

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

2018

Department of the Treasury  
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

A For the 2018 calendar year, or tax year beginning

, 2018, and ending

, 20

B Check if applicable

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

C Name of organization

KNIGHTS OF COLUMBUS #1264

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

Room/suite

P O BOX 982

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

(859) 336-7590

Lebanon, KY 40033

08

F Group Exemption  
Number ► 0188

G Accounting Method

 Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(8) ◀ (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

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

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 78,731

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

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

1 Contributions, gifts, grants, and similar amounts received	1	3,483
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	5,250
4 Investment income	4	32
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	59,729
c Less direct expenses from gaming and fundraising events	6c	21,534
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,195
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	10,237
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,197
10 Grants and similar amounts paid (list in Schedule O)	10	7,869
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	27,430
15 Printing, publications, postage, and shipping	15	230
16 Other expenses (describe in Schedule O)	16	15,912
17 Total expenses. Add lines 10 through 16	17	51,441
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,756
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	156,644
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	162,400

For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2018)

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**Part II: Balance Sheets (see the instructions for Part II)**

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

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments . . . . .	35,915	22	49,783	
23 Land and buildings . . . . .	120,729	23	112,617	
24 Other assets (describe in Schedule O) . . . . .	0	24	0	
<b>25 Total assets . . . . .</b>	<b>156,644</b>	<b>25</b>	<b>162,400</b>	
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>	<b>0</b>	
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>156,644</b>	<b>27</b>	<b>162,400</b>	

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **FRATERNALISM & SPONSORSHIP OF LOCAL ORGS**

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

## Expenses

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

**28 TOOTsie ROLL DRIVE FOR LOCAL INTELLECTUAL DISABILITIES  
ORGANIZATION AND FUNDING FOR STATE CAMP FOR SAME.**

28a

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**29 PROVIDING FOOD FOR LOCAL PANTRY SERVING LOW INCOME**

\_\_\_\_\_

**POPULATION AND  
SPONSORSHIP OF LOCAL YOUTH ACTIVITIES.**

29a 1,472

30 \_\_\_\_\_

11. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 11)

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Page 10 of 10

30a

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

31a

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
RICK DOWNS				
<u>TREASURER</u>	1.00	0	0	0
WILLIAM KNIGHT				
<u>GRAND KNIGHT</u>	2.00	0	0	0
CHAD MATTINGLY				
<u>DEPUTY GRAND KNIGHT</u>	1.00	0	0	0
JOHN G MATTINGLY				
<u>FINANCIAL SECRETARY</u>	2.00	0	0	0
VINCENT ROGERS				
<u>TRUSTEE</u>	0.00	0	0	0
TERRY RAKES				
<u>TRUSTEE</u>	0.00	0	0	0
JOHN O THOMAS				
<u>TRUSTEE</u>	0.00	0	0	0

GO

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9.	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40b	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40b	
41 List the states with which a copy of this return is filed ► _____	40e	X
42 a The organization's books are in care of ► <u>RICK DOWNS</u> Telephone no ► <u>859-336-7590</u> Located at ► <u>49 BONNIE BLVD STE 3, Springfield, KY</u> ZIP + 4 ► <u>40069</u>	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42c	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here. ► _____ and enter the amount of tax-exempt interest received or accrued during the tax year. ► <u>43</u> <input type="checkbox"/>	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

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

	Yes	No
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46   X

**Part VI Section 501(c)(3) Organizations Only**

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

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

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

47	
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47

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

48

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

49a

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

49b

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

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

Sign Here	► <b>RICK DOWNS</b> <i>Rick Downs</i>	Date <b>11-15-19</b>			
	Signature of officer				
Paid Preparer Use Only	► <b>RICK DOWNS, TREASURER</b>				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ►			Firm's EIN ►		
Firm's address ►			Phone no		

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2018

Open to Public  
Inspection

**Department of the Treasury  
Internal Revenue Service**

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Name of the organization

**KNIGHTS OF COLUMBUS #1264**

**Employer identification number**

23-7142114

► Attach to Form 990 or Form 990-EZ.

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

View details for instructions and the full list of available features.

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

KNIGHTS OF COLUMBUS #1264 23-142114

**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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the 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
		Yes	No		
1					
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

**Part III**

**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 <b>FISH FRY</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>9</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts . . . . .	46,535		13,193	59,728
2 Less Contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .	46,535		13,193	59,728
Direct Expenses				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .	18,565		2,969	21,534
8 Entertainment . . . . .				
9 Other direct expenses . . . . .				
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► 21,534
11 Net income summary Subtract line 10 from line 3, column (d) . . . . .				► 38,194

**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 . . . . .				
Direct Expenses				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	[REDACTED]
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				►
8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				►

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

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

b If "No," explain \_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_

**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

**2018****Open to Public  
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS #1264

Employer identification number

23-7142114**01. Description of other revenue (Part I, line 8)**

<u>Description</u>	<u>Amount</u>
RENT	9,920
REIMBURSEMENTS & MISC	317

**02. List of grants and similar amounts paid (Part I, line 10)**

<u>Activity</u>	CHARITABLE
<u>Grantee</u>	KY ASSN FOR PERSONS W INTELLECTUAL
<u>Street</u>	209 BON HARBOR HILL
<u>City, State, Zip</u>	Owensboro, KY 42301
<u>Amount</u>	6,397

<u>Activity</u>	CHARITABLE
<u>Grantee</u>	MISCELLANEOUS
<u>Amount</u>	1,472

**03. Description of other expenses (Part I, line 16)**

<u>Description</u>	<u>Amount</u>
Depreciation from 4562	8,112
ADVERTISING	657
INSURANCE	3,411
STATE & SUPREME DUES	2,387
COUNCIL ACTIVITES	1,345