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## Form 990

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2014

Open to Public Inspection

For the 2014 calendar year, or tax year beginning 2014, and ending D Employer Identification number В C Name of organization Check if applicable Knights of Columbus #553 Santa Maria Council Address change 23-7142569 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Name change Initial return Box 1753 (574) 234-9800 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ 287,088. Amended return South Bend 46634-1753 F Name and address of principal officer H(a) Is this a group return for subordinates? XNo Application pending Yes Are all subordinates included?
If 'No,' attach a list (see instructions) Stephen Elek Jr. 20087 Roosevelt Ct. South Bend IN 46614-5026 Tax-exempt status 501(c)(3) X 501(c) ( g (insert no ) 4947(a)(1) or 527 Website: ► www.kofc553.com H(c) Group exemption number 0188 ĸ Form of organization X Corporation Association Other P L Year of formation 1901 M State of legal domicile TN Part I Bnefly describe the organization's mission or most significant activities: Charitable and fraternal Aid and assistance offered to sick, disabled, or needy members and Activities & Governance their families. Promotes social and intellectual fellowship through <u>volunteer\_activities\_supporting\_church, education, and social\_issues.</u> Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). . . . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . 5 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h). 6,029 780. Revenue 2,509. 1,967. Investment income (Part VIII, column (A), lines 3, 4, and 14/14 .2 0 2015 10 97,851. 61,813. Š 6,865. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,910. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A); line 12) 12 113,254. 80,470. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 26,362 25,330. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . . . 42,811. 40,368. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 69,173. 65,698. Revenue less expenses Subtract line 18 from line 12 . . . . . . 14,772. 44,081 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . . 927,677 932,638. 21 Total liabilities (Part X, line 26) . . . . 8,342 1,790. 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 919,335 930,848. 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 John Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check self-employed Paid Preparer Firm's name **Use Only** Firm's EIN Firm's address Phone no Yes Nο BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 05/28/14 Form 990 (2014)

Forn	n 990 (2014) Knights of Columbus #553 Santa Maria Council	23-7142569	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u>,</u> <u></u>	X
1	*Bnefly describe the organization's mission:		
	Charitable and fraternal. Aid and assistance to sick or needy	members and famili	es.
	Promotes social and intellectual fellowship through volunteer	activities supporti	ng,
	church, education, and social issues.		
2	Did the organization undertake any significant program services during the year which were not listed on the	пе рпог	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? Yes X	No
	If 'Yes,' describe these changes on Schedule O		-)
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t and revenue, if any, for each program service reported	es, as measured by expenses to others, the total expenses,	
4 a	a (Code) (Expenses \$ 2,834. including grants of \$ 2,834.		)
	Charitable and community accomplishments, grants, and allocation	ons: See attached.	
			. <u></u>
41	b (Code) (Expenses \$3, 581. including grants of \$ 3,581.	) (Revenue \$	)
	Religious and caring for seriously ill: See attached.	<del></del>	
			~ <b>-</b>
		~	
4 0	c (Code) (Expenses \$15,620. including grants of \$15,620.	) (Revenue \$	)
	Fraternal and educational. Scholarships, per attached.	<del></del>	
			<b>-</b>
40	d Other program services. (Describe in Schedule O.)		
40	d Other program services. (Describe in Schedule O.)  (Expenses \$ 2,311. including grants of \$ ) (Revenue	\$	

#### Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 Х 3 Х 4 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 . . . Х 5 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, 6 Х . . . . . . . . . . . . . Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . Q Χ 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 Х 9 10 Х 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 Х 11 a Х 11 b X 11 c X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . Χ 11 e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, and XII......... 12a Χ 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 Х 12 b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . . Χ 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 Χ Х 15 Х 16 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 Х 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 Χ 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 Х Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . 20 20 b

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Part IV Checklist of Required Schedules (continued) Yes No 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 . . . . . . Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Χ 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 Х 23 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 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 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 25b 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 Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 27 Х 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) Χ **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . . . Х 28b 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M Χ 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. Χ 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ 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 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . 35a Χ Χ 35b 36

