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Extended to February 16, 2016

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30. Check if applicable C Name of organization D Employer identification number Knights of Columbus Address change Sangamon Valley Council 5754 Name change 37-1157005 X Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final 217-632-0198 PO Box 41 704,496. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Petersburg, IL 62675-0041 H(a) Is this a group return Applica-F Name and address of principal officer Charles W. Yes X No for subordinates? pending same as C above Yes H(b) Are all subordinates included? Tax-exempt status _____ 501(c)(3) __X 501(c) (8) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ▶ www.kofc5754.org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation: 1965 M State of legal domicile: IL Part I | Summary Briefly describe the organization's mission or most significant activities. The Knights of Columbus was Activities & Governance formed to render finacial aid to members and their families. Mutual Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 15) Number of independent voting members of the governing body (Part VI) Inc. 121 6 4 0 5 Total number of individuals employed in calendar year 2014 (Part one 2a) JAN 1 1 2016 50 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 1 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0. OGDEN Prior Year **Current Year** 1,618 691,919. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 12,577. 17,403. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 19,021 704,4<u>96.</u> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 44,274. 4,845. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,845. 49,274. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,176. 655,222. Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 46,522 701,823. Total assets (Part X, line 16) 79. 21 Total liabilities (Part X, line 26) 701 46,522. 744 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Oclaration of preparer (other than officer) is based on all information of which preparer has any knowledge. houler Signature of officer Sign Charles W. Fagan, Treasurer Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature, Olent 1 01/05/16 Self-employed P00331592 Paid Brent Leach Preparer Firm's name Eck, Schafer & Punke LLP Firm's EIN 37-1335003 Firm's address > 227 South Seventh Street Use Only Springfield, IL 62701 Phone no. 217 - 525 - 1111

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2014)

See Schedule O for Organization Mission Statement Continuation

Par	rt III Statement of Program Service Accomplishments	
(Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	The Knights of Columbus was formed to render financial aid to m	
	and their families. Mutual aid and assistance are offered to si	
	disabled and needy members and their families. Social and intel	
	fellowship is promoted among members and their families through	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes LA_INO
3		Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	•
	revenue, if any, for each program service reported	
4a	·)
	Sponsor seminarians, food for foodbank, spelling bee, pregnancy	care
	center, habitat for humanity, coats for kids and scholarships.	
		
4b	(Code) (Expenses \$	<u>-</u>
40	(Code) (Expenses \$ / Revenue \$	
		
4c	(Code) (Expenses \$)
		
4d	Other program services (Describe in Schedule O)	
	(Expenses S including grants of \$) (Revenue \$)
4e	Total program service expenses ► 49,274.	
		Form 990 (2014)

2 Is the organization required to complete Schedule B, Schedule af Contributors? Did the organization and indirect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part II Section 50 1(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year' If 'Yes,' complete Schedule C, Part II Is the organization as eaction 501(c)(3). Os 501(c)(5), or 501(c)(6), or 501(c)(6)				Yes	No
2 Is the organization required to complete Schedule 8. Schedule 6. Contributors? Did the organization engage in direct or indirect political campage activities on behalf of or in opposition to candidates for public office? If Yes, *complete Schedule C, Part II Section 501((s)) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If Yes, *complete Schedule C, Part III Is the organization a section 501(s)(s), 501(s)(s), or 501(s), or	1		1		
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offere it "Ves." complete Schedule C, Part I in the organization ascends of political campagin and political campagin and political campagin and political campagin and political campagination ascends of political campagination and political campagination ascends of political campagination and political campagination ascends of polit	_				X
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Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization of an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization and an amount for other lasted in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization and an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII X X Did the organization maintain an office, employees, or agents outside of the United States? 13		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17				
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			17		X
Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18				٠,
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	40		18	-	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19	· · · · · · · · · · · · · · · · · · ·	40		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	·		 	X
				990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ļ		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		:	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		1
_	instructions for applicable filing thresholds, conditions, and exceptions)	28a	l	х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0 1	If "Yes," complete Schedule N, Part I	31	l	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02.	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2014

