

990

C&E  
946  
FormDepartment of the Treasury  
Internal Revenue Service

## 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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

## A For the 2017 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

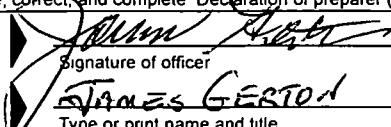
|   |  |  |  |  |                       |
|---|--|--|--|--|-----------------------|
| B Check if applicable   |  | C Name of organization <b>KNIGHTS OF COLUMBUS 4270</b>                                       |  | D Employer identification number <b>61-1020931</b>   |                       |
| <input type="checkbox"/> Address change   |  | Doing business as _____  |  | E Telephone number <b>(859) 336-9967</b>   |                       |
| <input type="checkbox"/> Name change  |  | Number and street (or P O box if mail is not delivered to street address) <b>P O BOX 381</b> |  | Room/suite _____   |                       |
| <input type="checkbox"/> Initial return   |  | City or town <b>SPRINGFIELD</b>  |  | State <b>KY</b>  | ZIP code <b>40069</b> |
| <input type="checkbox"/> Final return/terminated  |  | Foreign country name   |  | Foreign province/state/county  |                       |
| <input type="checkbox"/> Amended return   |  | Foreign postal code  |  | G Gross receipts \$ <b>690,800</b>   |                       |
| <input type="checkbox"/> Application pending  |  | F Name and address of principal officer  |  | H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                       |
|   |  |  |  | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                       |
|   |  |  |  | If "No," attach a list (see instructions) <b>8</b>   |                       |
| I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |  |  | H(c) Group exemption number ► <b>0188</b>  |                       |
| J Website: ►  |  |  |  |  |                       |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►               |  | L Year of formation <b>1956</b>  |  | M State of legal domicile <b>KY</b>  |                       |

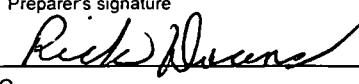
## Part I Summary

|  |  |            |   |             |                            |
|--|--|------------|---|-------------|----------------------------|
| SCANNED ACTIVITIES & GOVERNANCE<br>Review  | 1 Briefly describe the organization's mission or most significant activities<br><br>Fraternal activities of men of the catholic faith, promotion of the Knights of Columbus organization and support of local catholic organizations |            |   |             |                            |
|  | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |            |   |             |                            |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3          | 7 |             |                            |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4          |   |             |                            |
|  | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)   | 5          |   |             |                            |
|  | 6 Total number of volunteers (estimate if necessary)   | 6          |   |             |                            |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a         |   |             |                            |
|  | b Net unrelated business taxable income from Form 990-T, line 34   | 7b         |   |             |                            |
|  | 8 Contributions and grants (Part VIII, line 1h)  | Prior Year |   |             | Current Year <b>87,630</b> |
|  | 9 Program service revenue (Part VIII, line 2g)   |            |   |             |                            |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 5)  |            |   |             | 26                         |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |            |   |             | 111,779                    |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |  |            |   | 199,435     |                            |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  |  |            |   | 67,250      |                            |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |  |            |   |             |                            |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |  |            |   |             |                            |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |  |            |   |             |                            |
| b Total fundraising expenses (Part IX, column (D), line 25) ►                        |  |            |   |             |                            |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |  |            |   | 51,085      |                            |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          |  |            |   | 118,335     |                            |
| 19 Revenue less expenses Subtract line 18 from line 12                               |  |            |   | 81,100      |                            |
| 20 Total assets (Part X, line 16)  | Beginning of Current Year  |            |   | End of Year |                            |
| 21 Total liabilities (Part X, line 26)   | 139,844  |            |   | 220,944     |                            |
| 22 Net assets or fund balances Subtract line 21 from line 20                         | 139,844  |            |   | 220,944     |                            |

## 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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

|           |   |                      |
|-----------|---|----------------------|
| Sign Here |  | Date <b>11-13-18</b> |
|           | Signature of officer<br><b>JAMES GERTON</b>   |                      |
|           | Type or print name and title<br><b>TREASURER</b>                                    |                      |

|                        |  |   |                                |   |                       |
|------------------------|--|---|--------------------------------|---|-----------------------|
| Paid Preparer Use Only | Print/Type preparer's name <b>RICK DOWNS</b>                         | Preparer's signature  | Date <b>11/13/2018</b>         | Check <input type="checkbox"/> if self-employed | PTIN <b>P00295350</b> |
|                        | Firm's name ► <b>RICK L DOWNS CPA PSC</b>                            |   | Firm's EIN ► <b>61-1349380</b> |   |                       |
|                        | Firm's address ► <b>49 BONNIE BLVD, STE 3, SPRINGFIELD, KY 40069</b> |   | Phone no <b>(859) 336-7590</b> |   |                       |

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

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

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Form 990 (2017)

### Part III

## **Statement of Program Service Accomplishments**

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

1

**1 Briefly describe the organization's mission**

The Knights of Columbus has four core principles: charitable works, unity-to make life better in their parish and community, fraternity-assist brother Knights families in time of need, patriotism of country

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  X No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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 expenses, and revenue, if any, for each program service reported.

