



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



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014**Open to Public Inspection**

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 COUNCIL #664
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
795 FOND DU LAC AVE
 City or town, state or province, country, and ZIP or foreign postal code
FOND DU LAC WI 54935-6408

D Employer identification number
39-0399846

E Telephone number
920-907-0663

F Group Exemption Number ▶

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

H Check ☒ 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) -- ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other **FRATERNAL ORGANIZATION**

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 ▶ \$ **74,215**

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	10,727	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	16,424	
	4	Investment income	4	31	
Revenue	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	2,324	
	6b	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	43,901	
	6c	Less: direct expenses from gaming and fundraising events	6c	39,786	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,439	
	7a	Gross sales of inventory, less returns and allowances	7a		
	7b	Less: cost of goods sold	7b	699	
Revenue	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8	808	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	34,429	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	20,966
		11	Benefits paid to or for members	11	
		12	Salaries, other compensation, and employee benefits	12	2,400
		13	Professional fees and other payments to independent contractors	13	
		14	Occupancy, rent, utilities, and maintenance	14	
		15	Printing, publications, postage, and shipping	15	1,370
		16	Other expenses (describe in Schedule O)	16	10,246
17	Total expenses. Add lines 10 through 16 ▶	17	34,982		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-553	
	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	22,143	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	21,590	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)

SCANNED SEP 15 2015

9

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		✓
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)		✓
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)?		✓
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		
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		✓
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		✓
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?		✓
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?		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter: 39a		
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		
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		✓
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► GREG BRUNETTE Telephone no. ► 920-907-0663 Located at ► 795 FOND DU LAC AVE, FOND DU LAC WI ZIP + 4 ► 54935-6408		
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).		✓
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: ►		✓
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		✓
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		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
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		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)		✓

- 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		
-----------	--	--

- 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 ▶

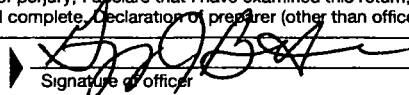
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  Date 8/19/15
GREGORY J BRUNETTE, TREASURER
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name SELF PREPARED 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 COUNCIL #664

Employer identification number

39-0399846

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 CLUB HOUSE (event type)	(b) Event #2 OUTSIDE CLUB HSE (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	25,927	17,974	43,901
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	25,927	17,974	43,901
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	23,398	15,226	38,624
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			38,624
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			5,277

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))
Revenue	1	Gross revenue		2,324	2,324
	2	Cash prizes		1,162	1,162
Direct Expenses	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) ▶			1,162
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			1,162

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

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 | 100 % |
| 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 ▶ STEVE MICHELS

Address ▶ 795 FOND DU LAC AVE, FOND DU LAC WI 54935

- 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 COUNCIL #664

Employer identification number

39-0399846

SEE ADDITIONAL INFORMATION AT THE ATTACHMENT TO SCHEDULE O

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE

THIS ORGANIZATION IS ORGANIZED AS A FRATERNAL BENEFICIARY COUNCIL TO BENEFIT ITS MEMBERS AND TO PROVIDE
CHARITABLE CONTRIBUTIONS FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, FOR THE
BENEFIT OF CHILDREN, THE MENTALLY HANDICAPPED AND THE UNDERPRIVILEGED.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR,
RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION
DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

ATTACHMENT TO SCHEDULE O
2014 FORM 990-EZ
KNIGHTS OF COLUMBUS COUNCIL #664
FEDERAL ID NUMBER 39-0399846

FORM 990-EZ, PART I, LINE 4, INVESTMENT INCOME

INTEREST INCOME

\$ 31

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE

NEWS LETTER AD REVENUE

\$ 808

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION	CATHOLIC CHARITY	
GRANTEE NAME	HOLY FAMILY CATHOLIC COMMUNITY	
GRANTEE ADDRESS	271 FOURTH ST. WAY, FOND DU LAC WI 54937	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		\$ 350
ACTIVITY CLASSIFICATION	CATHOLIC CHARITY	
GRANTEE NAME	ST ISIDORE PARISH	
GRANTEE ADDRESS	308 S CTY W, MT. CALVARY WI 53057	
DATE OF GIFT	02/11/14	
AMOUNT GIVEN		100
ACTIVITY CLASSIFICATION	CATHOLIC CHARITY	
GRANTEE NAME	WI RIGHT TO LIFE FDL CHAPTER	
GRANTEE ADDRESS	PO BOX 15, FOND DU LAC WI 54936	
DATE OF GIFT	12/09/14	
AMOUNT GIVEN		200
ACTIVITY CLASSIFICATION	CATHOLIC EDUCATION	
GRANTEE NAME	MULTIPLE PARISHES IN FOND DU LAC COUNTY	
GRANTEE ADDRESS	PARISH RELIGIOUS EDUCATION PROGRAMS	
DATE OF GIFT	VARIOUS LOCATIONS	
AMOUNT GIVEN	VARIOUS	2,800
ACTIVITY CLASSIFICATION	CATHOLIC EDUCATION	
GRANTEE NAME	ST. MARY'S SPRINGS ACADEMY	
GRANTEE ADDRESS	114 AMORY ST., FOND DU LAC WI 54935	
DATE OF GIFT	12/09/14	
AMOUNT GIVEN		3,500
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	BIG BROTHERS BIG SISTERS	
GRANTEE ADDRESS	448 S MILITARY RD, FOND DU LAC WI 54935	
DATE OF GIFT	3/20/2014	
AMOUNT GIVEN		100
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	BROKEN BREAD	
GRANTEE ADDRESS	51 W DIVISION ST, FOND DU LAC WI 54935	
DATE OF GIFT	1/12/2014	
AMOUNT GIVEN		2,000
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	CHILDRENS MUSEUM OF FDL	
GRANTEE ADDRESS	75 W SCOTT ST, FOND DU LAC WI 54935	
DATE OF GIFT	3/20/2014	
AMOUNT GIVEN		