BAA Form 990 (2014)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

38

	Check if Schedule O contains a response or note to any line in this Part V		· · · ,	. [
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	_x	
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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	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 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 ь		
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 a		Х
	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 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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 a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		Х
		7с		
	<u> </u>			Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e		X
	· ·	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.		Ì	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Χ
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	ĺ		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders	1		
	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?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.	134		
	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 Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form	1990(2014) Knights of Columbus #553 Santa Marıa Councıl 23-7142569		Р	age 6
Par	<b>t VI</b> Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below 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	7		
500	tion A. Governing Body and Management	• •	<del>· · · ·</del>	·   ^
366	tion A. Governing Body and Management	r	¥	-
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	authority to an executive committee or similar committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent			
3	officer, director, trustee, or key employee?	2		X
4	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u> </u>
	since the pnor Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 7 a	Did the organization have members or stockholders?	6 7 a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie C	ode.)	
			Yes	No
		10 a		Х
b	of '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?	10 b		
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 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12 a		Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12 b		
	·	12 c		
13		13		X
14	_ · · · · · · · · · · · · · · · · · · ·	14	Х	
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		X
b	· · · · · · · · · · · · · · · · · · ·	15 b		_ X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	- 1		
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?	16a		X - J
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?	16 b		
Sec	tion 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 501(c)(3)s only) as for public inspection. Indicate how you made these available.			
	Own website X 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 the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	John Ryal 1105 N. Saint Peter St. South Bend IN 46617 (574	4) 2	89-9	9792

Form <b>990</b> (2014) Knights of Columbus #553	Santa	a Ma	rı	- C	·0111	201	1		23-71425	69 Page <b>7</b>
Part VII   Compensation of Officers, Directo								es, Highest C		<del></del>
Independent Contractors				•		•		. •	•	
Check if Schedule O contains a response or n										<u></u>
Section A. Officers, Directors, Trustees, Ke								<del></del>		<del></del>
1 a Complete this table for all persons required to be listed organization's tax year	кероп с	qmo	ensa	ition	tor	the c	aler	ndar year ending w	ith or within the	
<ul> <li>List all of the organization's current officers, directors compensation. Enter -0- in columns (D), (E), and (F) if no columns</li> </ul>						luals	or c	organizations), rega	ardless of amount of	
<ul> <li>List all of the organization's current key employees,</li> </ul>	ıf any Se	e ins	struct	tions	for	defir	nitio	n of 'key employee		
<ul> <li>List the organization's five current highest compensa- who received reportable compensation (Box 5 of Form W-2 organization and any related organizations</li> </ul>										
• List all of the organization's <b>former</b> officers, key emp of reportable compensation from the organization and any	related o	rganı	zatio	ns.	·			, ,	·	00,000
<ul> <li>List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation</li> </ul>										
List persons in the following order individual trustees or diremployees, and former such persons	ectors, ir	stitu	tiona	l tru	stee	s, of	fice	rs, key employees,	highest compensate	ed
Check this box if neither the organization nor any relate	ed organi	zatio	n cor	mpe	nsa	ted a	ny d	current officer, direc	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours per	Average hours per us both an officer and a director/trustee)				(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Tom Labuzienski	2.00	x							•	
Trustee (2) Richard Burmeister	2.00	1.	H			-	$\vdash$	0.	0.	0.
Trustee	1.00	X						0.	0.	0.
(3) Edward Pilipow	2.00						<u> </u>		<u>~</u> .	<u>.</u>
Trustee		Х						0.	0.	0.
(4) Stephen Elek, Jr.	4.00									
Grand Knight	ļ			X				0.	0.	0.
_(5) Scott Gring	4.00			.,						
Deputy Grand Knight	1	<u> </u>		Х			_	0.	0.	0.
(6) John Ryal	4.00			х					_	_
Treasurer (7)	-	$\vdash$	$\vdash$	Λ		<u> </u>	$\vdash$	0.	0.	0.
_(7)	-					ŀ				
		1			l .	ı	1			

BAA

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(12)

(13)\_\_

(10)\_\_\_\_\_\_

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Form **990** (2014)

