

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



SCANNED JUN 1 4 2010

Department 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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

| <u>A</u> _ | For th | ne 2009 ca | alendar | year, or tax year begin | ning | , 2009, | and ending | | , 2 | 0 | | |
|-------------------------|--|--|---------------------|--|-----------------------------|--|--|------------------|---------------------|---------------------------------|-------------------|--|
| В | Check if | applicable | Please | C Name of organization K | NIGHTS OF CO | LUMBUS COUN | ICIL 2269 | D | Employer id | lentification r | number | |
| _ | | s change | use IRS tabel or | Doing Business As | | | | | 23 | 710683 | 7 | |
| | Name c | | print or | Number and street (or P O | oox if mail is not delivere | d to street address) | Room/suite | E | Telephone r | umber | | |
| | Initial re | | type See | 202 W THIRD STRE | ET | | | 1.0 |) | | | |
| | | | Specific | City or town, state or co | | | - | | · | | | |
| $\overline{}$ | Termina | | Instruc- tions | O'FALLON, MO 633 | • | | | ۵ | Gross receipts | 35 | 5,806. | |
| = | | ed return | F Nan | ne and address of principal | | D SCHIMENDE | 14 A DA | | | | | |
| Ш | Application | on pending | | | | | FINIWIA | 1 '' | group return for af | _ | _ | |
| _ | _ | | | MGE ROAD O'FALL | | | | | affiliates includ | | | |
| <u></u> | | empt status | <u> 7</u> | 501(c) (8) ◄ (insert no.) | 4947(a)(1) or | <u> </u> | | 1 | attach a list | | - | |
| <u>J</u> | Webs | | _ | | | | | | mption number | | | |
| | | organization | | oration I Trust I Association | n ∐ Other ▶ | L Ye | ar of formation | 1921 N | State of lega | il domicile M | <u>o</u> | |
| P | art I | Summ | | | | | | | | | | |
| | 1 | Briefly de | escribe | the organization's mi | ssion or most sig | inificant activitie | es. WE SHA | ALL UPHOL | D AND PR | OMULGAT | E | |
| • | 1 | THE FO | UR PR | INCIPLES OF OUR O | RDER: CHARITY | , UNITY, FRAT | ERNITY AN | ID PATRIO | rism, PRO | MOTE THE | | |
| ĕ | 1 . | CATHOL | LIC FA | ITH, SUPPORT THE S | SICK AND DISTE | RESSED, THE № | IENTALLY | AND PHYSI | CALLY CH | IALLENGE | D, | |
| Ĩ. | ا. ا | VOCATI | ONS, F | AMILY LIFE, CATHO | LIC EDUCATION | AND PROMO | TE PRO-LIF | Έ. | | | | |
| Activities & Goyérnance | ¹ 2 | Check this | box ► | If the organization disci | ontinued its operation | s or disposed of mo | ore than 25% of | f its net assets | | | | |
| <u>ن</u> حد | િંક | Number (| of votir | ng members of the go | vernina body (Pa | art VI. line 1a) | | | 3 | | N/A | |
| Se | 4 | | | pendent voting memb | | | VI. line 1b) | | 4 | | 0. | |
| ŧ | 5 | | | f employees (Part V, II | _ | · · | · ., | | 5 | | 0. | |
| ફ | ا ۾ ا | | | f volunteers (estimate | • | | | | 6 | | 390. | |
| ⋖ | | | | elated business reveni | | | | • | 7a | | 0. | |
| | | | | usiness taxable incom | | | 12 | | 7b | | 0. | |
| _ | | TTOL GINO | | domodo taxable indon | | , | <u>.</u> | Prior Year | | Current Yea | | |
| | | Contribut | tions of | | 7,168. | | 7,753. | | | | | |
| Revenue | 8 | | | nd grants (Part VIII, lir | • | | • • | | 0. | | 0. | |
| | 9 | _ | | e revenue (Part VIII, III | | | | 3(| 5,479. | 2 | 6,759. | |
| æ | 10 | | | | | | | | | | 30,805. | |
| | | | | idd lines 8 through 11 (| | | | | 3,146. 5,793. | | 5,317. | |
| _ | 1 | | | | | | 10 12 / | | 0,304. | - | 0,491. | |
| | | | | lar amounts paid (Par | | · | | | 0. | | | |
| ø | 1 | | • | or for members (Part | | • | · | | | | <u>0.</u> | |
| Se | 15 | Salaries, o | other co | ompensation, employee | benefits (Part IX, | column (A), lines | 5–10) | | 681. | | 718. | |
| Expense | 16a | Professio | onal fun | draising fees (Part IX, o | column (A), line 1 | 1e) | · • · | | 0. | | <u>0.</u> | |
| | _ | i Otal lunc | araising | rexpenses (Fait IX, con | Jiiii (∪), iiie 23) ► | | | | | | | |
| Ų. | 7147 | Other exp | penses | (Part IX, column (A), | lines 11a-11d, 1 | 1f–24f) . | . | <u> </u> | 5,395. | • | 1,987. | |
| | | | | Add lines 13-17 (mus | | <u>colum</u> n (A), line | 25) | | 5,380. | | <u>3,196.</u> | |
| | 19 | Revenue | less ex | penses. Subtract line 1 | 8 from line 12 | PENJER | | | 9,587. | | <u>2,121.</u> | |
| Soc | <u> </u> | | | | | | Beg | ginning of Curr | | End of Yea | | |
| set | 20 | Total ass | ets (Pa | art X, line 16) | . 4 | | | 783 | 3,324. | 869 | <u>9,301.</u> | |
| Net Assets or | 21 | | | Part X, line 26) | · · - · (V) | AY 0 4 2010 | \bar{\bar{\bar{\bar{\bar{\bar{\bar{ | | 0. | | 0. | |
| ž | 22 | | | ind balances Subtrac | t line ≵₩fom lin | e 20 . " | . (2) . | 78 | 3324. | 86 | 9,301. | |
| P | art II | | ature | | | F N F N F T | <u> </u> | | | | | |
| | | Under pe | nalties of | perjury, I declare that I have per correct, and complete D | e examined this return | inbluding accomp | inying schedule | s and statemer | nts, and to the | best of my kn or has any kno | owledge wledge | |
| | | | YI | 11 00 | YVI | (out of the control o | | | | - / ^ | 5 | |
| Sig | gn | | 1111 | Sem P. | Chur. | <u> </u> | | | -28 | - / 0 | | |
| He | ere | Sign | ature of o | | | | U. | Date | | | | |
| | | <u> // / / / / / / / / / / / / / / / / </u> | 1418 | In D. JCHWI | ENDEMAN | GRAN | D ENI | 6HT | | | | |
| | | Туре | or print | name and title | | | | | | | | |
| | | Preparer's | s | | | Date | Check self- | 1 | eparer's identif | ying number | | |
| Pai | 4 | signature | | | | | | oyed ▶ 🔲 (s | ee instructions) | | | |
| | | | | | | | | | | | | |
| | parer's | Firm's na | | ours | | | | EIN | - | | | |
| USE | e Only | if self-em address, | | + 4 | • | | - | Phone no | () | | | |
| Μź | v the | | | return with the prepa | rer shown above | e? (see instruction | ons) , . | | | Yes V | No | |
| | | | | work Reduction Act No | | - | | Cat No 1128 | 2Y | Form 990 | | |
| | | _, | | | | | | | _ | | \/ | |