4a (Code ..... ) (Expenses \$ 4,930 including grants of \$ ..... ) (Revenue \$ ..... 2,630 )  
The council holds monthly meetings in which all members are invited to participate

The council holds monthly meetings in which all members are invited to participate.

**4b** (Code ..... ) (Expenses \$ ..... 67,250 including grants of \$ ..... ) (Revenue \$ ..... )  
Support of local catholic churches, local community organizations and other charitable causes

### **Support of local catholic churches, local community organizations and other charitable causes**

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
Fundraiser for mentally disabled

## Fundraiser for mentally disabled

**4d Other program services (Describe in Schedule O )**

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ► 72,180

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete *Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** 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*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete *Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete *Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete *Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete *Schedule D, Part IV*
- 10 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*
- 11 If the organization's answer to any of the following questions is "Yes," then complete *Schedule D, Parts VI, VII, VIII, IX, or X* as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete *Schedule D, Part VI*
  - b 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*
  - c 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*
  - d Did the organization report 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 IX*
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part X*
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete *Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete *Schedule D, Parts XI and XII*
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing *Schedule D, Parts XI and XII* is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete *Schedule F, Parts I and IV*
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete *Schedule F, Parts II and IV*
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete *Schedule F, Parts III and IV*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete *Schedule G, Part I* (see instructions)
- 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*

|     | Yes | No |
|-----|-----|----|
| 1   |     | X  |
| 2   | X   |    |
| 3   |     | X  |
| 4   |     |    |
| 5   | X   |    |
| 6   |     | X  |
| 7   |     | X  |
| 8   |     | X  |
| 9   |     | X  |
| 10  |     | X  |
| 11a | X   |    |
| 11b |     | X  |
| 11c |     | X  |
| 11d |     | X  |
| 11e |     | X  |
| 11f |     | X  |
| 12a |     | X  |
| 12b |     | X  |
| 13  |     | X  |
| 14a |     |    |
| 14b |     | X  |
| 15  |     | X  |
| 16  |     | X  |
| 17  |     | X  |
| 18  | X   |    |
| 19  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

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?

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

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

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

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  
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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  
 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

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

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 of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  
 a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  
 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
 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

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

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

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

|     | Yes | No |
|-----|-----|----|
| 20a | X   |    |
| 20b |     |    |
| 21  | X   |    |
| 22  |     | X  |
| 23  | X   |    |
| 24a |     | X  |
| 24b |     |    |
| 24c |     |    |
| 24d |     |    |
| 25a |     |    |
| 25b |     |    |
| 26  | X   |    |
| 27  | X   |    |
| 28a | X   |    |
| 28b | X   |    |
| 28c | X   |    |
| 29  | X   |    |
| 30  | X   |    |
| 31  | X   |    |
| 32  | X   |    |
| 33  | X   |    |
| 34  | X   |    |
| 35a | X   |    |
| 35b |     |    |
| 36  |     |    |
| 37  | X   |    |
| 38  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0

1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b

*Note. If the sum of lines 1a 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? 3a X

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b

4a 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)? 4a X

b If "Yes," enter the name of the foreign country 4b

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? 5a X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c

6a 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? 6a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

**7 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

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the sponsoring organization make any taxable distributions under section 4966? 9a

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

**11 Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

**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? 13a

*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 13b

c Enter the amount of reserves on hand 13c

**14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a X

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, 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.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year  
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 O

1b

2 Enter the number of voting members included in line 1a, above, who are independent

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

|    | 1a | 7 | Yes | No |
|----|----|---|-----|----|
| 1b |    | 0 |     |    |
| 2  |    |   | X   |    |
| 3  |    |   | X   |    |
| 4  |    |   | X   |    |
| 5  |    |   | X   |    |
| 6  | X  |   |     |    |
| 7a | X  |   |     |    |
| 7b | X  |   |     |    |
| 8a | X  |   |     |    |
| 8b |    |   | X   |    |
| 9  |    |   | X   |    |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