Part VII   Section A. Officers, Directors, Tru	(B)	<u>ney</u>	EII	ipid (C		es, a	am	a Highest Con	ipensated Emp	loyee	S (coni	inuea)
(A) Name and title	Average hours per week (list any hours for related organiza - trons below dotted line)	or direct	, unle icer a	heck ss pe	rson i	than or this Highest compensated this employee	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amor com fr org an	(F) stimated unt of oth spensation rom the anization d related anization	her on n
(15)												
(16)												
(17)												
(18)								_				
(19)												
(20)					-							
(21)	<del> </del>											
(22)										_		
(23)		1										
(24)	<del> </del>	<u> </u>										
(25)	<del> </del>			•								
1 b Sub-total		<del></del>	ــا	• •	<del></del>	• •	<b>•</b>	0.	0.			0 .
c Total from continuation sheets to Part VII, Section							•					
d Total (add lines 1b and 1c)							ive	0. d more than \$100,0	0. 000 of reportable cor	npensa	tion	0.
non the organization											Yes	No
3 Did the organization list any <b>former</b> officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	or trustee							st compensated en		. 3	-	X
For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the	ortable co	ompe	nsat	ion : 'es' i	and com	other plete	cor Sch	mpensation from nedule J for				ļ
5 Did any person listed on line 1a receive or accrue or	mpensat									5		X
for services rendered to the organization? If 'Yes,' consection B. Independent Contractors  1 Complete this table for your five highest compensate	ed indepe	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	100.000 of			X
compensation from the organization Report compensation (A)		r the	cale	nda	r yea	ar enc	ling	(B)		(	C)	
Name and business addre	SS							Description o	of services	Compe	nsatio	<u>n</u>
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nited	to th	ose	liste	ed abo	ove	) who received mo	re than			
RAA		TEEAC	3400	0510	0/4.4					Form	990 (	2014

	Check if Schedule O contains a response or note to a	any line in this Part VIII	<u></u>	<u></u>	<u></u> 🛮
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1 a Federated campaigns 1 a				
ran	<b>b</b> Membership dues 1 b 7,78	80.	1		
و ي	c Fundraising events 1 c		Į		
iffs ar A	d Related organizations 1 d				
a, G	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
E O	g Noncash contributions included in lines 1a-1f \$	<u> </u>	Ĭ		
Col	h Total. Add lines 1a-1f	·· <b>►</b> 7,780.			
- e	Business Cod				
Program Service Revenue	2a Glbault 900099	1,192.	1,192.	0.	0.
Re	b Save the Seminarians 900099	775.	775.	0.	0.
<u>e</u>	c				<u>×·</u>
eΓ	d				
S	e			<del></del>	
grai	f All other program service revenue				
ē	g Total. Add lines 2a-2f	1 067			
		1,967.	-		
	Investment income (including dividends, interest and other similar amounts)	► <u>2</u> 6,397.	26,397.	0.	0.
	4 Income from investment of tax-exempt bond proceeds .	2.0/37/1	20,351.		<del></del>
	5 Royalties	<del></del>		<del></del> _	
i	(i) Real (ii) Persona				
	6a Gross rents	<del> </del>			
	b Less: rental expenses				
	c Rental income or (loss)	<del> </del>			
	` '				
	d Net rental income or (loss)				
	/ a Gross amount from sales of				
	assets other than inventory 219,144.				
	<b>b</b> Less cost or other basis				
	and sales expenses 183,728.				
	<b>c</b> Gain or (loss) 35, 416.				
	d Net gain or (loss)	<u>▶</u> 35,416.	35,416.	0.	0.
Other Revenue	8 a Gross income from fundraising events (not including. \$				
Š	of contributions reported on line 1c)				
<u> </u>	See Part IV, line 18				
2	<b>b</b> Less direct expenses <b>b</b> 17,99		ļ	<del></del>	
δ	c Net income or (loss) from fundraising events	8,189.		0.	8,189.
	9 a Gross income from gaming activities See Part IV, line 19				
	<b>b</b> Less direct expenses b 4,9:	<u>39.                                      </u>			
	c Net income or (loss) from gaming activities	· <del>7</del> 21.	0.	0.	721.
	10 a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	. , ▶			
	Miscellaneous Revenue Business Cod	le			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions		63,780.	0.	8,910.
		00,470.	03,700.		0,910.

## 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

Do n 6b, 7	not include amounts reported on lines b, 8b, 9b, 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	25,330.			
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				
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	Other salanes and wages				
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)				
	Management				
	Legal				
_	Accounting				
_	Lobbying	-			
	Investment management fees				
•	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,565.	<u> </u>		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	17,282.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,271.			
20	Interest				
21	Payments to affiliates	14 664	·		
22 23	Insurance	14,664.			
	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	Printing & Newsletter	3,385.			
	Fraternal Activities	2,201.			
c					
d	 				<del>  </del>
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	65,698.			
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)				