Statements Regarding Other IRS Filings and Tax Compliance

Either the number reported in Box 3 of Form 1936 Enter -0 if not applicable 1a		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W.2G included in line 1s. Enter 0-if not applicable				_		Yes	No
c Did the organization comply with backup withholding rules for reportable gamming (gambling) without sentences (gambling) without sentences (gambling) with many sentences (gambling) with many sentences (gambling) with sentences (gambling) with gambling with organization for fill recurred federal employment tax returns? 10 If all least one is reported on line 2a, did the organization for fall required federal employment tax returns? 10 If the least one is reported on line 2a, did the organization for fall required federal employment tax returns? 11 If yes, 1 has if filled a form \$0.00 for firsh year? If 1/No, 1 for file \$3.00 or more during the year? 12 If Yes, 1 has if filled a form \$0.00 for firsh year? If 1/No, 1 for \$3.00 or more during the year? 13 If Yes, 1 has if filled a form \$0.00 for firsh year? If 1/No, 1 for file \$3.00 or more during the year? 14 A lary time during the calendar year, did the organization fall variety or the filled and account; or filled filled year. 15 If Yes, 1 filled fill	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	oſ			
Gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, if the collecting year ending with or within the year covered by this return. 5 If if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 8 If "Yes," and a file of Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedulo O 8 If "Yes," and a file of Form 990 Tor this year? If "No," to line 3b, provide an explanation in Schedulo O 8 If "Yes," enter the name of the foreign country be a bank account, securities account, or other financial accountry? 8 If "Yes," enter the name of the foreign country be securitied account in a foreign country such as a bank account, securities account in a foreign country such as a bank account, securities account in a foreign country such as a bank account, securities account in a foreign country such as a bank account, securities account or other numbers of the foreign country such as a bank account, or other financial accountry? 8 If "Yes," enter the name of the foreign Country be prohibited tax shelter transaction at any time during the tax year? 9 If wes, to line 3a or 5b, did the organization file Form 8886178 10 Yes, "to line 3a or 5b, did the organization file Form 8886179 10 Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not its acductible? 10 If the organization stat were not tax deductible contributions under section 170(c). 10 If the organization release a pyrimet in access of 35's made party as a contribution of organization section only the donor of the value of the goods or services provided? 10 If the organization section approach or exercise shadings at a string time organization from the payor? 11 If Yes," did the organization neceived a contribution of contribution of	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Mod for the calendary sear ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization fife all required federal employment tax returns? Note, If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the yealer of unique to earlied business gross income of \$1,000 or more during the yealer query did the foreign country (such as a bank account, securities account, or other financial account) or a financial account in a foreign country (such as a bank account, securities account, or other financial account; \$2 \text{ As any time of the foreign country (such as a bank account, securities account, or other financial account; \$2 \text{ As any time of the foreign country (such as a bank account, securities account, or other financial account; \$2 \text{ As any time of the financial Accounts (FBAR)}\$ See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for See instructions for See instructions for See instructions foreign search and see instructions foreign search and search and	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gamıng	3		.]	
felect for the calendary year ending with or within the year covered by this return 2a		(gambling) winnings to prize winners?			1c		L
If it at least one is reported on line 2a, did the organization file all required federal emptoyment tax returns? Note, if this sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 950 Tor this year? If "No," to line 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X X by the "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization of the organization file Form 88667. 5c Was the organization of the organization file Form 88667. 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solinic any contributions that were not tax deductible as charatable contributions? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solinic any contributions that were not tax deductible as charatable contributions? 5c Was the organization and the work of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d West organization and processes a payment in excess of \$75 made partly as a contribution of apartly for goods and services provided? 6d Wess, "Industry the number of Forms 8282 filed during the year. 7d Under the organization number of Forms 8282 filed during the year. 7d Under the organization and processes a payment in excess of the wate of the goods or services provided? 7d Under the organization during the year. pay premiums, directly or indirectl	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note, if the sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a	0		.	