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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 Durbin 1004

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

Room/suite

709 Mary Anne Drive

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

Morganfield, KY 42437

D Employer identification number

61-1086118

E Telephone number

270-952-0823

F Group Exemption
Number ▶**G** Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**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

\$ 65565.25

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	5063 76
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	915 00
	4	Investment income	4	66 29
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ 5063 76 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	59520 20
c	Less: direct expenses from gaming and fundraising events	6c	25763 70	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	33756 50	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	39801 55	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19250 53
	11	Benefits paid to or for members	11	4725 09
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	11790 02
	15	Printing, publications, postage, and shipping	15	575 09
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	36340 73
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3460 82
	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	37451 59
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	100 00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41012 41

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2014)

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K. Moore City SPC, Louisville, KY

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	37451 59	22 41012 41
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	37451 59	25 41012 41
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37451 59	27 41012 41

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?

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	SEE ATTACHEMENT		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(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)	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
Paul J. Monsour 22 Congress Dr., Morganfield, KY 42437	Grand Knight - 7			
Thomas E. Rudd Jr. 4791 SR 130 South, Morganfield, KY 42437	Treasurer - 5			
Matthew R. Ciecorka 319 Valley Drive, Morganfield, KY 42437	Deputy Grand Knight - 1			
David E. Russeburg 418 S. Church St., Morganfield, KY 42437	Chancellor - 1			
Bruce E. Danhauer 110 E. Young St., Morganfield, KY 42437	Recorder - 1			
Paul M. Loxley 3020 SR 492, Morganfield, KY 42437	Advocate - 1			
Larry J. Bickett 226 W. Geiger St., Morganfield, KY 42437	Warden - 1			
James W. Smith 615 S. Culver St., Morganfield, KY 42437	Inside Guard - 1			
Thomas N. Carmon 609 S. Webster St., Morganfield, KY 42437	Outside Guard - 1			
Gilbert E. Rudd 709 Mary Anne Dr., Morganfield, KY 42437	Financial Secretary - 1			
Michael H. Greenwell 232 N. Mart St., Morganfield, KY 42437	Trustee - 1			
Stephen W. Sheffer	Trustee - 1			

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:		
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 ▶ <u>Kentucky</u>		
42a The organization's books are in care of ▶ <u>Thomas E. Rudd Jr.</u> Telephone no ▶ <u>270-952-0823</u> Located at ▶ <u>189 Tim Veatch Rd, Morganfield KY</u> ZIP + 4 ▶ <u>42437</u>		
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 <input type="checkbox"/>		
	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		✓
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Paul Monsour</u>	Date <u>2-23-15</u>
	Type or print name and title <u>PAUL MONSOUR</u>	

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

☐ 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 Durbin 1004

Employer identification number

61-1086118

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 Concessions (event type)	(b) Event #2 BBottle/Tootsie (event type)	(c) Other events BB-FB Raffle/Don (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	8135 40	2279 10	2784 66	13199 16
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	8135.40	2279 10	2784 66	13199 16
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	4858 06			4858 06
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4858 06
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				8341 10

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	27749 80	14100 00	9535 00	51384 80
	2 Cash prizes	8200 00	2544 00	3163 50	13907 50
Direct Expenses	3 Noncash prizes			915 00	915 00
	4 Rent/facility costs				
	5 Other direct expenses	6083 14			6083 14
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				20905 64
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				30479 16

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

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).