Part X Balance Sheet (B) (A) End of year Beginning of year 1 1 5,663. 1,632 2 2 19,307. 40,389. 3 Pledges and grants receivable, net . . . Accounts receivable, net . . . . . 4,110. 4 0. Loans and other receivables from current and former officers, directors, 5 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 Assets 8 9 Land, buildings, and equipment cost or other basis 10 a <u>308,82</u>3 10 b 10 c 194,111 132,734 114,712. Investments - publicly traded securities . . . . 11 769,894 11 <u>771,874.</u> Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11. 13 13 Intangible assets. 14 14 Other assets See Part IV, line 11 . . . . . . . . . . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 927,677 16 932,638. 17 8,342 17 1,790 18 Grants payable . . . . . . . 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 ⊔abilitie Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties . . . . . . . 23 Unsecured notes and loans payable to unrelated third parties . . 24 24 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  $\dots$ 25 Total liabilities. Add lines 17 through 25.......... 26 790 26 8,342 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. 30 30 Assets 31 31 32 Retained earnings, endowment, accumulated income, or other funds . . . . . . . . . . . . 919,335 32 930,848. 圣 33 33 919,335 930,848. 

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34

932,638.

927,677

FOII	1990 (2014) Knights of Columbus #553 Santa Maria Council 23-	1142	569		Pa	ige 12	٠
Рa	rt XI Reconciliation of Net Assets						•
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u>	$\cdot \square$	l
1	Total revenue (must equal Part VIII, column (A), line 12)	1			30,4	170.	_
2	Total expenses (must equal Part IX, column (A), line 25)	2				598.	_
3	Revenue less expenses Subtract line 2 from line 1	3				772.	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				335.	_
5	Net unrealized gains (losses) on investments	5					•
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					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						•
	column (B))	10		9:	<u>34,1</u>	<u>107.</u>	_
<u>Pa</u>	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					. $\sqcap$	ı
					Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other						ì
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		_				I
	in Schedule O		1				1
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2 a	- 1	X	•
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						1
	s <u>ep</u> arate basis, consolidate <u>d b</u> asis, or both		i				İ
	Separate basis Consolidated basis Both consolidated and separate basis		Ì				,
	b Were the organization's financial statements audited by an independent accountant?			2 b		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						
	Separate basis Consolidated basis Both consolidated and separate basis					ļ	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	ıt,	1			1	
	review, or compilation of its financial statements and selection of an independent accountant?	• •	· ·	2 c		<b>├</b>	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				_		
3	a 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?		·  -	3 a		X	-
	b if 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a		1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1	3 b		1	

Form 990 (2014)

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### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

	Knights of Columbus #553 Sa	anta Maria Council			23-7142569	
Pai			ner Similar Fund	ds or Acc		
<u>I ai</u>	Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 6.	45 OI AGC	ounts.	
		(a) Donor advised	funds	(b) F	unds and other accou	ints
1	Total number at end of year		lanas	(0)1	unds and other accord	11113
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		-			
4	Aggregate value at end of year	·		-		
_						
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	janization's exclusive legal conf	trol?			No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or to the donor advisor, or the donor advisor.	nat grant funds can b for any other purpose	e used only e conferring	· · · Yes	No
Pai	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recr	• •		a historically	important land area	
	Protection of natural habitat	,	Preservation of a	•	•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	ontribution in the form	n of a conse	ervation easement on	the
	last day of the tax year	•				
				<u> </u>	leld at the End of the	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easeme					
•	Number of conservation easements on a certified	d historic structure included in (a	a)	2 c		
(	Number of conservation easements included in ( structure listed in the National Register	c) acquired after 8/17/06, and r	not on a historic	2 d	-	
3	Number of conservation easements modified, tratax year ▶	nsferred, released, extinguishe	d, or terminated by t	he organiza	tion during the	
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>	•			
5	Does the organization have a written policy regard and enforcement of the conservation easements					No
6	Staff and volunteer hours devoted to monitoring,					
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conserval	tion easements durin	g the year		
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requir	rements of section 17	70(h)(4)(B)(ı	<sup>)</sup>	□No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the	s conservation easements in its le organization's financial state	revenue and expen	se statemer	nt, and balance sheet	عاد الساء , and
	conservation easements			. 3	<b>g</b>	
Par	Organizations Maintaining Colle Complete if the organization answer	<b>ctions of Art, Historical</b> ered 'Yes' to Form 990, F	Treasures, or ( Part IV, line 8.	Other Sin	nilar Assets.	
1 :	If the organization elected, as permitted under Sf art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educati	on, or research in fui	ement and I rtherance of	balance sheet works of public service, provide	of de,
l	If the organization elected, as permitted under SF historical treasures, or other similar assets held following amounts relating to these items	FAS 116 (ASC 958), to report in or public exhibition, education,	n its revenue stateme or research in furthe	ent and bala rance of put	nce sheet works of an olic service, provide the	rt, ne
	(i) Revenue included in Form 990, Part VIII, line	: 1			►\$	
	(ii) Assets included in Form 990, Part X				▶\$	
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistorical treasures, or other sin 6 (ASC 958) relating to these it	nılar assets for financ ems	ciał gain, pro	ovide the following	
	Revenue included in Form 990, Part VIII, line 1.	•			▶\$	
1	Assets included in Form 990, Part X					