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?

|     | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|-----|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
|     |     |     |     |     |     |     |    |    |     |     |     |     | X   |    |
| 10b |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 11a |     |     | X   |     |     |     |    |    |     |     |     |     |     |    |
| 12a |     |     |     | X   |     |     |    |    |     |     |     |     |     |    |
| 12b |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 12c |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 13  |     |     |     |     | X   |     |    |    |     |     |     |     |     |    |
| 14  |     |     |     |     |     | X   |    |    |     |     |     |     |     |    |
| 15a |     |     |     |     |     |     | X  |    |     |     |     |     |     |    |
| 15b |     |     |     |     |     |     |    | X  |     |     |     |     |     |    |
| 16a |     |     |     |     |     |     |    |    | X   |     |     |     |     |    |
| 16b |     |     |     |     |     |     |    |    |     |     | X   |     |     |    |

### Section C. Disclosure

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) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  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 financial 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  
James Gerton (859) 336-9967  
2013 Bardstown Rd, Springfield, KY 40069

**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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                     | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |              |                     |        |  | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---|---|--|--------------|---------------------|--------|--|---|---|--|
|   |   | Officer  | Key employee | Highest compensated | Former |  |   |   |  |
| (1) Bob Parrott<br>Trustee                |   | X  |              |                     |        |  |   |   |  |
| (2) George Graves<br>Trustee              |   | X  |              |                     |        |  |   |   |  |
| (3) Bobby Ray Hamiton<br>Trustee          |   | X  |              |                     |        |  |   |   |  |
| (4) Joe Murphy<br>Grand Knight            | 2 00  |  | X            |                     |        |  |   |   |  |
| (5) James E Hardin<br>Deputy Grand Knight | 1 00  |  | X            |                     |        |  |   |   |  |
| (6) Randy Hall<br>Financial Secretary     | 2.00  |  | X            |                     |        |  |   |   |  |
| (7) James Gerton<br>Treasurer             | 2 00  |  | X            |                     |        |  |   |   |  |
| (8)                                       |   |  |              |                     |        |  |   |   |  |
| (9)                                       |   |  |              |                     |        |  |   |   |  |
| (10)                                      |   |  |              |                     |        |  |   |   |  |
| (11)                                      |   |  |              |                     |        |  |   |   |  |
| (12)                                      |   |  |              |                     |        |  |   |   |  |
| (13)                                      |   |  |              |                     |        |  |   |   |  |
| (14)                                      |   |  |              |                     |        |  |   |   |  |

| Part VII                                  |  | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |   |  |                       |                                |              |   |   |  |
|---|--|--|---|--|-----------------------|--------------------------------|--------------|---|---|--|
|   |  | (A)<br>Name and title  | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       |                                |              | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|   |  |  |   | Individual trustee<br>or director  | Institutional trustee | Officer                        | Key employee |   |   |  |
| (15)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (16)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (17)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (18)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (19)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (20)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (21)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (22)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (23)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (24)                                      |  |  |   |  |                       |                                |              |   |   |  |
| (25)                                      |  |  |   |  |                       |                                |              |   |   |  |
| <b>1b</b>                                 | <b>Sub-total</b>   |  |   |  |                       | ►                              |              |   |   |  |
| <b>c</b>                                  | <b>Total from continuation sheets to Part VII, Section A</b>   |  |   |  |                       | ►                              |              |   |   |  |
| <b>d</b>                                  | <b>Total (add lines 1b and 1c)</b>   |  |   |  |                       | ►                              |              |   |   |  |
| <b>2</b>                                  | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  |  |   |  |                       | ►                              |              |   |   |  |
| 3   | Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   |  |   |  |                       | ►                              |              |   |   |  |
| 4   | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual                       |  |   |  |                       | ►                              |              |   |   |  |
| 5   | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   |  |   |  |                       | ►                              |              |   |   |  |
| <b>Section B. Independent Contractors</b> |  |  |   |  |                       |                                |              |   |   |  |
| <b>1</b>                                  | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year |  |   |  |                       |                                |              |   |   |  |
|   |  | (A)<br>Name and business address   |   |  |                       | (B)<br>Description of services |              |   | (C)<br>Compensation   |  |
|   |  |  |   |  |                       |                                |              |   |   |  |
|   |  |  |   |  |                       |                                |              |   |   |  |
|   |  |  |   |  |                       |                                |              |   |   |  |
|   |  |  |   |  |                       |                                |              |   |   |  |
| <b>2</b>                                  | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►   |  |   |  |                       |                                |              |   |   |  |