ATTACHMENT TO SCHEDULE O
2014 FORM 990-EZ
KNIGHTS OF COLUMBUS COUNCIL #664
FEDERAL ID NUMBER 39-0399846

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	SUPPORT FOR FIRE VICTIMS - FOND DU LAC AREA	
GRANTEE ADDRESS	VARIOUS LOCATIONS	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		650
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	FDL FOOD PANTRY	
GRANTEE ADDRESS	51 W DIVISION ST, FOND DU LAC WI 54935	
DATE OF GIFT	8/12/2014	
AMOUNT GIVEN		250
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	FOND DU LAC LITERACY SERVICE	
GRANTEE ADDRESS		
DATE OF GIFT	3/20/2014	
AMOUNT GIVEN		50
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	MY TEAM TRIUMPH	
GRANTEE ADDRESS	1406 S JACKSON ST, GREEN BAY WI 54301	
DATE OF GIFT	10/14/2014	
AMOUNT GIVEN		2,200
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	NEW BEGINNINGS	
GRANTEE ADDRESS	365 E DIVISION FOND DU LAC WI 54935	
DATE OF GIFT	12/9/2014	
AMOUNT GIVEN		250
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	SALVATION ARMY	
GRANTEE ADDRESS	PO BOX 961, FOND DU LAC WI 54936-0961	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		450
ACTIVITY CLASSIFICATION	COMMUNITY SUPPORT	
GRANTEE NAME	UNITED FOR DIVERSITY	
GRANTEE ADDRESS	PO BOX 263, FOND DU LAC WI 54936-0263	
DATE OF GIFT	1/28/2014	
AMOUNT GIVEN		100
ACTIVITY CLASSIFICATION	HEALTH CARE	
GRANTEE NAME	AGNESIAN FOUNDATION	
GRANTEE ADDRESS	430 E. DIVISION ST, FOND DU LAC WI 54935	
DATE OF GIFT	12/9/2014	
AMOUNT GIVEN		100
ACTIVITY CLASSIFICATION	MENTAL DISABILITIES	
GRANTEE NAME	KNIGHTS OF COLUMBUS SPECIAL PEOPLE EVENT	
GRANTEE ADDRESS	795 FOND DU LAC AVE, FOND DU LAC WI 54935	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		2,175

ATTACHMENT TO SCHEDULE O
2014 FORM 990-EZ
KNIGHTS OF COLUMBUS COUNCIL #664
FEDERAL ID NUMBER 39-0399846

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION	POLICE & FIRE FIGHTER SUPPORT	
GRANTEE NAME	VARIOUS EMERGENCY AGENCIES IN FOND DU LAC COUNTY	
GRANTEE ADDRESS	VARIOUS LOCATIONS	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		1,620

ACTIVITY CLASSIFICATION	RELIGIOUS ORDERS	
GRANTEE NAME	SISTERS, CHAPLIN, SEMINARIAN & DEACONATE SUPPORT	
GRANTEE ADDRESS	VARIOUS LOCATIONS	
DATE OF GIFT	VARIOUS	
AMOUNT GIVEN		4,021

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID TOTAL	<u>\$</u>	<u>20,966</u>
---	-----------	---------------

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES

ADVERTISING	\$	433
MEETING COSTS		1,080
CONVENTION COSTS		302
ATHLETIC ACTIVITIES		830
PAYROLL TAXES		312
PER CAPITA DUES ASSESSMENT		6,203
MEMBERSHIP AND DEGREE TEAMS		188
MEMORIALS		120
FEES		25
SUPPLIES		753

FORM 990-EZ, LINE 16, OTHER EXPENSES TOTAL	<u>\$</u>	<u>10,246</u>
--	-----------	---------------

FORM 990-EZ, PART II, LINE 26, TOTAL LIABILITIES

PAYROLL TAXES		335
COUNCIL ACTIVITIES		5,002

FORM 990-EZ, PART II, LINE 26, TOTAL LIABILITIES	<u>\$</u>	<u>5,337</u>
--	-----------	--------------