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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**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 460 ALTON COUNCIL**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

405 E. 4TH STREET

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

ALTON, IL 62002-2414**D** Employer identification number**37-0369055****E** Telephone number**618-465-6913****F** Group ExemptionNumber ▶ **0188****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **WWW.ALTONKNC.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ 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

▶ \$ **57,962****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	1,141
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,987
	4	Investment income	4	7,220
	5a	Gross amount from sale of assets other than inventory	5a	5,000
	b	Less: cost or other basis and sales expenses	5b	5,075
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(75)
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	9,529
	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	26,025
c	Less: direct expenses from gaming and fundraising events	6c	28,523	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,031	
7a	Gross sales of inventory, less returns and allowances	7a	60	
b	Less: cost of goods sold	7b	839	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(779)	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,525	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	25,066
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	907
	13	Professional fees and other payments to independent contractors	13	197
	14	Occupancy, rent, utilities, and maintenance	14	6,000
	15	Printing (publications), postage, and shipping	15	3,883
	16	Other expenses (describe in Schedule O)	16	3,813
	17	Total expenses. Add lines 10 through 16	17	39,866
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(16,341)
	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	236,971
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	6,052
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	226,682

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2014)

SCANNED JUN 14 2016

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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	236,971	22 226,682
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	236,971	25 226,682
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	236,971	27 226,682

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? The Knights of Columbus is a 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 I.D. Drive raises funds to assist Intellectually Disable individuals in our community through organizations such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29 Transfer of specific bequest to the Spaulding Club Association, a related 501(C)(7) Social Club.		
(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
LARRY KULP	12			
GRAND KNIGHT		-0-	-0-	-0-
JOEL BUESTETON				
FINANCIAL SECRETARY	10	907	-0-	-0-
DAVID STAFFORD				
TREASURER	4	-0-	-0-	-0-
WAYNE THOMAS				
TRUSTEE	2	-0-	-0-	-0-
JAMES SCHWEGEL				
TRUSTEE	2	-0-	-0-	-0-
ROBERT SAVILLE				
TRUSTEE	2	-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		
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 ► Illinois		
42a The organization's books are in care of ► DAVID STAFFORD Telephone no. ► 618-465-6913 Located at ► 405 EAST FOURTH ST. ALTON, IL ZIP + 4 ► 62002-2414		
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	☐
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	✓

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

	Yes	No
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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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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 ▶ Robert E. Saville Signature of officer Date 5/4/2016
 ▶ ROBERT E. SAVILLE, TRUSTEE 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

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 col. (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 or licensing.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	9,802			9,802
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	9,802			9,802
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,925			5,925
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,925
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				3,877

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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 conduct 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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 contract 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.

OMB No. 1545-0047

2014**Open to Public
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055**Line 10 - Grants and Similar Amounts Paid****Class of Activity: Charitable Contributions**

Grantee: General Assistance Fund Amount: \$348

Grantee: Culture of Life Amount: \$936

Grantee: Ill State Council Dues Amount: \$3,105

Grantee: K of C National Dues Amount: \$202

Grantee: Seminarian Birthdays Amount: \$250

Grantee: Vocations Support Amount: \$250

Class of Activity: IRC 501(c) (7) Social Club

Grantee: Spaulding Club Association Amount: \$19,975

405 East 4th Street

Alton, IL 62002-2414

Relationship: A Related IRC 501(c) (7) Social Club**Total** Amount: \$25,066**Line 16 - Other Expenses**

Soccer Challenge \$339

Equipment Rental \$167

Priest Appreciation \$1,000

Parish/School Support \$435

State Convention \$372

Options Now \$1,000

St. Vincent DePaul \$500

Total \$3,813

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL**37-0369055****Line 20 - Other Changes in Net Assets**Change in 2013 FMV to the 2014 FMV Basis **\$6,052****Line 22 - Cash, Savings, and Investments**As Filed **\$256,786**Correction to Change in 2012 FMV to the 2013 FMV Basis **\$(8,746)**Correction to 2013 Excess or Deficit for the year **\$(11,069)**As Corrected Per Amended Return **\$236,971****Part III Statement of Program Service Accomplishments**

Added organization's primary exempt purpose = The Knights of Columbus is a fraternal benefit society.

Line 28 - Corrected to Read = I.D. Drive raises funds to assist Intellectually Disable individuals in our community through organizations
such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.

Line 29 - Corrected to Read = Transfer of specific bequest to the Spaulding Club Association, a related 501(C)(7) Social Club.

AMENDED RETURN SCHEDULES AND LINE ITEM CHANGES

Amended Return is being filed to include transactions from our Liberty Bank Building Fund Account xxx 7601 that was inadvertently left off the original return; the change in the Fair Market Assets; and other information as listed below.

Item D. Corrected Employer Identification Number from 37-0369005 to 37-0369055; due to typing error.

Item I Website: Added website www.altonkc.org

Item J: Changed Tax-Exempt Status from a Section 501(c)(3) to Tax-Exempt Status 501(c)(8); see attached IRS Letter dated March 13, 1974

Item K: Corrected the Form of Organization from a Corporation to an Association.

Item L. Added amount for gross receipts of \$57,962

Part I Line 4: Corrected from \$588 to \$7,220

Part I Line 5a: Corrected from \$-0- to \$5,000

Part I Line 5b: Corrected from \$-0- to \$5,075

Part I Line 5c: Corrected from \$-0- to \$(75)

Part I Line 6c: Corrected from \$28,528 to \$28,523

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.

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Name of the organization

KNIGHTS OF COLUMBUS 460 ALTON COUNCIL

Employer identification number

37-0369055

AMENDED RETURN SCHEDULES AND LINE ITEM CHANGES (CONTINUED)

Part I Line 6d: Corrected from \$7,026 to \$7,031

Part I Line 9: Corrected from \$16,963 to \$23,526

Part I Line 10: Corrected from \$5,092 to \$23,525

Part I Line 18: Corrected from \$(2,929) to \$(16,341)

Part I Line 19: Corrected from \$256,786 to \$236,971; based on 2013 Amended return

Part I Line 20: Corrected from \$-0- to \$6,052

Part II Line 22a, 25a, 27a: Corrected from \$256,786 to \$236,971; based on 2013 Amended return

Part II Line 22b, 25b, 27b: Corrected from \$253,857 to \$226,682

Part III: Added organization's primary exempt purpose to read = The Knights of Columbus is a fraternal benefit society.

Part III Line 28 - Corrected to Read = I.D. Drive raises funds to assist Intellectually Disable individuals in our community through organizations

such as Challenge Unlimited, Beverly Farm, William BeDell Achievement.

Part III Line 29 - Corrected to Read = Transfer of specific bequest to the Spaulding Club Association, a related 501(C)(7) Social Club.

Part IV: Corrected Items (a), (b), (d) and (e)

Part VI: Corrected Questions 47, 48, 49, and 49b. Not required since we are a Section 501(c)(8) organization; not a 501(c)(3)

Schedule G - Part II: Added Fundraising Events information

Schedule O - Supplemental Information to Form 990-EZ: Added Schedule O with required information; removed Federal Statements 2014