| Par | Statement of Program Service Accomplishments |
|------------|--|
| 1 | Briefly describe the organization's mission: |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| www.c | allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 41: | (Out to the Company of the Company o |
| 4D | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| . martin | |
| 14.7 | <u>}</u> |
| | 5 |
| | |
| | |
| | |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | ······································ |
| | |
| | |
| | |
| | |
| | |
| ASSESSED ! |) |
| 4 | <u>5</u> |
| 4d | Other program services. (Describe in Schedule O.) |
| 10 | (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) Total program service expenses > 0. |

| Pai | Checklist of Required Schedules | | | |
|-----------|--|-----------|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | ✓ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?. | 2 | | ✓ |
| 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 | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) hotice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | 6 | | ✓ |
| 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 | 7_ | _ | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21; 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 | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | | ✓ |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | | ✓ |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | | | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| • | Did the organization 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. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | ✓ |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Yes No 12A ✓ | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 14a | | <u>√</u> |
| 14a b | | | | |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | ✓_ |
| 15 ~~: | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | ✓ |
| 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 | 17 | | ✓ |
| 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. | 18 | | ✓ |
| 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. | 19 | | √ |
| 20_ | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | <u> </u> |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|----------|---|------------|-----|----------|
| ` | Ŷ. | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 25 | 24a | | √ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | ✓ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | ✓ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 24d | | 1 |
| *B | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a 25b | | ▼ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III. | 27 | | 1 |
| 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 b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | ✓ |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | √ |
| 317 | Pold the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Ý |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | | |

| Par | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|----------|--|----------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | |
| | U.S Information Returns Enter -0- if not applicable | 1 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b 1. | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | 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 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 this return. (see instructions) | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," 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 byer, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | _ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | - |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 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? | 6a_ | - | ✓ |
| 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). | | | |
| а | 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 7b | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 10 | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was equired to file Form 8282? | 7c | | ✓ |
| | ff "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | √ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 00 | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a 9b | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 30 | | L |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | j | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | |
| | Gross income from members or shareholders | | | |
| | at. | | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b | 12a | | |

Form 990 (2009) Page **6**

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.

| Sec | tion A. Governing Body and Management | | | |
|----------------------|---|---------|----------|----------|
| م مراجعهم. اعتمال | rii. | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓_ |
| 6 | Does the organization have members or stockholders? | 6 | √ | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | , | |
| | of the governing body? | 7a | √ | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | ✓ | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | , | |
| - | The governing body? | 8a | V | |
| b | Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | 8b | | |
| 9 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9a | | 1 |
| Sec | tion B. Policies (This Section B requests information about policies not required by the International Control of the International | | | |
| | nue Code.) | ,,,,a, | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | | ✓ |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓ |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | ✓_ |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | ✓ |
| 13 | Does the organization have a written whistleblower policy? | 13 | | √ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | 1 |
| 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? | | | |
| W 25 | The organization's CEO, Executive Director, or top management official | 15a | | ✓ |
| | Other officers or key employees of the organization | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | √ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | 401 | | |
| 500 | the organization's exempt status with respect to such arrangements? | 16b | | |
| <u>3ec</u> 17 | | - | | |
| 18 | List the states with which a copy of this Form 990 is required to be filed ► | | | |
| .5 | available for public inspection. Indicate how you make these available. Check all that apply | ,(J)S (| July) | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of inte | erest | |
| | policy, and financial statements available to the public. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and reco | rds of | the | |
| | organization: ► RONALD GARDINER 109 COURTFIELD O'FALLON, MO 63366-4393 (636) 978-7639 | | | |