**Part VIII****Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. 

|   |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |
|---|---|--|--|---|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a Federated campaigns<br>b Membership dues<br>c Fundraising events<br>d Related organizations<br>e Government grants (contributions)<br>f All other contributions, gifts, grants, and<br>similar amounts not included above<br>g Noncash contributions included in lines 1a-1f<br>h Total. Add lines 1a-1f   | 1a<br>1b 2,630<br>1c<br>1d<br>1e<br>1f 85,000<br>\$ 85,000<br>► 87,630 |  |   |  |
| Program Service Revenue                                   | 2a<br>b<br>c<br>d<br>e<br>f All other program service revenue<br>g Total. Add lines 2a-2f   | Business Code  |  |   |  |
|   | 3 Investment income (including dividends, interest, and<br>other similar amounts)<br>4 Income from investment of tax-exempt bond proceeds<br>5 Royalties  | ► 26   |  |   | 26   |
|   | 6a Gross rents<br>b Less rental expenses<br>c Rental income or (loss)<br>d Net rental income or (loss)<br>7a Gross amount from sales of<br>assets other than inventory<br>b Less cost or other basis<br>and sales expenses<br>c Gain or (loss)<br>d Net gain or (loss)  | (i) Real 5,700<br>5,700<br>► 5,700                                     |  |   | 5,700  |
| Other Revenue   | 8a Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c)<br>See Part IV, line 18<br>b Less direct expenses<br>c Net income or (loss) from fundraising events<br>9a Gross income from gaming activities<br>See Part IV, line 19<br>b Less direct expenses<br>c Net income or (loss) from gaming activities<br>10a Gross sales of inventory, less<br>returns and allowances<br>b Less cost of goods sold<br>c Net income or (loss) from sales of inventory | (i) Securities<br>58,460<br>29,911<br>► 28,549                         |  |   | 28,549   |
|   |   | (ii) Other<br>536,201<br>461,454<br>► 74,747                           |  |   | 74,747   |
|   | Miscellaneous Revenue   | Business Code  |  |   |  |
|   | 11a Insurance Claim<br>b Refunds<br>c<br>d All other revenue<br>e Total. Add lines 11a-11d<br>12 Total revenue. See instructions  | 531120 2,676<br>900099 107<br>► 2,783<br>► 199,435                     |  |   | 2,676<br>107<br>111,805  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

| <b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>   | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service<br/>expenses</b> | <b>(C)<br/>Management and<br/>general expenses</b> | <b>(D)<br/>Fundraising<br/>expenses</b> |
|--|-------------------------------|---|--|---|
| 1 Grants and other assistance to domestic organizations<br>domestic governments See Part IV, line 21   | 67,250                        | 67,250                                      |  |   |
| 2 Grants and other assistance to domestic<br>individuals See Part IV, line 22  |                               |   |  |   |
| 3 Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals See Part IV, lines 15 and 16  |                               |   |  |   |
| 4 Benefits paid to or for members  |                               |   |  |   |
| 5 Compensation of current officers, directors,<br>trustees, and key employees  |                               |   |  |   |
| 6 Compensation not included above, to disqualified<br>persons (as defined under section 4958(f)(1)) and<br>persons described in section 4958(c)(3)(B)  |                               |   |  |   |
| 7 Other salaries and wages   |                               |   |  |   |
| 8 Pension plan accruals and contributions (include<br>section 401(k) and 403(b) employer contributions)  |                               |   |  |   |
| 9 Other employee benefits  |                               |   |  |   |
| 10 Payroll taxes   |                               |   |  |   |
| 11 Fees for services (non-employees)   |                               |   |  |   |
| a Management   |                               |   |  |   |
| b Legal  |                               |   |  |   |
| c Accounting   | 900                           | 900   |  |   |
| d Lobbying   |                               |   |  |   |
| e Professional fundraising services. See Part IV, line 17  |                               |   |  |   |
| f Investment management fees   |                               |   |  |   |
| g Other (If line 11g amount exceeds 10% of line 25, column<br>(A) amount, list line 11g expenses on Schedule O )   |                               |   |  |   |
| 12 Advertising and promotion   |                               |   |  |   |
| 13 Office expenses   | 2,424                         | 2,424                                       |  |   |
| 14 Information technology  |                               |   |  |   |
| 15 Royalties   |                               |   |  |   |
| 16 Occupancy   | 27,930                        | 27,930                                      |  |   |
| 17 Travel  |                               |   |  |   |
| 18 Payments of travel or entertainment expenses<br>for any federal, state, or local public officials   |                               |   |  |   |
| 19 Conferences, conventions, and meetings  |                               |   |  |   |
| 20 Interest  |                               |   |  |   |
| 21 Payments to affiliates  |                               |   |  |   |
| 22 Depreciation, depletion, and amortization   | 8,715                         | 8,715                                       |  |   |
| 23 Insurance   | 4,335                         | 4,335                                       |  |   |
| 24 Other expenses Itemize expenses not covered<br>above (List miscellaneous expenses in line 24e If<br>line 24c amount exceeds 10% of line 25, column<br>(A) amount, list line 24e expenses on Schedule O )  |                               |   |  |   |
| a Per Capita Expense   | 1,851                         | 1,851                                       |  |   |
| b Council Activities   | 4,930                         | 4,930                                       |  |   |
| c  |                               |   |  |   |
| d  |                               |   |  |   |
| e All other expenses   |                               |   |  |   |
| 25 Total functional expenses. Add lines 1 through 24e  | 118,335                       | 74,031                                      | 44,304   |   |
| 26 Joint costs. Complete this line only if the<br>organization reported in column (B) joint costs<br>from a combined educational campaign and<br>fundraising solicitation Check here ► <input type="checkbox"/> if<br>following SOP 98-2 (ASC 958-720) |                               |   |  |   |