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it field a Form 990.7 for this year? If "No," to line 3b, provide an explanation in Schedule O 4b All 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 accounts? 5c If "Yes," to lifter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Does the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible? 5d Organizations that may receive deductible as chartable contributions? 6d If "Yes," did the organization include with every solicitation in express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b If "Yes," did the corganization of the value of the goods or services provided? 6b Unit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization of the value of the goods or services provided? 6b Unit the organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file a form 1098-C? 7c X 7d If you will be organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file a form 1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?	L	2b		
b if Ves, "has if filed a Form 990-T for this year? If Yos, "to live \$5, provide an explanation in Schedule O 4.3 At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4.3 X 5.6 If Yes, "to live Sa or \$0, did the organization file Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5.8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5.9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5.6 Loss the organization application that it was or is a party to a prohibited tax shelter transaction? 5.7 Did any taxable party notify the organization file Form 8886:7? 5.8 Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitic any contributions that were not tax deductible? 5.8 Did Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, "indicate the number of Forms 8282 filed during the year 8. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 9. The organization receive a payment in excess of tangible personal property for which it was required? 10. Did the organization included on Cars, boats, analysis, or other vehicles, did the organization file Form 8899 as required? 11. The organization has excess business holdings at any time during the year? 12. Sponsoring organization have excess business holdings at any time during the year? 13. Section 501(c)		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			.	
4a A lamp time during this calendary 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 accounts (FBAR) 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Uniform that were not tax deductible as charitable contributions? 5c Uniform that were not tax deductible as charitable contributions? 5d If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in the war receive a gaymant in excess of \$5 mase partly as a contribution or gifts were not tax deductible? 5d If "Yes," did the organization shall exceed a solicit that the contribution and partly for goods and services provided to the payor? 5d If "Yes," did the organization organization ontify the donor of the value of the goods or services provided? 5d If Yes," indicate the number of Forms 8292 filed during the year 5d If Yes, "Indicate the number of Forms 8292 filed during the year 6d If Yes," indicate the number of Forms 8292 filed during the year 7d If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C? 7n Did the organization received an organization make any taxable distributions under section 4966?	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Ĺ	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," either the name of the foreign country See instructions for fining requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxbel party notify the organization that it was or as party to a prohibited tax shelter transaction? 5b X C if "Yes," to line 5 at or 5b, did the organization file Form 8886-17 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a paymentin excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 or the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 or the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282 (filed during the year 10 of the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 or the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 or the organization indirectly or indirectly, to pay premiums on a personal benefit contract? 8 organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization and any accounts t	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	L	3b		<u> </u>
b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to ine Sa or 5b, of the organization file Form 8886-7? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization flavor organization and activation of qualified intellectu	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			. 1	
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b Did any taxable party notify the organization that it was or all a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization network as a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Tax		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	1		ŀ	
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		·				.	
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			1 1	<u> </u>	12a		<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12b				
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				-			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а			}	13a		-
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1 401 1		ı		
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		- · · · · · · · · · · · · · · · · · · ·				}	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			130				v
			. 0	}			
	b	if tes, has it liled a Form 720 to report these payments? If "No," provide an explanation in Schedul	- U			990	(2014)