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 diganization, 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 the organization did not co | mpensate | any o | curr | ent | offi | cer, d | lirec | tor, or trustee. | | |
|--|------------------------------|----------------------------------|----------------------|----------|--------------|------------------------------|--------|---|--|---|
| (A) | (B) | | | (4 | C) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | Individual trustee O or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| WILLIAM D SCHWENDEMAN 707 EMGE ROAD O'FALLON, MO 63366 | | | | 1 | | | | 0. | 0. | 0. |
| VINCE SCULLY 1542 SNOWBIRD LN O'FALLON, MO 63366 | | | | 1 | | | | 0. | 0. | 0. |
| RONALD GARDINER 109, COURTFIELD DR O'FALLON, MO 63366 | | | | / | | | | 718. | 0. | 0. |
| RONALD YEAMANS 1234 WAGON WHEEL O'FALLON, MO 63366 | | | | 1 | | | | 0. | 0. | 0. |
| DONALD G FORBECK 707 CRESTVIEW DR O'FALLON, MO 63366 | | | 1 | 1 | | | | 0. | 0. | 0. |
| FRED DOERING III 40 TIMBERBROOK DR ST PETERS, MO 63376 | | | 1 | ✓ | | | | 0. | 0. | 0. |
| WILLIAM WOLF 914 HIGHWAY K O'FALLON, MO 63366 | | | 1 | 1 | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 6 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Par | t VII Section A. Officers, Directors, Tru | stees, Key | Emp | loy | ees, | an | d Hig | hest | Compensate | d Employees (co | ntinued) |
|---------|--|------------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|-------------|---|--|---|
| | (A) | (B) (C) | | | | | | | (D) | (E) | (F) |
| | Name and title | Average hours per week | | <u> </u> | Officer | _ | that ap Highes employ | ply) Former | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | | | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| white | | | | | | | ted | | | | |
| | ·} | | | | | | | | | | |
| | . All water and the second sec | - | | | ļ | ├— | | | - | | |
| | | | | : | | | | | , | _, | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | - | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | th _b | | - | | \vdash | | | - | | | |
| <u></u> | <u>}</u> | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b | Total | | | | | | | • | 718. | 0. | 0. |
| 2 | Total number of individuals (including but r | not limited | to the | ose | liste | ed a | above |) wh | no received mo | ore than \$100,0 | 00 in |
| | reportable compensation from the organization | ation ► 0. | | | | | | | | | Voc No |
| | | | | | | | | | | | Yes No |
| 3 | Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i> | chedule J | for su | ıch | ındı | vidu | ıal . | | | | 3 🗸 |
| 4 | For any individual listed on line 1a, is the sthe organization and related organizations | sum of repo greater tha | ortabl ın \$15 | e co 50,0 | omp 100? | ens If " | sation Yes," | and cor | d other compe mplete Schedu | nsation from le J for such | 4 |
| 5 | individual Did any person listed on line 1a receive asservices rendered to the organization? If "" | or accrue | comp | oen: | satio | on f | rom : | any | unrelated org | anization for | 5 🗸 |
| | ation B. Independent Contractors | 103, 00111 | ,,,,,,, | 3011 | | ,,, | 701 3 | 0011 | person . | <u> </u> | <u> </u> |
| 1 | Complete this table for your five highest compensation from the organization | ompensate | d ınd | epe | nde | nt c | contra | cto | rs that receive | d more than \$10 | 00,000 of |
| | (A) Name and business add | iress | | | - | | | | (B) Description of s | ervices | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractors (in more than \$100,000 in compensation from | ncluding bi | ut not | lım | ited | to 1 | those | liste | ed above) who | received | |

Form 990 (2009)

