



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2014

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning		1 JANUARY	, 2014, and ending	31 DECEMBER	, 2014
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Knights of Columbus 2018 Anoka, C/O Roger E. Renner, F.S. Number and street (or P.O. box, if mail is not delivered to street address) 16950 Tulip Street NW City or town, state or province, country, and ZIP or foreign postal code Andover, MN 55304-1853		D Employer identification number 23 7293955 E Telephone number (763) 427-6100 F Group Exemption Number ► 0188	
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► _____					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 52,415.33					
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. <input type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	5a	7,836.00	
	2	Program service revenue including government fees and contracts	5b	.00	
	3	Membership dues and assessments	5c	2,076.13	
	4	Investment income	6a	76.27	
	5a	Gross amount from sale of assets other than inventory	6b		
	b	Less: cost or other basis and sales expenses	6c	3,642.15	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d	7,836.00	
	6	Gaming and fundraising events	6e	18,739.50	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6f	5,128.84	
b	Gross income from fundraising events (not including \$ 7,836.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6g			
c	Less: direct expenses from gaming and fundraising events	6h	17,252.81		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6i			
7a	Gross sales of inventory, less returns and allowances	7b			
b	Less: cost of goods sold	7c	20,045.28		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d			
8	Other revenue (describe in Schedule O)	7e	47,286.49		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7f			
Expenses	10	Grants and similar amounts paid (list in Schedule O)	8a	13,177.71	
	11	Benefits paid to or for members	8b	.00	
	12	Salaries, other compensation, and employee benefits	8c	6,662.73	
	13	Professional fees and other payments to independent contractors	8d	330.00	
	14	Occupancy, rent, utilities, and maintenance	8e	32,325.50	
	15	Printing, publications, postage, and shipping	8f	4,138.43	
	16	Other expenses (describe in Schedule O)	8g	16,639.03	
	17	Total expenses. Add lines 10 through 16	8h	73,273.40	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	9a	(25,986.91)	
	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)	9b	50,032.28	
	20	Other changes in net assets or fund balances (explain in Schedule O)	9c	22,964.10	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	9d	47,009.47	
			RECEIVED		
		15 MAY 04 2015	IRS-OSC		
		OGDEN, UT			

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	39,690.20	37,906.50
23	Land and buildings	.00	.00
24	Other assets (describe in Schedule O)	10,342.08	9,102.97
25	Total assets	50,032.28	47,009.47
26	Total liabilities (describe in Schedule O)	.00	.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,032.28	47,009.47

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

What is the organization's primary exempt purpose? Fraternal Benefit Society

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28	Provide manpower for Church sponsored events to include: Lenten Fish Fries, Waffle Breakfast, Summerfest Cemetery cleanup, Xmas Tree setup/tank down, Fall & mid-winter Breakfasts, Weekly visits nursing homes & those imprisoned. Community events: Riverfest, Anoka Halloween Parades, Haunted House, food shelf. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Provide community services to include: food Drive for local food shelf, Tootsie Roll Drive for Mentally challenged, sonson BSA Troop #606, provide KC hall for Operation Hope, Alanon, AA-groups weekly, Mother's Day corsages, Financial Support 2-seminarians, Family Night at Target Field (Mn Twins game) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	Donations to Student Loan Fund, Jim Campbell Fund, Pennies for Seminarians, Culture of Life Fund, Knights in Need Fund, Ara High Schools All Night Graduations, ACCL & Church of St. Stephen, Anoka Co Fair Board sponsor 2 for Legionville, St. Stephens School for Non-public Ed, Christmas Food Baskets & memorials. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	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
Joseph Soler, Grand Knight				
13392 Hidden Creek Drive Nw, Andover, MN 55304		.00	.00	.00
Vern Rausch, Treasurer				
3681 121st Lane Nw, Coon Rapids, MN 55433		.00	.00	.00
Roger E. Renner, Financial Secretary				
16950 Tulip Street Nw, Andover, MN 55304		596.31	.00	.00

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

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 Yes No
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) Yes No
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)? Yes No
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 Yes No
36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** .00 Yes No
37b ✓

b Did the organization file Form 1120-POL for this year?
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?
38b .00

b If "Yes," complete Schedule L, Part II and enter the total amount involved
39a .00

39b .00

40a Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► **n/a** ; section 4912 ► **n/a** ; section 4955 ► **n/a** Yes No
40b ✓

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
40e ✓

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 ► **n/a**
42a The organization's books are in care of ► Roger E. Renner, F.S. Telephone no. ► (763) 427-6100
 Located at ► 16950 Tulip Street Nw, Andover, MN ZIP + 4 ► 55304-1853

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 Yes No
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 ✓

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	Yes	No	
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 <input type="checkbox"/>					
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	Yes	No	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	Yes	No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	Yes	No	
b	If "Yes," was the related organization a section 527 organization?	49b	Yes	No	
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 <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Average hours per week devoted to position <hr/> <hr/> <hr/> <hr/> <hr/>	(c) Reportable compensation (Forms W-2/1099-MISC) <hr/> <hr/> <hr/> <hr/> <hr/>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation <hr/> <hr/> <hr/> <hr/> <hr/>	
(e) Estimated amount of other compensation <hr/> <hr/> <hr/> <hr/> <hr/>					
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 <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Type of service <hr/> <hr/> <hr/> <hr/> <hr/>		(c) Compensation <hr/> <hr/> <hr/> <hr/> <hr/>	
d Total number of other independent contractors each receiving over \$100,000 ► NONE					
52	Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A				► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Roger E. Renner, Financial Secretary Type or print name and title		Date 5-1-15		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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					► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<i>Roger E. Renner F.S.</i>		<i>5-1-15</i>		
	Signature of officer	Date			
	Roger E. Renner, Financial Secretary				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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 ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2014)