Form 990 (2014) Sangamon Valley Council 5754 37-1157005 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule Q. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management		τ							
			Yes_	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	-	ļ							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
	Enter the number of voting members included in line 1a, above, who are independent 1b 6	{	İ							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2_	 	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	-	X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		٦,						
	more members of the governing body?	7 <u>a</u>		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3.7						
_	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	٠,,							
	The governing body?	8a	X							
	Each committee with authority to act on behalf of the governing body?	_8b_	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_	}							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		T.,	T						
	District the second of the sec	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b	}							
44	and branches to ensure their operations are consistent with the organization's exempt purposes? 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
12a	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0								
C	in Schedule O how this was done	12c	х	ļ						
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14	х							
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]	l	1						
а		15a		x						
b		15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	ŀ	Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b	ĺ							
Sec	tion C. Disclosure	1		·						
17	List the states with which a copy of this Form 990 is required to be filed ► None									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le							
	for public inspection. Indicate how you made these available Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal							
-	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	Darrell L. Roll - 217-632-0198									
	826 Poplar Dr., Petersburg, IL 62675									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n		orga	ınıza			mper	nsat				
(A)	(B)			(C Posi	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck i	more	than	one	Reportable	Reportable	Estimated	
	hours per	box,	, unle er an	ss pei	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of	
	week	_			10010	T	,	from	from related	other	
	(list any hours for	irect				<u> </u>		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	60.0	ig ig		1	satec		(W-2/1099-MISC)	(***2/1099-141130)	organization	
	organizations	ruste	trus		8	la di		(***271033*181130)		and related	
	below	dualt	rtrona	_	를 문	st co	l 155			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				
(1) Jack W. Rigney	1.00										
Grand Knight		X		X		ļ	_	0.	0.	0.	
(2) Darrell L. Roll	1.00		1			ĺ					
Financial Secretary		X	<u> </u>	X		<u> </u>		0.	0.	0.	
(3) Charles W. Fagan	1.00						1				
Treasurer	1 00	X		Х		 	<u> </u>	0.	0.	0.	
(4) Garrett B. Johnson	1.00	٠,	1					0.	0.	_	
One Year Trustee	1 00	X		-		-		0.	<u> </u>	0.	
(5) Lambert P. Fleck III	1.00	x	Ì					0.	0.	0.	
Two Year Trustee	1.00	^_	├-		 	-		<u>.</u>	<u> </u>	<u> </u>	
(6) Arthur A, Heetel	1.00	X	Ì					0.	0.	0.	
Three Year Trustee	 	^		├	 				<u>.</u>		
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Form **990** (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	ompensa from th organizat and relat organizati	ation ie tion ted
				<u> </u>								
					_	-						
						-						
			_									
1b Sub-total	U Section A	l			l	<u></u> _		0.		0.		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but			liste	ed a	vod.	e) w	ho re	0.		0.		0.
compensation from the organization											Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey ei	mplo	oyee	, or	highest compensated e	mployee on	3	3	х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? If "Yes	," cc	mpl	ete .	Sch	edul	e J t	for such individual		4	1	х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors							relat	ted organization or indiv	idual for services		<u> </u>	х
Complete this table for your five highest complete.										ensatio	n from	
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services										Com	(C) pensatio	 on