| VII | Statement of Rev | enue | | | | | | |
|----------|--|------------------|----------------|---|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from ta under sections 512, 513, or 514 |
| 1a | Federated campaigns | | 1a | - | | | | |
| b | Membership dues | ļ | 1b | 7,753. | | | | |
| С | Fundraising events . | | 1c | | | | | |
| | Related organizations | | 1d | | | | | |
| е | Government grants (contrib | outions). | 1e | | | | | |
| f | All other contributions, gifts, gr | | | | | | | |
| | and similar amounts not include | | 1f | | | | | |
| | Noncash contributions included Total. Add lines 1a-1f | I in lines 1a-11 | † \$ | . | 7,753. | | | |
| | Total. Add lines Ta-11 | | -г | Business Code | 7,755. | | | |
| 0- | | | } | Dusiness Gode | | | | |
| 2a | | | | | | | | |
| b | | | | · · · · · · · · · · · · · · · · · · · | | | | - |
| , 4 C | | | - 1 | | | | | |
| u | | | · · · · · [| ··· | | | | |
| f | All other program service | | | | | | | |
| g | Total. Add lines 2a-2f | • | | | 0. | | | |
| 3 | Investment income (inclu | ıdına dıvıc | lends | interest and | | | | |
| • | other similar amounts) | ading diric | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 26,759. | | | |
| 4 | Income from investment of | tax-exempt | t bond | proceeds > | 0. | | | |
| 5 | Royalties | • | | <u> </u> | 0. | | | |
| | | (ı) Real | | (ii) Personal | | | | |
| 6a | Gross Rents | | | | | | | |
| b | | ····· | | | | | | |
| C | | ` | | | | | | |
| d | Net rental income or (los | | | ▶ | 0. | | | |
| 7a | Gross amount from sales of | (i) Securities | | (II) Other 0. | | | | |
| | | #1 225, | 000. | U. | | | | |
| b | Less cost or other basis | 221, | 135 | 0. | | | | |
| | and sales expenses . | | 565. | 0. | | | | |
| d | Gain or (loss) . L Net gain or (loss) | | | <u> </u> | 3,565. | | | • |
| • | | | ſ | | 0,000. | | - | |
| ва | Gross income from events (not including \$. | fundraisin | g | | | | | |
| | of contributions reported | on line 1c | | | | | | |
| | | | | #2 96,294. | | | | İ |
| b | Less: direct expenses | | · F | 69,054. | | | | |
| C | Net income or (loss) from | n fundraisi | ıng ev | rents > | 27,240. | | | |
| 9a | Gross income from gamir | ng activities | s. | | | | | |
| | See Part IV, line 19 | | " a L | | | | | |
| | Less direct expenses | | ь | | | | | |
| С | Net income or (loss) from | n gaming | activit | ies . ► | 0. | | | ļ |
| 10a | Gross sales of inver | ntory, les | s | | l | | | |
| | returns and allowances | | a | | | | | |
| | Less: cost of goods sold | | b L | n | ١ | | | |
| С | Net income or (loss) from Miscellaneous Reven | | vento | ry . Business Code | 0. | | | 1 |
| | | | | Dusiness Code | | | 1 | |
| 11a | | | | | | | _ | |
| b | ••••• | | | | | | | |
| C | All allers or constant | | ···- - | | | | | |
| | All other revenue Total. Add lines 11a-11a | | . L | | 0. | | | <u> </u> |
| | LOTAL ACCUMES 112-110 | 3 | | | υ | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete co | lumn (A) but are no | ot required to comp | plete columns (B), | (C), and (D). |
|----------|---|-----------------------|------------------------------|-------------------------------------|--|
| | o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | #3 50,491. | 0. | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0. | 0. | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0. | 0. | | |
| | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. 0. | 0. | 0. | 0. |
| 7 8 | Other salaries and wages . Pension plan contributions (include section 401(k) | | | 0. | 0. |
| 9 | and section 403(b) employer contributions) Other employee benefits | 0. | 0. | 0. | 0. |
| 10 11 | Payroll taxes Fees for services (non-employees): | 233. | 0. | 0. | 0. |
| a b | Management Legal . | 0. 0. | 0. 0. | 0. 0. | 0. 0. |
| c d | Accounting | 0. 0. | 0. | 0. 0. | 0. |
| f | Professional fundraising services See Part IV, line 17 Investment management fees | 0. | 0. | 0. | 0. |
| 12 | Other | 0. 0. | 0. 0. 0. | 0. 0. 0. | 0. 0. 0. |
| 14 | Office expenses Information technology | 3,046. 0. | 0. 0. | 0. | 0. |
| 15 16 | Royalties . Occupancy | 6,000. | 0. | 0. | 0. |
| 17 18 | Travel | 0. | 0. | 0. | 0. |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings. | 0. | 0. | 0. | 0. 0. |
| 21 | Interest | 0. | 0. | 0. | 0. |
| 22 23 | Depreciation, depletion, and amortization . Insurance | 1,158. 0. | 0. | 0. | 0. 0. |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a b. | COUNCIL EXPENSES | 1,550. | 0. | 0. | 0. |
| d e | | | | | |
| 25 | All other expenses Total functional expenses. Add lines 1 through 24f | 62,478. | 0. | 0. | 0. |
| 26 | Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance Sheet | | | Page II |
|--|---|--------------------------|-----|---------------------------|
| 47 | | (A) Beginning of year | | (B) End of year |
| ¥ ₁ | Cash-non-interest-bearing | 6,377. | 1 | 2,481. |
| 2 | Savings and temporary cash investments | 233,177. | 2 | 289,730 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| \$ 7 | Notes and loans receivable, net | | 7 | |
| Assets 7 8 6 | Inventories for sale or use | | 8 | t |
| 9 🏲 | Prepaid expenses and deferred charges | | 9 | |
| 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| ь | Less accumulated depreciation 10b 5,212. | 2,896. | 10c | 1,738. |
| 11 | Investments—publicly traded securities | 540,874. | 11 | 575,352. |
| <u>~</u> [12 | Investments—other securities See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | 15 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 783,324. | 16 | 869,301. |
| 17 | Accounts payable and accrued expenses | 0. | 17 | 0. |
| 18 | Grants payable | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| .ဗ္ဗိ 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities 22 | Payables to current and former officers, directors, trustees, key | | | |
| ia; | employees, highest compensated employees, and disqualified | | | |
| -1 | persons. Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | • | 25 | |
| 26 S | Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| 2 | | | 27 | |
| 27 E 28 | Unrestricted net assets | | 28 | |
| 28 29 | Temporarily restricted net assets | | 29 | |
| Net Assets or Fund Balarice 25 2 2 3 3 3 3 3 3 3 3 5 5 5 5 5 5 5 5 | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. | | | |
| <u>د</u> 30 | Capital stock or trust principal, or current funds | | 30 | |
| 9 30 31 | Paid-in or capital surplus, or land, building, or equipment fund | - | 31 | |
| S 32 | Retained earnings, endowment, accumulated income, or other funds | 783,324. | 32 | 869,301. |
| 9 33 | Total net assets or fund balances | 783,324. | 33 | 869,301. |
| 34 | Total liabilities and net assets/fund balances | 783,324. | 34 | 869,301. |