**Part X****Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

|                             |  | (A)<br>Beginning of year | (B)<br>End of year              |
|-----------------------------|--|--------------------------|---------------------------------|
| Assets                      | 1 Cash—non-interest-bearing  | 28,871                   | 1 27,086                        |
|                             | 2 Savings and temporary cash investments   | 2                        |                                 |
|                             | 3 Pledges and grants receivable, net   | 3                        |                                 |
|                             | 4 Accounts receivable, net   | 4                        |                                 |
|                             | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L  |                          |                                 |
|                             | 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |                          |                                 |
|                             | 7 Notes and loans receivable, net  | 6                        |                                 |
|                             | 8 Inventories for sale or use  | 7                        |                                 |
|                             | 9 Prepaid expenses and deferred charges  | 8                        |                                 |
|                             | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 9                        |                                 |
|                             | 10b Less accumulated depreciation  | 10a 415,361              | 10b 221,503 10c 110,973 193,858 |
|                             | 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                       |                                 |
|                             | <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 16 139,844               | 220,944                         |
| Liabilities                 | 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                       |                                 |
|                             | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   |                          |                                 |
|                             | 23 Secured mortgages and notes payable to unrelated third parties  | 22                       |                                 |
|                             | 24 Unsecured notes and loans payable to unrelated third parties  | 23                       |                                 |
|                             | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  | 24                       |                                 |
|                             | <b>26 Total liabilities.</b> Add lines 17 through 25   | 25 26                    |                                 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.   |                          |                                 |
|                             | 27 Unrestricted net assets   | 27                       |                                 |
|                             | 28 Temporarily restricted net assets   | 28                       |                                 |
|                             | 29 Permanently restricted net assets   | 29                       |                                 |
|                             | Organizations that do not follow SFAS 117 (ASC958), check here ► <input type="checkbox"/> and complete lines 30 through 34.  |                          |                                 |
|                             | 30 Capital stock or trust principal, or current funds  | 30                       |                                 |
|                             | 31 Paid-in or capital surplus, or land, building, or equipment fund  | 31                       |                                 |
|                             | 32 Retained earnings, endowment, accumulated income, or other funds  | 139,844 32               | 220,944                         |
|                             | <b>33 Total net assets or fund balances</b>  | 139,844 33               | 220,944                         |
|                             | <b>34 Total liabilities and net assets/fund balances</b>   | 139,844 34               | 220,944                         |

**Part 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  | 199,435 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 118,335 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 81,100  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 139,844 |
| 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  |         |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 220,944 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
- Attach to Form 990.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 4270