							_					
Total number of independent contractors \$100,000 of compensation from the organ	_	not I	ımıte	ed to		ose li	stec	d above) who received n	nore than			
tree, est of compensation from the organ						-					rm 990 /	(2014)

Form 990 (2014) Sangamon Valley Council 5754
Part VIII Statement of Revenue

·		Check if Schedule O cont	ains a response o	or note to any line	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats of ts	1 a	Federated campaigns	1a		· · · · · · · · · · · · · · · · · · ·		<u>-</u>	
e ža	b	Membership dues	1b	2,597.				
Am Am	С	Fundraising events	1c					
当当		Related organizations	1d					
S, E	е	Government grants (contribut	tions) 1e					
§ S		All other contributions, gifts, gran						
la Et		similar amounts not included abo	1 1	689,322.				1
ãO P	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			691,919.			L
				Business Code				
8	2 a							
e š	þ							
S S	C							
Program Service Revenue	d						•	
	е							
آ ته	f	All other program service reve	enue				·	L
	9	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		▶ [ļ <u>. </u>
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		>				ļ
}			(i) Real	(ii) Personal				
	6 a	Gross rents				,		
	b	Less: rental expenses						
	С	Rental income or (loss)						l
İ	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						•
į	b	Less cost or other basis						
		and sales expenses				ĺ		
ľ	С	Gain or (loss)						
	d			>				
63	8 a	Gross income from fundraisir	ng events (not			Ž Ž		
une		including \$	of	ĺ				
ek		contributions reported on line	1c) See					
Other Reven		Part IV, line 18	а	8,870.		}		
E	b	Less direct expenses	b	0.				
0	С	Net income or (loss) from fun	draising events		8,870.	<u> </u>		8,870.
	9 a	Gross income from gaming a	ctivities See	1				
		Part IV, line 19	а	3,707.				
	b	Less direct expenses	b	0.				
		Net income or (loss) from gar	ning activities	•	3,707.			3,707.
		Gross sales of inventory, less		-				
		and allowances	а					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Reveni		Business Code				
	11 a					<u> </u>		<u> </u>
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			704,496.	0.	0.	12,577.
43200 11-07	9 - 14							Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	5,000.	5,000.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign			Ì						
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	· <u></u>					
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting				 _					
ď	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	 								
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	04 00 1	01 001							
21	Payments to affiliates	21,234.	21,234.							
22	Depreciation, depletion, and amortization	200.	200.							
23	Insurance				 -					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A)]							
	amount, list line 24e expenses on Schedule O.)	10 515	10 515							
	General Council	19,517.	19,517.							
b	State Council	2,553.	2,553.							
c	Supreme Council	770.	770.							
q	All address and a second									
	All other expenses	49,274.	49,274.	0.	0.					
<u>25</u>	Total functional expenses Add lines 1 through 24e	49,414.	45,414.		0.					
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>						

Part X Balance Sheet

Par	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,567.	1_	1,665.
	2	Savings and temporary cash investments	36,852.	2	693,938.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	683.	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ξŲ	}	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	1 -	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 6,420.			
	Ь	Less accumulated depreciation 10b 200.	6,420.	10c	<u>6,220.</u>
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	46,522.	16	701,823.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ĕ		key employees, highest compensated employees, and disqualified persons			
Liabilıties	ļ	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	<u>-</u>
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X of	_		
		Schedule D	0.	25	79.
	26_	Total liabilities. Add lines 17 through 25	0.	26	
	į	Organizations that follow SFAS 117 (ASC 958), check here and			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Fund Balances	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ä.	{	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.	0		0
set	30	Capital stock or trust principal, or current funds	0.		0.
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund	46,522.	31	701,744.
Net	32	Retained earnings, endowment, accumulated income, or other funds	46,522.		701,744.
_	33	Total net assets or fund balances	46,522.		701,744.
	34	Total liabilities and net assets/fund balances	40,344.	34	701,023.

Form 990 (2014)

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Pai	t XI Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	704	,496.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49	,274.
3	Revenue less expenses Subtract line 2 from line 1	3	655	,222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46	<u>,522.</u>
5	Net unrealized gains (losses) on investments	5		
. 6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	701	,744.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			<u> </u>	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			7,7
b	Were the organization's financial statements audited by an independent accountant?		2b	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	1.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	2-	x
	Act and OMB Circular A-133?	urad audit	_3a	^_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	med audit	25	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2014)
			roim s	/ //// (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Name of the organization