Form **990** (2009)



| Par | t XI Financial Statements and Reporting | | | | | | |
|------|--|----|-----|----|--|--|--|
| | | | Yes | No | | | |
| 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 | | , | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| b | b Were the organization's financial statements audited by an independent accountant? | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | 2c | | | | | |
| | 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 | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | | | | |
| | issued on a consolidated basis, separate basis, or both | | i | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | | |
| 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? | 3a | | ✓ | | | |
| | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | | |
| 4424 | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | | | | |
| | | | | | | | |

Form **990** (2009)

STMT. I, FORM 990, PART VIII, LINE 7d 2009 NET GAIN OR (LOSS) FROM NONINVENTORY SALES

NONPUBLICLY TRADED SECURITIES

| DESCRIPTION DATE ACQUIRED HOW ACQUIRED DATE SOLD: TO WHOM SOLD GROSS SALES PRICE COST OR OTHER BASIS | COLUMBUS BANK & TRUST CO 10/08/2008 PURCHASED 01/15/2009 N/A 20,000.00 20,000.00 | | |
|--|--|----------------|----------|
| DESCRIPTION | FHLMC MEDIUM TERM NOTE | GAIN (LOSS) | 0 |
| DESCRIPTION DATE ACQUIRED | 07/13/2006 | | |
| HOW ACQUIRED | PURCHASED | | |
| DATE SOLD | 05/05/2009 | | |
| TO WHOM SOLD | N/A | | |
| GROSS SALES PRICE: | 25,000.00 | | |
| COST OR OTHER BASIS. | 23,004 95 | CADL/LOCC) | 1 005 05 |
| DESCRIPTION | FHLMC MEDIUM TERM NOTE | GAIN (LOSS) | 1,995.05 |
| DATE ACQUIRED | 07/12/2006 | | |
| HOW ACQUIRED: | PURCHASED | | |
| DATE SOLD: | 07/17/2009 | | |
| TO WHOM SOLD: | N/A | | |
| GROSS SALES PRICE. | 30,000.00 | | |
| COST OR OTHER BASIS | 28,429.95 | 0.4.77.47.0000 | 1 550 05 |
| DECORPTION | LECACVIEVAS DANIZOD | GAIN (LOSS) | 1,570 05 |
| DESCRIPTION. DATE ACQUIRED: | LEGACYTEXAS BANK CD 12/30/2008 | | |
| HOW ACQUIRED. | PURCHASED | | |
| DATE SOLD: | 03/31/2009 | | |
| TO WHOM SOLD | N/A | | |
| GROSS SALES PRICE: | 35,000 00 | | |
| COST OR OTHER BASIS | 35,000 00 | | |
| DESCRIPTION! | DEDUCT OF ANY A TRUCT OF | GAIN (LOSS) | 0 |
| DESCRIPTION: | REPUBLIC BANK & TRUST CD 01/12/2009 | | |
| DATE ACQUIRED: HOW ACQUIRED: | PURCHASED | | |
| DATE SOLD: | 03/16/2009 | | |
| TO WHOM SOLD. | N/A | | |
| GROSS SALES PRICE: | 20,000.00 | | |
| COST OR OTHER BASIS: | 20,000.00 | | |
| | | GAIN (LOSS) | 0 |
| DESCRIPTION: | TEXAS CAPITAL BANK CD | | |
| DATE ACQUIRED. HOW ACQUIRED: | 05/15/2009 PURCHASED | | |
| DATE SOLD: | 06/22/2009 | | |
| TO WHOM SOLD | N/A | | |
| GROSS SALES PRICE | 25,000.00 | | |
| COST OR OTHER BASIS: | 25,000.00 | | |
| | | GAIN (LOSS) | 0 |
| DESCRIPTION | WILMINGTONSVGS FD SOCIETY | CD | |
| DATE ACQUIRED: HOW ACQUIRED: | 04/08/2009 PURCHASED | | |
| DATE SOLD: | 07/15/2009 | | |
| TO WHOM SOLD: | N/A | | |
| GROSS SALES PRICE: | 70,000 00 | | |
| COST OR OTHER BASIS: | 70,000.00 | | |
| | | GAIN (LOSS) | 0 |
| TOTAL CABLG OCCUPA | OM NONINVENTODY SALES | | 2 565 10 |
| IOTAL GAIN (LUSS) FR | OM NONINVENTORY SALES | | 3,565.10 |

