



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

2015

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

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

Open to Public  
Inspection

<b>A For the 2015 calendar year, or tax year beginning</b>		July 1	, 2015, and ending		June 30	, 2016
<b>B Check if applicable.</b>		<b>C Name of organization</b>			<b>D Employer Identification number</b>	
<input type="checkbox"/> Address change		Knights of Columbus - St. Mark council #12654			56 2199979	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)			<b>E Telephone number</b>	
<input type="checkbox"/> Initial return		14740 Stumptown Rd			704-948-0231	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			<b>F Group Exemption Number ►</b>	
<input type="checkbox"/> Amended return		Huntersville, NC 28078				
<input type="checkbox"/> Application pending						
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►					<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>I Website:</b> ► <a href="http://www.kofcknights.org/CouncilSite/?NO=12654">www.kofcknights.org/CouncilSite/?NO=12654</a>						
<b>J Tax-exempt status (check only one) —</b> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( 8 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other						
<b>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 . . . . . ► \$</b>					30876	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 182	
		2 0	3 6306
	2 Program service revenue including government fees and contracts . . . . .	2 0	4 0
	3 Membership dues and assessments . . . . .	3 6306	5c 0
	4 Investment income . . . . .	4 0	
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0	
	b Less: cost or other basis and sales expenses . . . . .	5b 0	
	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 16873	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0	
	b Gross income from fundraising events (not including \$ 0 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 47749	
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 30876	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 16873	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 0	
	b Less: cost of goods sold . . . . .	7b 0	
	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 0	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 23361	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 18887	
		11 0	12 0
	11 Benefits paid to or for members . . . . .	11 0	
	12 Salaries, other compensation, and employee benefits . . . . .	12 0	
	13 Professional fees and other payments to independent contractors . . . . .	13 0	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 0	
	15 Printing, publications, postage, and shipping . . . . .	15 469	
	16 Other expenses (describe in Schedule O) . . . . .	16 5441	
	17 Total expenses. Add lines 10 through 16 ►	17 24797	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 (1436)	
		19 16558	20 0
	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 16558	
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 15122	

R 15

**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 . . . . .	16558	22
23 Land and buildings . . . . .	0	23
24 Other assets (describe in Schedule O) . . . . .	0	24
<b>25 Total assets</b> . . . . .	<b>16558</b>	<b>25</b>
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	<b>0</b>	<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>16558</b>	<b>27</b>
		15122
		0
		0
		15122
		0
		15122

**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? Catholic men's service organization

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 K of C Operation Lamb KofC State Statue of Pope John Paul II Gift

(Grants \$ 3600) If this amount includes foreign grants, check here  **28a** 3600

29 St Mark Catholic Church Youth Programs

(Grants \$ 9198) If this amount includes foreign grants, check here  ▶  29a 9198

30 Catholic Vocations, Gifts, special donations, culture of life

(Grants \$ 6089) If this amount includes foreign grants, check here . . . . ►  30a 6089

**31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here . . . . ►  31a

32 Total program service expenses (add lines 28a through 31a) . . . . . ► 32 18887

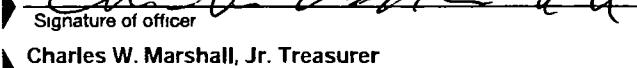
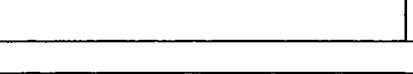
**Part IV** **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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
Thomas Battle Grand Knight	4	0	0	0
Richard Christian Deputy Grand Knight	3	0	0	0
Charles Marshall Treasurer	2	0	0	0
Mark Yelanich Financial Secretary	3	0	0	0
</td				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► <b>North Carolina</b>		
42a The organization's books are in care of ► Charles Marshall	Telephone no. ►	704-875-8811
Located at ► 8807 Thornbury Ln, Huntersville, NC	ZIP + 4 ►	78078-8517
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).	Yes	No
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: ►	42b	✓
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 ► <b>43</b>	43	□
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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	44a	✓
c Did the organization receive any payments for indoor tanning services during the year?	44b	✓
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	44c	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	✓
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)	45a	✓
	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	Yes	No
<b>Part VI Section 501(c)(3) organizations only</b> 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				
<b>47</b> 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		47	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		49a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> If "Yes," was the related organization a section 527 organization?		49b	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>50</b> 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."				
<b>(a)</b> Name and title of each employee		<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>f</b> Total number of other employees paid over \$100,000 ► <input type="text"/>				
<b>51</b> 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."				
<b>(a)</b> Name and business address of each independent contractor		<b>(b)</b> Type of service	<b>(c)</b> Compensation	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<b>d</b> Total number of other independent contractors each receiving over \$100,000 ► <input type="text"/>				
<b>52</b> Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A ► <input type="checkbox"/> Yes <input type="checkbox"/> 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				
<b>Sign Here</b>				AUG 18, 2016
	Signature of officer <b>Charles W. Marshall, Jr. Treasurer</b> Type or print name and title			Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <input type="text"/>	Preparer's signature 	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/>
	Firm's name ► <input type="text"/>		Firm's EIN ► <input type="text"/>	
	Firm's address ► <input type="text"/>		Phone no. <input type="text"/>	
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> 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

ACIE18 3016

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**Sign Name** **Signature** **Date**

Charles W. Marshall, Jr. Treasurer

► Type or print name and title

**Print/Type preparer's name** **Preparer's signature** **Date** **Check**  **if** **PTIN**

**Paid**  
 **Own business**  
 **Check**  **self-employed**

For the first time, you can now enter your name and SIN directly into the system. This will help us to identify you more easily when you come to the office.

**Use Only**  **Firm's Name**  **Firm's EIN**

Month: **102** (Leave this column with the previous year shown above.) See instructions. **Phone no.** 

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Knights of Columbus - St. Mark Council #12654

Employer identification number

56 2199979

Line 16:National and State Dues, \$2,920, Meals \$499,State Convention \$1,102, Insurance \$285,Business Expenses \$365.