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Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

 Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization KNIGHTS OF COLUMBUS #1264		D Employer identification number 23-7142114	
Number and street (or P.O. box, if mail is not delivered to street address) P O BOX 982		Room/suite	
City or town LEBANON	State KY	ZIP code 40033-0982	E Telephone number (270) 692-3762
Foreign country name	Foreign province/state/county	Foreign postal code	F Group Exemption Number ► 0188

G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **63,068**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED SEP 29 2016 Revenue Expenses Net Assets	1 Contributions, gifts, grants, and similar amounts received	1	924
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,465
	4 Investment income	4	16
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events	6d	27,074
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	43,181	
c Less direct expenses from gaming and fundraising events	6c	16,107	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	14,482	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,961	
10 Grants and similar amounts paid (list in Schedule O)	10	3,398	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13		
14 Occupancy, rent, utilities, and maintenance	14	19,889	
15 Printing, publications, postage, and shipping	15	900	
16 Other expenses (describe in Schedule O)	16	20,154	
17 Total expenses. Add lines 10 through 16	17	44,341	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,620	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	122,741	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	125,361	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,505	22 25,999
23 Land and buildings	102,336	23 97,880
24 Other assets (describe in Schedule O)		24 1,530
25 Total assets	122,841	25 125,409
26 Total liabilities (describe in Schedule O)	100	26 48
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	122,741	27 125,361

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Fraternal & Sponsorship of Local Organizations

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 Raised funds for local mental disabled workshop, educational and low income assistance

(Grants \$ 1,748) If this amount includes foreign grants, check here 28a

29 Church related activities and promotion.

(Grants \$ 1,200) If this amount includes foreign grants, check here 29a

30 Volunteer assistance to members and member families

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 31a32 Total program service expenses. (add lines 28a through 31a) 32 0**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Terry Rakes				
Grand Knight	Hr/WK 2.00			
Will Knight				
Deputy Grand Knight	Hr/WK 1.00			
Harold Young				
Financial Secretary	Hr/WK 2.00			
Rick Downs				
Treasurer	Hr/WK 1.00			
Michael Buckman				
Trustee	Hr/WK			
John O Thomas				
Trustee	Hr/WK			
John L Thomas				
Trustee	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.

	Yes	No
33	X	

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).

34	X
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35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
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b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

35b	
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

35c	X
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

36	X
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37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

37a	
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b Did the organization file Form 1120-POL for this year?

37b	X
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38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a	X
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 501(c)(7) organizations Enter

39a

a Initiation fees and capital contributions included on line 9

39b

b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► , section 4912 ► , section 4955 ►

40b	
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

40e	X
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41 List the states with which a copy of this return is filed ► NONE

42 a The organization's books are in care of ► Rick Downs Telephone no ► (859) 336-7590
Located at ► 49 Bonnie Blvd, Ste 3 City Springfield ST KY ZIP + 4 ► 40069-1517

	Yes	No
42b	X	

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►

42c	X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43

43	
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44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a	X
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	X
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c Did the organization receive any payments for indoor tanning services during the year?

44c	X
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

44d	
-----	--

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	X
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b	X
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	Yes	No
46	46	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	47	
48	48	
49a	49a	
49b	49b	

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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

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

► Yes No

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

Sign Here	Signature of officer Rick Downs	8/30/2016
		Date Treasurer
	Type or print name and title Rick Downs	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2015**Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS #1264

Employer identification number

23-7142114

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
1		Yes	No	0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 FISH FRY (event type)	(b) Event #2 CATERING (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts . . .	28,130	8,030	7,021	43,181
2 Less. Contributions . . .			0	0
3 Gross income (line 1 minus line 2) . . .	28,130	8,030	7,021	43,181
4 Cash prizes . . .			0	0
5 Noncash prizes . . .			0	0
6 Rent/facility costs . . .			0	0
7 Food and beverages . . .	10,555	2,907	1,255	14,717
8 Entertainment . . .			0	0
9 Other direct expenses . . .	516	42	832	1,390
10 Direct expense summary. Add lines 4 through 9 in column (d)			► (16,107)
11 Net income summary Subtract line 10 from line 3, column (d)			►	27,074

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue . . .				0
2 Cash prizes . . .				0
3 Noncash prizes . . .				0
4 Rent/facility costs . . .				0
5 Other direct expenses . . .				0
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)			► (0)
8 Net gaming income summary Subtract line 7 from line 1, column (d)			►	0

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

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

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0.

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information.

Name ►

Gaming manager compensation ► \$

Description of services provided

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS #1264

Employer identification number

23-7142114

Form 990-EZ Part 1, Line 8-Other Revenue-Schedule attached- Rents and Miscellaneous

Form 990-EZ Part 1, Line 16- Other Expenses-Schedule attached-Depreciation, Telephone Property Taxes, Dues, Advertising,

Council Activities, Insurance, Supplies

Form 990-EZ Part 1, Line 10- Food Bank \$1,073, Educational \$1,500, Other \$825.

Form 990-EZ Part 2, Line 24- Advances for local community event

Form 990-EZ Part 2, Line 26- Sales Tax

Name of the organization

KNIGHTS OF COLUMBUS #1264

Employer identification number

23-7142114