Knights of Columbus

Sangamon Valley Council 5754

Employer identification number

			y Council 5/				<u>/-115/005</u>				
Part I	Reason for Public (Charity Status (A	All organizations must co	mplete thi	s part) Se	e instructions.					
The orga	inization is not a private found	ation because it is (I	For lines 1 through 11, c	heck only	one box)						
1 🖵	A church, convention of chi	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).					
2	A school described in secti	on 170(b)(1)(A)(ii). (A	Attach Schedule E)								
з 🗀	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).					
4 [_	A medical research organization	ation operated in cor	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
	city, and state										
5	An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental unit describ	ed in				
-	section 170(b)(1)(A)(ıv). (C		,	•	, ,						
6 [A federal, state, or local gov	·	nental unit described in s	ection 17	'Ω/b\/1\/Δ\/	'v1					
7 X		_					nublic described in				
	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
в [[_]	1		1VAVvi) (Complete Part	· II \							
9 =	A community trust describe				oont vibuutus	na mambarahia fasa a	nd aross receipts from				
9	An organization that norma	•	·				-				
	activities related to its exem										
	income and unrelated busin		(less section 511 tax) fro	om busine:	sses acqu	ired by the organization	after June 30, 1975				
40 F	See section 509(a)(2). (Cor			f-4 . O							
10	An organization organized a	·	•	-							
11	An organization organized a										
	more publicly supported or						neck the box in				
г-	lines 11a through 11d that										
a L	Type I. A supporting orga	•	•	•	-						
	the supported organization			majority o	of the direc	ctors or trustees of the s	upporting				
_	organization You must o	•									
b L	Type II. A supporting org										
	control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	introl or manage the sup	ported				
_	organization(s). You mus	-									
c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
_	its supported organizatio	n(s) (see instructions	s) You must complete F	Part IV, Se	ctions A,	D, and E.					
d L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	with its supported organi	zation(s)				
	that is not functionally int	egrated The organiz	zation generally must sat	tisfy a disti	ribution rea	quirement and an attent	iveness				
	requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.					
e [Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation						
f Er	nter the number of supported		-								
g Pr	ovide the following information	n about the supporte	ed organization(s)								
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of				
	organization		(described on lines 1-9 above or IRC section	governing	n your document?	support (see	other support (see				
			(see instructions))	Yes	No	Instructions)	Instructions)				
				-							
						· · · · -					
					-						
											
		-			 						
Total				[

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Sangamon Valley Council 5754

37-1157005 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and				-		1:1
	membership fees received (Do not						
	include any "unusual grants ")		1		1,618.	691,919.	693,537.
2	Tax revenues levied for the organ-	-					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			,			li
	the organization without charge						
4	Total. Add lines 1 through 3				1,618.	691,919.	693,537.
	The portion of total contributions						
	by each person (other than a	 					
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,]		
	column (f)						
6	Public support. Subtract line 5 from line 4						693,537.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4				1,618.	691,919.	693,537.
8	Gross income from interest,						
	dividends, payments received on		ļ				
	securities loans, rents, royalties						
	and income from similar sources		}				
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI)		1		1		
11	Total support. Add lines 7 through 10						693,537.
	Gross receipts from related activities,	etc (see instructi	ons)			12	29,980.
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶
17a	10% -facts-and-circumstances tes	t - 2014. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
Ł	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire				•		ightharpoons
18	Private foundation. If the organization						s •
						dule A (Form 990	

432022 09-17-14

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				ļ		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	<u> </u>					
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					;	
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				E		
13 Total support (Add lines 9, 10c, 11, and 12)		l		L	.l	L <u> </u>
14 First five years. If the Form 990 is for	the organization'	s fırst, second, thı	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here	<u>.</u>					
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2014 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2013					16	9
Section D. Computation of Inves	tment Incom	e Percentage	·	····	-,	
17 Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	:013 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2014. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	organization did i	not check a box of	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	_
20 Private foundation. If the organization		•				
ZO Private iounuation, ii the organization	, i ulu HUL CHECK d	DUN UIT III IC 14, IS	u, ur rau, uricuk l	ייים הרע מוות סבק וו		

Schedule A (Form 990 or 990-EZ) 2014 Sangamon Valley Council 5754

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A and D. and C. If you checked 11d of Part I, complete Sections A and D. and complete Part IV.