			a Maria Council	23-714		Page
Part III Organizations Mainta	aining Collections	s of Art, Histo	orical Treasures, c	or Other Similar Ass	ets (contir	าued)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	on, accession, and other	er records, check	any of the following that	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	ations	_				
Provide a description of the organ Part XIII	ization's collections an	d explain how the	y further the organization	on's exempt purpose in		
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or receive do an to be maintained as	nations of art, his part of the organ	torical treasures, or other	er sımılar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	al Arrangements. amount on Form 9	Complete if the Poor Part X, line	ne organization ans e 21.	swered 'Yes' to Form	990, Part	IV,
1 a Is the organization an agent, trust on Form 990, Part X2	ee, custodian, or other	intermediary for	contributions or other as	sets not included	———— Пу	
<b>b</b> If 'Yes,' explain the arrangement in				• • • • • • • • • • • • • • •	Yes	∐No
					Amount	
c Beginning balance				1с		
d Additions during the year				1d		
e Distributions during the year .				1e		
f Ending balance				1f		
2 a Did the organization include an ar	nount on Form 990, Pa	rt X, line 21, for e	scrow or custodial acco	ount liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in				· .		
Part V Endowment Funds. (	Complete if the org	anization ans	wered 'Yes' to Forn	n 990, Part IV, line 1	<del>).</del>	
	(a) Current year	(b) Prior year			(e) Four ye	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships					<del>                                     </del>	
e Other expenditures for facilities and programs						
f Administrative expenses				<del></del>		
g End of year balance					<del></del>	
2 Provide the estimated percentage	of the current year en	l I balance (line 1c	column (a)) hold as			
a Board designated or quasi-endow	•	Balance (line 19	, column (a)) nelu as			
,		<del></del> °				
b Permanent endowment	90	0				
c Temporarily restricted endowment						
The percentages in lines 2a, 2b, a	ind 2c should equal 10	0%				
3 a Are there endowment funds not in	the possession of the	organization that	are held and administer	red for the		
organization by.					Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related org					. <u> </u> 3b	
4 Describe in Part XIII the intended	uses of the organizatio	n's endowment fo	ınds			
Part VI Land, Buildings, and						
Complete if the organi	zation answered '\	es' to Form 9	90, Part IV, line 11	a. See Form 990, Pa	rt X, line 1	0.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land			·			
<b>b</b> Buildings			-			
c Leasehold improvements		308,823.		194,111.	11	4,712.
d Equipment	<b></b>	200,023.		1/3/1110		<u> </u>
e Other	<u> </u>			<del></del>		
Total. Add lines 1a through 1e. (Column		1900 Part Y notice	nn (R) line 10c \			4 710
BAA	i (a) musi equal FOIII (	200, ran A, COIUI	<u>тт (Б), ште 100.)</u>		ule <b>D</b> (Form 9	4,712.
~~ v · ·				Joned		,00j ZU 14

TEEA3302 08/25/14

Investments - Other Securities.   Complete if the organization answered	Yes' to Form 990. P	Part IV line 11b. See Form 990. F	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	
(1) Financial derivatives	1		<u> </u>
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	-		
(D)			
<u>`</u> (E)			<del> </del>
(F)			
(G)			
(H)			
(I)	· · · · · · · · · · · · · · · · · · ·		<del></del>
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			<u> </u>
Part VIII Investments — Program Related.	<u> </u>		
Complete if the organization answered	Yes' to Form 990. P	art IV. line 11c. See Form 990. F	Part X. line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-	
(1)			
(2)			<del></del>
(3)			
(4)	-		
(5)			
(6)			····
(7)			<del>-</del>
(8)	<del> </del>		
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶			
Part IX Other Assets.			
Complete if the organization answered '	Yes' to Form 990, P	art IV, line 11d. See Form 990, F	Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7) (8)			
(9)	<del></del>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	ine 15)	· · · · · · · · · · · · · · · · · · ·	
Other Liabilities. Complete if the organization answered 'Yes' to F	orm 000 Dart IV line 11	o or 11f Soo Form 000 Dort V line 1E	
(a) Description of liability	(b) Book value	e of TH See Form 990, Part X, line 25	
(1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot		ncial statements that reports the organization's liab	ollity for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote I	nas been provided in Part XIII		