Employer identification number

61-1020931

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

|   | (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 advised funds are the organization's property, subject to the organization's exclusive legal control?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

|   |  |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply)  | <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area |
|   | <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure   |
|   | <input type="checkbox"/> Preservation of open space  |
| 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  | <b>Held at the End of the Tax Year</b>   |
| a Total number of conservation easements  | 2a   |
| b Total acreage restricted by conservation easements  | 2b   |
| c Number of conservation easements on a certified historic structure included in (a)  | 2c   |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  | 2d   |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►   |  |
| 4 Number of states where property subject to conservation easement is located ►   |  |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►   |  |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$  |  |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements |  |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

|   |      |
|---|------|
| 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | ► \$ |
| b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items   | ► \$ |
| (i) Revenue included on Form 990, Part VIII, line 1   | ► \$ |
| (ii) Assets included in Form 990, Part X  | ► \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items   | ► \$ |
| a Revenue included on Form 990, Part VIII, line 1   | ► \$ |
| b Assets included in Form 990, Part X   | ► \$ |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

HTA

Schedule D (Form 990) 2017

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

|    | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----|-------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a | Land                    |                                      | 16,000                          |                              | 16,000         |
| b  | Buildings               |                                      | 340,113                         | 170,405                      | 169,708        |
| c  | Leasehold improvements  |                                      |                                 |                              |                |
| d  | Equipment               |                                      | 59,248                          | 51,098                       | 8,150          |
| e  | Other                   |                                      |                                 |                              |                |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ►

193,858

**Part VII****Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely-held equity interests  |                |   |
| (3) Other  |                |   |
| (A) _____  |                |   |
| (B) _____  |                |   |
| (C) _____  |                |   |
| (D) _____  |                |   |
| (E) _____  |                |   |
| (F) _____  |                |   |
| (G) _____  |                |   |
| (H) _____  |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►</b> |                |   |

**Part VIII****Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) _____  |                |   |
| (2) _____  |                |   |
| (3) _____  |                |   |
| (4) _____  |                |   |
| (5) _____  |                |   |
| (6) _____  |                |   |
| (7) _____  |                |   |
| (8) _____  |                |   |
| (9) _____  |                |   |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ►</b> |                |   |

**Part IX****Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description  | (b) Book value |
|--|----------------|
| (1) _____  |                |
| (2) _____  |                |
| (3) _____  |                |
| (4) _____  |                |
| (5) _____  |                |
| (6) _____  |                |
| (7) _____  |                |
| (8) _____  |                |
| (9) _____  |                |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►</b> |                |

**Part X****Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

| 1. (a) Description of liability  | (b) Book value |  |
|--|----------------|--|
| (1) Federal income taxes   |                |  |
| (2) _____  |                |  |
| (3) _____  |                |  |
| (4) _____  |                |  |
| (5) _____  |                |  |
| (6) _____  |                |  |
| (7) _____  |                |  |
| (8) _____  |                |  |
| (9) _____  |                |  |
| <b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►</b> |                |  |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

|   |   |    |  |
|---|---|----|--|
| 1 | Total revenue, gains, and other support per audited financial statements      | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |  |
| a | Net unrealized gains (losses) on investments                                  | 2a |  |
| b | Donated services and use of facilities  | 2b |  |
| c | Recoveries of prior year grants   | 2c |  |
| d | Other (Describe in Part XIII )  | 2d |  |
| e | Add lines 2a through 2d   | 2e |  |
| 3 | Subtract line 2e from line 1  | 3  |  |
| 4 | 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 )  | 4b |  |
| c | Add lines 4a and 4b   | 4c |  |
| 5 | 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" on Form 990, Part IV, line 12a

|   |  |    |  |
|---|--|----|--|
| 1 | Total expenses and losses per audited financial statements                     | 1  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |  |
| a | Donated services and use of facilities   | 2a |  |
| b | Prior year adjustments   | 2b |  |
| c | Other losses   | 2c |  |
| d | Other (Describe in Part XIII )   | 2d |  |
| e | Add lines 2a through 2d  | 2e |  |
| 3 | Subtract line 2e from line 1   | 3  |  |
| 4 | 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               | 4a |  |
| b | Other (Describe in Part XIII )   | 4b |  |
| c | Add lines 4a and 4b  | 4c |  |
| 5 | 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

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**Part XIII Supplemental Information (continued)**

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 4270

Employer identification number

61-1020931

**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, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b If "Yes," list the 10 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 |                                   |  |   |
|   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| <b>Total</b>  |               |  |    |                                   |  |   |