STMT. 2, FORM 990, PART V1II, LINE 8a

2009

NET INCOME (LOSS) FROM SPECIAL EVENTS

| SPECIAL EVENTS | GROSS RECEIPTS | LESS CONTRI- <u>BUTIONS</u> | GROSS <u>REVENUE</u> | LESS DIRECT EXPENSES | NET INCOME (LOSS) |
|---------------------|-------------------|-----------------------------------|-------------------------|----------------------------|-------------------------|
| FISH FRY DINNERS | 61,701.40 | 0 | 61,701.40 | 52,675.95 | 9,025.45 |
| ANNUAL GOLF TOURN | 21,008.00 | 0 | 21,008.00 | 9,823.25 | 11,184.75 |
| RECOGNITION DINNERS | • | | | | |
| REIMB, & MISC | 2,222.50 | 0 | 2,222.50 | 2,768.81 | - 546.31 |
| TOOTSIE ROLL | 4,820.61 | 0 | 4,820.61 | 828.00 | 3,992.61 |
| BASEBALL MANIA | 6,541.00 | 0 | 6,541.00 | 2,957.77 | 3,583.23 |
| | | | | | |
| TOTAL | 96,293.51 | 0 | 96,293.51 | 69,053.78 | 27,239.73 |
| | ====== | ===== | ====== | ====== | |

FEDERAL SUPPLEMENTAL INFORMATION

STATEMENT OF FUNCTIONAL EXPENSES (990) LINE 1 – GRANTS & ALLOCATIONS

| AGAPE HOUSE\$ | 100.00 |
|--|----------|
| ASSUMPTION ATHLETIC ASSOCIATION | 100.00 |
| ASSUMPTION CHURCH | 138.71 |
| ASSUMPTION SCHOOL | 3,150.00 |
| ASSUMPTION YOUTH GROUP | 250.00 |
| BIRTHRIGHT | 350.00 |
| BOONE CENTER WORKSHOP | 600.00 |
| BOYS AND GIRLS CLUB | 150.00 |
| CENTER FOR AUTISM EDUCATION | 1,137.65 |
| COMMUNITY LIVING FOR THE HANDICAPPED | 1,137.65 |
| CONCEPTION ABBEY | 300.00 |
| CRIDER HEALTH CENTER | 250.00 |
| CULTURE OF LIFE FUND | 447.00** |
| DARE PROGRAM | 315.00 |
| FLAG PEOPLE | 500.00 |
| FLINT HILL KNIGHTS OF COLUMBUS | 100.00 |
| FORT ZUMWALT HIGH SCHOOL | 400.00 |
| LITTLE SISTERS OF THE POOR | 100.00 |
| MO RIGHT TO LIFE | 225.00 |
| MO STATE COUNCIL MEMORIALS | 1,000.00 |
| NATIONAL FIRE SAFETY | 150.00 |
| NO HUNGER HOLIDAY | 500.00 |
| O'FALLON COMMUNITY FOUNDATION | 350.00 |
| OUR LADIES INN | 250.00 |
| RELIGIOUS INFORMATION BUREAU | 2,583.75 |
| RONALD MCDONALD HOUSE | 250.00 |
| ROSES FOR LIFE | 690.48** |
| RSVP PROGRAM | 500.00 |
| ST. BARNABAS CHURCH | 575.00 |
| ST. CHARLES CO. CLOWN CLUB | 300.00 |
| ST. DOMINIC ATHLETIC ASSOCIATION | 500.00 |
| ST. DOMINIC HIGH SCHOOL | 7,300.00 |
| ST. DOMINIC HIGH SCHOOL – CAPITAL CAMPAIGN | 5,000.00 |
| ST. DOMINIC HIGH SCHOOL – APPALACHIA PROJECT | 2,500.00 |
| ST. JOSEPH SCHOOL | 100.00 |
| ST. JOSEPH MEN'S GROUP | 50.00 |
| ST. PAUL COUNCIL | 100.00 |
| ST. THEODORE CHURCH. | 250.00 |
| ST. VINCENT DE PAUL | 1,150.00 |
| SALVATION ARMY | 300.00 |
| | |

SUB TOTAL 39,150.24

(CONTINUED)

FEDERAL SUPPLEMENTAL INFORMATION

STATEMENT OF FUNCTIONAL EXPENSES (990) LINE 1 – GRANTS & ALLOCATIONS

| STEVE HIGGINS – EAGLE SCOUT PROJECT | 60.00 |
|-------------------------------------|-----------------|
| SISTERS OF THE MOST PRECIOUS BLOOD | 1,205.00 |
| SPECIAL NEEDS FOR MEMBER FAMILY | 5,300.00 |
| SPECIAL OLYMPICS | 3,275.31 |
| TROY K OF C COUNCIL | 100.00 |
| VFW 5327 RUN FOR THE WALL | 100.00 |
| VITAE CARING FOUNDATION | |
| MISC | _1,000.00 |
| | |
| TOTAL | \$ 50,490.55 |