Schedule D (Form 990) 2014 Knights of Columbus #553 Santa Maria Council 2	23-7142569	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_	
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII )	-	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)	_	
c Add lines 4a and 4b	- 4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<del></del>
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	_	
c Other losses		
d Other (Describe in Part XIII )	_ [	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b Other (Describe in Part XIII.)	_  _	
C Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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Part XIII Supplemental Information.

SCHEDILLE		5	ants and Oth	Grants and Other Assistance to Organizations.	o Organization	ú		OMB No 1545-0047
(Form 990)		GOV	ernments, al	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	n the United Sta	ates or 22.		2014
Department of the Treasury Internal Revenue Service		Information	about Schedule I	<ul> <li>Attach to Form 990.</li> <li>Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	D. uctions is at www.irs.g	lov/form990.		Open to Public Inspection
anization	(     		,				Employer Identification number	cation number
Knights of Col Part   General In	Columbus #553 ৪৪ al Information on G	s of Columbus #553 Santa Maria Counci. General Information on Grants and Assistance	Council sistance				23-7142569	90
1 Does the organiza the selection criter 2 Describe in Part IV	ation maintain records ria used to award the V the organization's p	to substantiate the am grants or assistance? rocedures for monitorir	ount of the grants c	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	is' eligibility for the grants or assistance, and	s or assistance, and		X Yes No
Part II Grants and Form 990,	id Other Assista Part IV, line 21 fo	nce to Domestic	Organizations at received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answer Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ernments. can be du	Complete if the organization answered 'Yes' to blicated if additional space is needed.	on answered 'Ye	is' to
(a) Name and address of organization or government	ess of organization sroment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Marian High Schoo 1311-S. Logan St. Mishawaka IN 4654	High_School - Logan_St ka IN 46544	35-1101600		7,000.				Scholarship/St
(2) St. Joseph Hig 453 N. Notre T South Bend IN	H19h_School :e_Dame_Ave IN 46617	35-0924794		8,500.				Scholarship/St_
(3)								
<u>(4)</u>								
(5)								
(8)								
2 Enter total number 3 Enter total number	r of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	izations listed in the	line 1 table				
-	teduction Act Notice	, see the Instructions	for Form 990.		TEEA3901 06/19/14	06/19/14	Schedu	Schedule I (Form 990) (2014)

Page 2

Schedule I (Form 990) (2014)

(Form 990) (2014) Knights of Columbus #553 Santa Maria Council

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

incontrol conditions in natural and the control					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4			,		
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I, lir	ne 2, Part III, columi	t (b), and any other ado	litional information.

Schedule I (Form 990) (2014)

#### **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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization		Employer identification number
Knights of Columb	us #553 Santa Maria Council	23-7142569
Pt VI, Line 7a Pt VI, Line 7b Pt VI, Line 6	Council holds annual elections in accordance Motions are submitted by and voted upon by mem Organization has members.	<u>-</u>
•	Prepared by Treasurer, distributed to Officers	and Trustees for review.

Knights of Columbus #553 Santa Maria Coun-	Knights of	of Columbus	#553 Santa	Mana	Counc
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23-7142569

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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.

Code <sup>.</sup>	Description:	Dues to national and state organization.	
Expenses	2,311.		
Grants Of			
Revenue.			_
•			_
			_
			_

# Knights of Columbus 553 Santa Maria Council

South Bend, IN Form 990 2014

## EIN: 23-7142569

## PAGE 2 - PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Total Program Service Expenses		
Total		2,311
Dues paid to national and state organization		2,241
4d. Fraternal and Community  Masses for deceased members		70
Total		15,620
St Joseph Elementary School		120
4c. Fraternal and educational  Marian/St Joseph High Schools Scholarships (5)		15,500
Total		3,581
St Anthony de Padua Parish		100
Little Flower Parish		3,137 40
Right to Life Support for Seminarians		304 3,137
4b. Religious and caring for seriously ill	<del></del>	
Total		2,834
Funds raised for mentally handicapped		1,004
Gibault Home for Boys (Home for troubled boys)	\$	1,830