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

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**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<br>Fish Fry<br>(event type)   | (b) Event #2<br>Bingo Concessions<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add col (a) through col (c)) |
|-----------------|--|---|--|---|
| Revenue         | 1 Gross receipts<br><br>2 Less Contributions<br>3 Gross income (line 1 minus line 2)   | 41,163<br><br>41,163                              | 17,297<br><br>17,297                       | 58,460<br><br>58,460                              |
|                 |  |   |  |   |
|                 |  |   |  |   |
| Direct Expenses | 4 Cash prizes<br>5 Noncash prizes<br>6 Rent/facility costs<br>7 Food and beverages<br>8 Entertainment<br>9 Other direct expenses | 17,641<br><br>351                                 | 10,919<br><br>1,000                        | 28,560<br><br>1,351                               |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d)  |   |  | ► ( 29,911)                                       |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d)   |   |  | ► 28,549  |

**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)) |
|-----------------|--|--|---|--|
| Revenue         | 1 Gross revenue<br><br>144,204   | 391,997  |   | 536,201  |
| Direct Expenses | 2 Cash prizes<br><br>136,107   | 299,470  |   | 435,577  |
|                 | 3 Noncash prizes<br><br>.  |  |   |  |
|                 | 4 Rent/facility costs<br><br>.   |  |   |  |
|                 | 5 Other direct expenses<br><br>6,790   | 19,087   |   | 25,877   |
|                 | <input checked="" type="checkbox"/> Yes 100 00%<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 00%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes %<br><input type="checkbox"/> No | [REDACTED]                                     |
|                 | 6 Volunteer labor  |  |   |  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d)                   |  |   | ► ( 461,454)                                   |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d)            |  |   | ► 74,747                                       |

9 Enter the state(s) in which the organization conducts gaming activities KY  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_

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

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

13 Indicate the percentage of gaming activity conducted in

|                               |     |         |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | 100 00% |
| b An outside facility         | 13b | %       |

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

Name ► James Gerton

Address ► P.O. Box 381, Springfield, KY 40069

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

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

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

Name ►

Address ►

## 16 Gaming manager information

Name ► Bob Guenthner

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► Oversees bingo operation and hall

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

44,848

**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 I**  
**(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.Department of the Treasury  
Internal Revenue Service  
Name of the organization

KNIGHTS OF COLUMBUS 4270

OMB No. 1545-0047  
**2017**  
Open to Public  
Inspection

61-1020931

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

► Attach to Form 990.

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                 | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Holy Rosary Church<br>348 Rosary Heights Springfield, KY 40061   | 61-1066328 | 501c(3)                       | 14,500                   |                                   |   |                                       | Charitable                         |
| (2) Holy Trinity Church<br>306 Fredricktown Rd Springfield, KY 40061 | 61-0564817 | 501c(3)                       | 12,500                   |                                   |   |                                       | Charitable                         |
| (3) St Dominic Church<br>303 W Main St Springfield, KY 40069         | 61-0463942 | 501c(3)                       | 13,900                   |                                   |   |                                       | Charitable & Educational           |
| (4) St Rose Church<br>868 Loretto Rd Springfield, KY 40069           | 61-0514714 | 501c(3)                       | 12,500                   |                                   |   |                                       | Charitable                         |
| (5)  |            |                               |                          |                                   |   |                                       |                                    |
| (6)  |            |                               |                          |                                   |   |                                       |                                    |
| (7)  |            |                               |                          |                                   |   |                                       |                                    |
| (8)  |            |                               |                          |                                   |   |                                       |                                    |
| (9)  |            |                               |                          |                                   |   |                                       |                                    |
| (10)   |            |                               |                          |                                   |   |                                       |                                    |
| (11)   |            |                               |                          |                                   |   |                                       |                                    |
| (12)   |            |                               |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

4

HTA

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1                               |                          |                          |                                  |   |                                       |
| 2                               |                          |                          |                                  |   |                                       |
| 3                               |                          |                          |                                  |   |                                       |
| 4                               |                          |                          |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I Line 2 Donations are made mainly to local Catholic churches with no monitoring of the use of the funds

## Continuation Sheet for Schedule I (Form 990)

Name of the organization  
KNIGHTS OF COLUMBUS 4270  
Employer identification number  
61-1020931