PART VIII, LINES 1h, 3, 4 & 7d and VIII 5, 6d, 8c, 9c, 10c and 11e 2009 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

| | KNIGHTS OF COLUMBUS | 23-7106837 |
|-------------------------|---------------------|------------|
| REVENUE | | |
| MEMBERSHIP DUES AN | ID ASSESSMENTS | 7,753. |
| INTEREST ON SAVINGS | J/TEMP INVESTMENTS | 29. |
| DIVIDENDS & INTERES | T FROM SECURITIES | 26,730. |
| NET GAIN (LOSS) – NON | NINV. ASSETS/DISP | 3,565. |
| | SPECIAL EVENTS | |
| TOTAL REVENUE | | 65,317. |
| EXPENSES | | |
| TOTAL EXPENSES | | 63,196. |
| NET ASSETS OR FUND BALA | NCES | |
| EXCESS OR (DEFICIT) F | OR THE YEAR | 2,121. |
| | AT BEG. OF YEAR | |
| OTHER CHANGES IN NE | ET ASSETS/FUND BAL | 85,977. |
| NET ASSETS/FUND BAL | AT END OF YEAR | 869,301. |

2009 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| INCREASE IN VALUATION OF SECURITI | ES AT FMV | | | \$ \$ | 88,098. 88,098. |
|--|----------------|---------|-------------------|----------------|--------------------|
| FORM 990, PART X, LINE 11 INVESTMENTS – SECURITIES | | | | | |
| | | VALUA | ATION | | |
| CORPORATE BONDS | | METHO | OD | AMO | UNT |
| DELTA NATURAL GAS COMPANY INC 5. | .75% | MARK | ET VALUE | \$ | 22,420.00 |
| GOLDMAN SACHS GROUP INC 4. | .75% | MARK | ET VALUE | | 41,849.60 |
| PRUDENTIAL FINL INC INTERNOTES 6. | .00% | MARK | ET VALUE | | 46,712.00 |
| | | , | TOTAL | \$ | 110,981.60 |
| | | VALUA | TION | | |
| OTHER PUBLICLY TRADED SECURITIES | \ | METHO | _ | AMO | IINT |
| AMERICAN MUTUAL FUND CL A | | | ET VALUE | \$ | 71,887.46 |
| BOND FUND OF AMERICA CL A | | | ET VALUE | Ψ | 72,309.88 |
| CAPITAL INCOME BUILDER FD CL A | | | ET VALUE | | 102,978.73 |
| FUNDALMENTAL INVESTORS FD CL A | | | ET VALUE | | 93,770.70 |
| INVESTMENT COMPANY OF AMERICA O | CL A | | ET VALUE | | 76,763.84 |
| WASHINGTON MUTUAL INVESTERS CL | | | ET VALUE | | 45,698.01 |
| W. 101111 (01011 110 10112 11 11 11 11 11 11 11 11 11 11 11 11 | | | | | .0,000.01 |
| | | | TOTAL | \$ | 463,408.62 |
| LUC COVERNMENT ORLICATIONS | | VALUA | _ | 4140 | IDIT |
| U. S. GOVERNMENT OBLIGATIONS | | METHO | | AMO | |
| FNMA MEDIUM TERM NOTE 5.000% | | | ET VALUE | \$ | 96,319.00 |
| FHLMC MEDIUM TERM NOTE 5.000% | | MARK | ET VALUE | | 24,687.50 |
| | | , | TOTAL | \$ | 121,006.50 |
| TOTAL | INVESTME | NTS – S | ECURITIES | \$ | 695,396.72 |
| FORM 990, PART IX, LINE 22 | | | | | <u></u> . |
| LAND, BUILDINGS AND EQUIPMENT | | | | | |
| Emily, Boildbirtoo mild Equit Merti | | | ACCUM. | BOOI | ζ |
| CATEGORY | BASIS | | DEPREC. | VAL | |
| | | _ | | Φ • • | 0.6 |
| MACHINERY AND EQUIPMENT | \$ <u>8,10</u> | | \$ 5 <u>,211.</u> | \$ 2,8 | |
| | \$ 8,10 | 7. | \$ 5 <u>,211.</u> | \$ 2 <u>,8</u> | <u>96.</u> |

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate Instructions.

► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return KNIGHTS OF COLUMBUS COUNCIL 2269