990EZ

Part 1, In 10

Sheet1

Knights of Columbus
Durbin #1004

61-1086118

CHARITABLE DONATIONS

1/1/2014-12/31/2014

01/09/14	4841	Kristina Mills	Scholarship 4of8	\$250.00
01/09/14	4842	Maggie Stenger	scholarship 2of8	\$250.00
01/09/14	4843	Ben's Place	1Q/2014	\$250.00
01/09/14	4846	St. Ambrose Church	building fund	\$147.10
01/09/14	4847	Bob Dezember	members support	\$50.00
01/09/14	4848	KY Assoc for Mentally Disabled	tootsie roll proceed	\$518.58
01/09/14	4849	St. Ann Catholic Church	church hymnals	\$500.00
01/09/14	4850	Corey Bruns	RSVP Program	\$500.00
02/13/14	4853	St. Ambrose Church	building fund	\$181.00
02/13/14	4854	Brody Bruns	scholarship 2of8	\$250.00
02/13/14	4855	Holly Hornbeak	scholarship 8of8	\$250.00
02/13/14	4856	Superior Childcare Early Development	Literacy Day	\$100.00
02/13/15	4857	Catholic Church of the Divinity	building fund	\$100.00
03/07/14	4859	KY Knights of Columbus	basketball raffle	\$250.00
03/13/14	4861	St. Ambrose Church	building fund	\$75.00
03/13/14	4864	Project Graduation	program support	\$400.00
03/13/14	4865	St. Ann Catholic Church	church missals	\$450.00
04/10/14	4866	St. Ambrose Church	bldg fund	\$126.40
04/10/14	4869	Ben's Place	2Q/2014	\$250.00
04/10/14	4870	Matthew Loxley	campus outreach	\$200.00
05/07/14	4873	Carla Gahafer	medical fund	\$630.00
05/08/14	4875	St. Ambrose Church	building fund	\$322.30
05/08/14	4878	John Paul II School Fund	building fund	\$500.00
05/21/14	4879	Leslie Newman (Mark Wilkerson)	family support	\$500.00
06/19/14	4886	St. Ambrose Church	building fund	\$326.20
06/19/14	4887	St. Ann Catholic Church	church missals	\$450.00
06/23/14	4889	Union County 4H Equestrian Team	saddle raffle	\$1,568.00
07/10/14	4893	St. Ambrose Church	building fund	\$100.00
07/10/14	4896	Ben's Place	3Q/2014	\$250.00
07/10/15	4897	Distinguished Young Women	scholarship	\$400.00
07/10/14	4898	Happy Kids International	Jessica Mathieu	\$600.00
08/21/14	4902	Kristina Mills	scholarship 5of8	\$250.00
08/21/14	4903	St. Ambrose Church	building fund	\$285.75
08/21/14	4905	Maggie Stenger	scholarship 3of8	\$250.00
08/21/14	4906	Sam Sheffer	scholarship 1of8	\$250.00
08/21/14	4908	K of C Pro-Life	program support	\$100.00
09/11/14	4911	St. Ambrose Church	building fund	\$315.30
09/26/14	4913	St. Ann Catholic Church	church hymnals	\$450.00
10/09/14	4918	Ben's Place	4Q/2014	\$250.00
10/09/14	4919	St. Ambrose Church	building fund	\$335.10
10/14/14	4923	KY Knights of Columbus	NFL raffle	\$1,250.00
11/13/14	4924	Brody Bruns	scholarship 3of8	\$250.00
11/13/14	4926	St. Ambrose Church	building fund	\$458.70
11/13/14	4927	St. Ann Catholic Church	Christmas baskets	\$500.00
11/13/15	4928	Happy Feet=Learning Feet	program support	\$300.00

11/13/14	4929	WEUC Catholic Radio	program support	\$1,000.00
12/11/14	4932	St. Ambrose Church	building fund	\$75.00
12/11/14	4933	St. Ann Catholic Church	church hymnals	\$450.00
12/11/14	4935	Shelter of Love	Baby Bottle procee	\$1,736.10
			TOTAL	\$19,250.53

ATTACHMENT

Knights of Columbus Durbin #1004

FORM 990 EZ

61-1086118

PART I

20.

Bingo Fund Check# 4764, written 02/14/13, in the amount of \$100.00 was
Voided in 2014. This amount was added back to that account.

ATTACHMENT

Knights of Columbus Durbin #1004

FORM 990 EZ

61-1086118

PART III

28-32.

Durbin Council Knights of Columbus has 100 members on its membership roster.

In addition to financial support of area Catholic school and churches, service organizations, individuals and non-profit groups listed in Part I, line 10 and Part III, lines 28-32, the Durbin Council Knights of Columbus also engages in the following charitable activities:

(Hours/Hours of service noted in parentheses)

- 1) Provide hospital beds for individuals who are homebound and in need of hospital-style accommodations (15210)
- 2) Purchase and distribute "Right to Life" information (4).
- 3) Provide volunteer labor for improvement or upkeep on church properties (250).
- 4) Host/participate in fraternal and family meals and activities with other Knights of Columbus councils (100).
- 5) ~~Visit and/or send cards, flowers to members and their families who are ill,~~ hospitalized or had a death in the family (80).
- 6) Provide volunteer labor for school functions and maintenance (150).
- 7) Blood donation by members to American Red Cross (10).
- 8) Sponsorship and involvement in youth activities (150).
- 9) Participate in bereavement dinners for families of deceased members of local churches (80).
- 10) Volunteer time to staff a weekly charitable BINGO which provides funding for charitable works of our order (1200).
- 11) Raise funds for mentally handicapped individuals in our community (50).
- 12) Provide volunteer labor for non-related, non-members in our community (90).
- 13) Make facilities available for boy scouts and girl scouts meetings and functions (40).
- 14) Make facilities available for special needs children for extra-curricular activities (30)