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	i i	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
_	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	!	
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b		- · · -		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	}		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
-	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	ļ		i
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		}
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	ĺ		1
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also	}		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 72			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1	'	[
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		ļ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	J]
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			·
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		ļ
	organizations)? If "Yes," answer (b) below	10a	<u> </u>	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	i		l

determine whether the organization had excess business holdings

	Kilgits of Columbus	-	_	
	edule A (Form 990 or 990-EZ) 2014 Sangamon Valley Council 5754 37-11	<u>.5700</u>	5 Pa	ige 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	[
	controlled the organization's activities. If the organization had more than one supported organization,	İ	1	
		Í	1 1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	١.		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	ÌÌ	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
		1	()	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ļ	
	supported organizations played in this regard	3	<u></u>	
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С		tructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	The state of the s		1	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
			İ	1
		ł		
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities	<u>2a</u>	 	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the]	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	L	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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Schedule A (Form 990 or 990-EZ) 2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990 EZ) 2014 Sangamon Valley Council			37-1157005 Page 6
Pai	7,500 000(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00/(0) 00(2/(0) 00/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2/(0) 00(2			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		 +		(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5_	<u> </u>	<u> </u>
6	Portion of operating expenses paid or incurred for production or	1 1		İ
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		ļ <u> </u>
	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u> </u>
Sect	ion B - Minimum Asset Amount	j	(A) Prior Year	(B) Current Year
				(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	ŀ		
	instructions for short tax year or assets held for part of year)			
_ <u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
~	factors (explain in detail in Part VI)			
_ 2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_ 3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
. 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	_6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	Knights of Co			•
	dule A (Form 990 or 990-EZ) 2014 Sangamon Vall			37-1157005 Page 7
Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued))
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	- <u></u>	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		}
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	is	
4	Amounts paid to acquire exempt-use assets		<u>.</u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
_		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			1
3	Excess distributions carryover, if any, to 2014:			
С				
d				
e	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			ļ
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
•	and 4c		1	
8	Breakdown of line 7			
a				

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

Name of the organization

Knights of Columbus

Sangamon Valley Council 5754

Employer identification number 37-1157005

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
J	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	of deficit advisor, or for any other purpose	Yes No
Par		panyation answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizat		41174,11107
'	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	r reservation of a cer	tilled historic structure
2	Complete lines 2a through 2d if the organization held a quali	find consoniation contribution in the form	of a consensation easement on the last
2	day of the tax year	ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a	Total acreage restricted by conservation easements		2b
b	•	ructure included in (a)	2c
	Number of conservation easements on a certified historic sti		
ď	Number of conservation easements included in (c) acquired	after 6/17/06, and not on a historic struc	2d
•	listed in the National Register Number of conservation easements modified, transferred, re	densed automorphod or terminated by th	
3	_	neased, extinguished, or terminated by tr	e organization during the tax
	year >	perment in logated	
4	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5			Yes No
c	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting		
6	Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) abo		
8	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
	In Part XIII, describe how the organization reports conservat	con accompate in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
		MONS Illiancial statements that describes	the organization's accounting to
Pai	conservation easements rt III Organizations Maintaining Collections of	of Art Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		7.000.00
10	If the organization elected, as permitted under SFAS 116 (A)		ment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		ance of paone service, provide, in that XIII,
L	If the organization elected, as permitted under SFAS 116 (A		at and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		education, or research in furtherance of pr	ublic service, provide the following amounts
	relating to these items		~ ¢
	(i) Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	and transport of the state of t	
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS	To (ASC 336) relating to these items.	L &
a	Revenue included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