Identifying number 23-7106837

| Soc | ction 179 Summary | c 5 | | | | | | |
|-------------|--|--|---|----------------------|---------------|--------------------|--------------|--|
| Par | | onco Cortain I | Property Under Sec | lion 170 | | | | ······································ |
| i ai | Note: If you have ar | iense Certain i iv listed property. | complete Part V before y | ou complete P | art I. | | | |
| 1 | Maximum amount See the | | | | | | 1 | \$250,000. |
| 2 | Total cost of section 179 pr | | | | | | 2 | |
| 3 | Threshold cost of section 1 | | , | ee instructions | :) | | 3 | |
| 4 | Reduction in limitation Sub | | • | | • | | 4 | |
| 5 | Dollar limitation for tax year | | • | | narried fil | lina | <u> </u> | |
| | separately, see instructions | 5 | | | | ···· | 5 | |
| 6 | (a) | Description of property | | (b) Cost (busines | ss use only) | (C) Elected co | st | |
| | | | | | | | | |
| | | | | <u> </u> | | | | _ |
| 7 | Listed property Enter the a | | | | 7 | <u> </u> | | _ |
| 8 | Total elected cost of section | · · · · · · | | , lines 6 and 7 | | | 8 | |
| 9 | Tentative deduction Enter | | | • | | | 9 | |
| 10 11 | Carryover of disallowed des Business income limitation | | | | v) or line l | 5 (coo inches) | 10 | · · · · · · · · · · · · · · · · · · · |
| 12 | Section 179 expense deduc | | | | • |) (See 115115) | 12 | |
| 13 | Carryover of disallowed de | | | | ` ► 13 | | 1 12 | |
| | : Do not use Part II or Part | | | | 1 .0 | l | | |
| Par | | | ce and Other Depre | | ot include | listed property | (Se | e instructions) |
| | | | | | | | 1000 | 2 maddellons / |
| 14 | Special depreciation allowatax year (see instructions) | ance for qualified p | property (other than listed | property) plac | ed in ser | vice during the | 14 | 1 |
| 15 | Property subject to section | 168(f)(1) election | | | | | 15 | |
| | Other depreciation (including | | | | | | | · |
| Par | | Idding ACRS) 16 Directation (Do not include listed property) (See instructions) | <u>' </u> | | | | | |
| T ar | tin macks bepret | Jation (Do not ii | Section | · | · <u>/</u> | | | |
| -17 | MACDO daduations for ann | | | - | | | 144 | . 1 |
| 17 | MACRS deductions for ass | ets placed in servi | ice in tax years beginning | before 2009 | | | 17 | |
| 18 | If you are electing to group | | d in service during the tax | year into one | or more | general | l | |
| | asset accounts, check here | | t- C | · | | | _ | |
| | (a) | (b) Month and | in Service During 2009 T (c) Basis for depreciation | ax rear using (d) | 1 | | Syst | |
| | Classification of property | year placed | (business/investment use | Recovery period | Convei | | d | (g) Depreciation deduction |
| 10. | 2 year property | in service | only — see instructions) | =. | + | | | |
| | 3-year property 5-year property | 1 | | | | <u> </u> | | - |
| | | | | | + - | | | |
| | 7 year property | - | | | - | | | |
| - | 10-year property | - | - | | _ | | | |
| | 15-year property | - | | | | | | |
| | 20 year property . | | | | - | | | |
| | 25 year property | | | 25 yrs | | S/I | | <u> </u> |
| ŀ | Residential rental | } | | 27.5 yrs | MM | | | |
| | property | | | 27.5 yrs | MM | | | |
| i | Nonresidential real | <u></u> | | 39 yrs | MM | | | |
| | property | <u> </u> | | | IM I | 4 S/I | | |
| | Section C - | - Assets Placed in | Service During 2009 Ta | x Year Using t | he Alterna | ative Depreciation | n Sy | stem |
| 20 a | Class life | .[| | | | S/I | <u>.</u> | |
| <u>t</u> | 12-year | | | 12 yrs | | S/I | <u>.</u> | |
| | : 40-year | | | 40 yrs | MM | 4 S/I | ٠. | |
| Par | t IV Summary (See in | structions) | | | | | | |
| 21 | Listed property Enter amo | unt from line 28 | | | | | 21 | |
| 22 | Total Add amounts from line 12, the appropriate lines of your return | lines 14 through 17, lin n. Partnerships and S o | nes 19 and 20 in column (g), and corporations — see instructions | l line 21 Enter her | e and on | | 22 | |
| 23 | For assets shown above ar the portion of the basis attr | nd placed in servic | e during the current year | | 23 | | | |

| | | | | | KNIGHTS OF COLUMBUS | 3US | | | | | 23-7106837 |
|--------|-------------------------------|------------------|--------------|----------------|---|---------------------------------------|---------------|-------------|------|---------|------------------|
| ON | DESCRIPTION | DATE ACQUIRED | DATE SOLD | COST/ BASIS | CUR SPECIAL PRIOR SALVAG 179 DEPR DECBAL/BASIS DEPR BONUS ALLOW DEPR REDUCT BASIS | SALVAG /BASIS DEPR REDUCT BASIS | PRIOR DEPR | METHOD LIFE | LIFE | RATE | CURRENT DEPRE |
| FORM 9 | FORM 990/990-PF | | | | | | | | | | |
| MACHII | MACHINERY AND EQUIPMENT | ENT | | | | | | | | | |
| 000 - | COOLER FOR FISH FRY 2/05/04 | 2/05/04 | | 8,107 | | 8,107 | 5211 | S/L F | НΥ | 7 07140 | 1158 |
| TOT | TOTAL MACHINERY AND EQUIPMENT | JD EQUIPMENT | | 8,107 | | 8,107 | 5211 | | | | 1158 |
| TOT | TOTAL DEPRECIATION | | | 8,107 | | 8,107 | 5211 | | | | 1158 |
| GRA | GRAND TOTAL DEPRECIATION | HATION | | 8,107 | | 8,107 | 5211 | | | | 1158 |
| | | | | | | | | | | | |