Page 1 of 1

### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (13) .....   |         |                               |                          |                                   |   |  |                                    |
| (14) .....   |         |                               |                          |                                   |   |  |                                    |
| (15) .....   |         |                               |                          |                                   |   |  |                                    |
| (16) .....   |         |                               |                          |                                   |   |  |                                    |
| (17) .....   |         |                               |                          |                                   |   |  |                                    |
| (18) .....   |         |                               |                          |                                   |   |  |                                    |
| (19) .....   |         |                               |                          |                                   |   |  |                                    |
| (20) .....   |         |                               |                          |                                   |   |  |                                    |
| (21) .....   |         |                               |                          |                                   |   |  |                                    |
| (22) .....   |         |                               |                          |                                   |   |  |                                    |
| (23) .....   |         |                               |                          |                                   |   |  |                                    |
| (24) .....   |         |                               |                          |                                   |   |  |                                    |
| (25) .....   |         |                               |                          |                                   |   |  |                                    |
| (26) .....   |         |                               |                          |                                   |   |  |                                    |
| (27) .....   |         |                               |                          |                                   |   |  |                                    |
| (28) .....   |         |                               |                          |                                   |   |  |                                    |
| (29) .....   |         |                               |                          |                                   |   |  |                                    |

## Continuation Sheet for Schedule I (Form 990)

Page 1 of 1  
Name of the organization  
**KNIGHTS OF COLUMBUS 4270**  
Employer identification number  
61-1020931

### Part III Continuation of Grants and Other Assistance to Individuals in the United States

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 8                               |                          |                          |                                   |   |  |
| 9                               |                          |                          |                                   |   |  |
| 10                              |                          |                          |                                   |   |  |
| 11                              |                          |                          |                                   |   |  |
| 12                              |                          |                          |                                   |   |  |
| 13                              |                          |                          |                                   |   |  |
| 14                              |                          |                          |                                   |   |  |
| 15                              |                          |                          |                                   |   |  |
| 16                              |                          |                          |                                   |   |  |
| 17                              |                          |                          |                                   |   |  |
| 18                              |                          |                          |                                   |   |  |
| 19                              |                          |                          |                                   |   |  |
| 20                              |                          |                          |                                   |   |  |
| 21                              |                          |                          |                                   |   |  |
| 22                              |                          |                          |                                   |   |  |
| 23                              |                          |                          |                                   |   |  |
| 24                              |                          |                          |                                   |   |  |
| 25                              |                          |                          |                                   |   |  |
| 26                              |                          |                          |                                   |   |  |

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 4270

Employer identification number

61-1020931

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art   |                               |  |  |  |
| 2 Art—Historical treasures   |                               |  |  |  |
| 3 Art—Fractional interests   |                               |  |  |  |
| 4 Books and publications   |                               |  |  |  |
| 5 Clothing and household<br>goods  |                               |  |  |  |
| 6 Cars and other vehicles  |                               |  |  |  |
| 7 Boats and planes   |                               |  |  |  |
| 8 Intellectual property  |                               |  |  |  |
| 9 Securities—Publicly traded   |                               |  |  |  |
| 10 Securities—Closely held stock   |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests  |                               |  |  |  |
| 12 Securities—Miscellaneous  |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures   |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other  |                               |  |  |  |
| 15 Real estate—Residential   |                               |  |  |  |
| 16 Real estate—Commercial  | X                             | 1  | 85,000   | PVA Assessment   |
| 17 Real estate—Other   |                               |  |  |  |
| 18 Collectibles  |                               |  |  |  |
| 19 Food inventory  |                               |  |  |  |
| 20 Drugs and medical supplies  |                               |  |  |  |
| 21 Taxidermy   |                               |  |  |  |
| 22 Historical artifacts  |                               |  |  |  |
| 23 Scientific specimens  |                               |  |  |  |
| 24 Archeological artifacts   |                               |  |  |  |
| 25 Other ► ( _____ )   |                               |  |  |  |
| 26 Other ► ( _____ )   |                               |  |  |  |
| 27 Other ► ( _____ )   |                               |  |  |  |
| 28 Other ► ( _____ )   |                               |  |  |  |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for<br>which the organization completed Form 8283, Part IV, Donee Acknowledgement |                               | 29   |  |  |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 4270

Employer identification number

61-1020931

Form 990-PART VI-LINE 6-Meetings are open to all members and all members have the right to vote on all matters

Form 990-PART VI-LINE 7a-All members have the right of participate in the election of the governing body

Form 990-PART VI-LINE 7b-All members have the right to vote on all governance decisions

Form 990-PART VI-LINE 11-A officer reviews and signs the form 990. The form 990 is presented at the next monthly meeting

for review by the membership

Form 990-PRT VI-LINE19-The grand knight as the "Laws and rules governing the third degree of the Knights of Columbus"

which is available on request. No financial statements are prepared for the council other than those included in form 990

Name of the organization

KNIGHTS OF COLUMBUS 4270

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