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Par	rt III Organizations Maintaining	Collections of A	rt, Histori	cal Treasures,	or Other	Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, access	sion, and other record	is, check an	y of the following tha	at are a sig	nificant us	se of its	collection	items
	(check all that apply)								
а	Public exhibition	Q	i 🔲 Loai	n or exchange progr	ams				
b	Scholarly research	е	Othe	er					
С	Preservation for future generations			-					
4	Provide a description of the organization's	collections and explai	n how they f	urther the organizati	on's exem	pt purpos	se in Part	: XIII	
5	During the year, did the organization solici	or receive donations	of art, histor	cal treasures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be	maintained as part of t	the organiza	tion's collection?				Yes	□ No
Par	rt IV Escrow and Custodial Arra	ngements. Comple	ete if the org	anization answered	"Yes" to F	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, F	Part X, line 21				_			
1a	Is the organization an agent, trustee, custo	dian or other intermed	diary for con	tributions or other as	ssets not ii	ncluded			_
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table)					
							_	Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
	Ending balance					1f			
2 a	Did the organization include an amount on	Form 990, Part X, line	21, for escr	ow or custodial acco	ount liabilit	y?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part X	III Check here if the ex	xplanation h	as been provided in	Part XIII				
Par	rt V Endowment Funds. Complet	e if the organization ar	nswered "Ye	s" to Form 990, Part	IV, line 10	l			
		(a) Current year	(b) Prior	year (c) Two yea	rs back (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losse	s							
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the c	urrent year end baland	ce (line 1g, c	olumn (a)) held as					
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment >	%							
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%							
За	Are there endowment funds not in the pos	session of the organiz	ation that ar	e held and administ	ered for th	e organiza	ation	_	
	by							\Y	es No
	(i) unrelated organizations							3a(i)	
	(II) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organization	ons listed as required o	on Schedule	R?				3b	
4	Describe in Part XIII the intended uses of		owment fund	is					
Par	rt VI Land, Buildings, and Equip								
	Complete if the organization answer	ered "Yes" to Form 990	0, Part IV, Im	e 11a See Form 990), Part X, II	ne 10			
	Description of property	(a) Cost or obasis (invest		(b) Cost or other basis (other)	1 ' '	cumulated reciation	d	(d) Book	value
1a	Land								
b	Buildings								
С	Leasehold improvements								
ď	Equipment			6,420.		20	0.	6	<u>,220.</u>
е	Other								
Total	al. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), line 10c)				6	,220.

Schedule D (Form 990) 2014

	_			
Schedule	DΪ	Form	990)	2014

chedule D (Form 990) 2014	Sangamon	Valley	Council	5754

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	ost or end of-year market value
) Financial derivatives			
Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			_
(F)			
(G)			
(H)			
otal (Col (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value		ost or end-of-year market value
	(0)	(0,	
(1)	 		
(2)		 	
(3)	 		
(4)	 	 	
(5)	 		
(6)		 	
(7)		ļ	
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Part X, line	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(9)	ne 15)		—
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		—
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.		11e or 11f See Form 990 Part	X line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"			X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f See Form 990, Part (b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Dues paid in advance			X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3) (4)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3) (4)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3) (4) (5)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3) (4) (5) (6)		(b) Book value	X, line 25
(9) Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Dues paid in advance (3) (4) (5) (6) (7)		(b) Book value	X, line 25

432053 10-01-14

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Knights of Columbus Schedule D (Form 990) 2014 Sangamon Valley Council 5754 37-1157005 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII) 24 Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

432054 10-01-1

SCHEDULE O

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2014

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

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

Knights of Columbus Emple

Sangamon Valley Council 5754

Employer identification number 37-1157005

Form 990, Part I, Line 1, Description of Organization Mission:
aid and assistance are offered to sick, disabled and needy members and
their families. Social and intellectual fellowship is promoted among
members and their families through educational, charitable, religious,
social welfare, war relief and public relief works.
Form 990, Part III, Line 1, Description of Organization Mission:
educational, charitable, religious, social welfare, war relief and
public relief works.
Form 990, Part VI, Section B, line 11:
The return was provided to the organization and reviewed by the Financial
Secretary and the Board Treasurer.
Form 990, Part VI, Section B, Line 12c:
If a board member has a conflict of interest, the board member does not
vote on the issue.
Form 990, Part VI, Section C, Line 19:
The organization's governing documents and financial statements are
available upon request.