fraternal lodge(s) "

This Council dedicates itself to help catholic men and their families, Catholic charities, people in need and the greater community in times of need and to perform and fund other charitable works

Schedule O - Line 6 shows the three top special events held by this council and Schedule O - Line 10 shows the grants and similar amounts made by this council in the tax year.