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## Form 990

#### **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)

2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For th	e 2009 cal	lendar ye	ar, or	tax year	beginning		4/1/	/2009	· ,	and e	nding		3/31	/2010			
В	Check if	applicable	Please use iRS	C Na	ame of orga	inization	KNIGH	ITS OF C	OLUMBU	S FOUN	IDATIO	ON OF	D Em	loyer	identification	on numt	er	
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Activities & Governance	2	Check th	nis box	▶	if the o	rganization	n discont	inued its	operation	s or disp	osed (	of more	than 2	5% of	its net a			
ŏ	3	Number	of voting	a mem	bers of	the govern	ina body	(Part VI	line 1a)	o or alop	,ooca ,	01 111010	uiaii Z	3 70 OI	3	33613.		4
es &	4	Number	of inden	ender	nt votina	members	of the ac	verning b	ndv (Par	VI line	1b)			•	4			4
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	8	Contribut	tions an	d oran	its (Part	VIII, line 11	h)	MAY · 1	a 2010	00	İ		1 1101 10		996			70,133
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	14													-		<u>'</u>	2,133	
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C	(Code: ) (	Expenses \$	including grants	or \$	) (Revenue \$	)
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ď	Other program services. (	Describe in Schedule O.1		· · ·		
	(Expenses \$	including grants		) (Revenue \$	)	
•	Total program service ex	cpenses >	13,208			
	<del></del>					Form <b>990</b> (2009)
						rorm <b>330</b> (2009)

Part IV

**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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	+~	X
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,		<del>                                     </del>	
	Part II	4	——	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5	N	VA
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.	- <del>"</del> -		<del>-^-</del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-	<del> </del>	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	l		ı
_	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1		14.
_	Schedule D, Part VI.		~	) 
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		<i>:</i> ";	
	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	2		غرار
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	47	5 E E	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	. 4	·~×.	7.35
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that	1		
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	-ñ	, n	4
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	X	A.55°
2A	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No	26	417	4. 
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ر بر منسوند	دسندست
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<del></del>
_	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del></del> -	+	<u>~`</u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		$\neg \dagger$	<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	_19	1	X
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
				_

Part IV

Checklist of Required Schedules (continued)

	·	1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
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			
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>^</del>
	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	İ	Х
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	Х
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		- 1	
00	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	_	]	
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u>X</u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ı	
	If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
	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,		ĺ	
	Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
	conservation contributions? If "Yes," complete Schedule M	30		х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		^_
	Part I	31		Х
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		X
	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	.	<u>X</u>
	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	$\perp$	X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ا ء		v
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		<u>X</u>
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	$\dashv$	<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	- 1		
	VI	37		Х
8 (	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		$\neg \vdash$	
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		r. 0	00.	

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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	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.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 <sub>b</sub>	-	11
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		,~,	<u> </u>
3a				V
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	-,/	X A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<u> </u>
	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: $\blacktriangleright$ $N/A$	4a		
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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	N	<u>/A</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	N	14
7	Organizations that may receive deductible contributions under section 170(c).	00	~	4
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a	-1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	W	4
h	required?	7h	راب	<b>'</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		<u>~~</u>	4
	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	-  -	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
0	Section 501(c)(7) organizations. Enter		ļ	
a b	Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )		_	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/4	4_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		_	^^	

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	ction A. Governing Body and Management			
			Yes	No
1a		1		ĺ
ь	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
_	any other officer, director, trustee, or key employee?	2	ļ	X
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	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	ļ	X
6	Does the organization have members or stockholders?	6	ļ	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	İ		l
	the year by the following:	1	ا ا	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
Carr	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal renue Code.)			
Rev	enue Code.)		<u>.                                     </u>	<del></del>
100	Does the organization have local charters, branches, or offiliator?	40-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	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?	406		11.
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b	/1	<u>//A</u>
• • •	form?	أمما		v
11A		11	-+	<u>X</u>
12a		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
•	rise to conflicts?	12b	j	Х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	-12-5		<u> </u>
•	describe in Schedule O how this is done	12c	/	/ <sub>A</sub>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		$\frac{\dot{\mathbf{x}}}{\mathbf{x}}$
15	Did the process for determining compensation of the following persons include a review and approval by			<u></u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	·W	Δ
b	Other officers or key employees of the organization	15b	1	A
	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		Ī	
	with a taxable entity during the year?	16a	-	X
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	į		
	the organization's exempt status with respect to such arrangements?	16b	N	Α
Sect	ion C. Disclosure		7	
17	List the states with which a copy of this Form 990 is required to be filed ► OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st		
	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 records of the	е		
	organization: ► JERRY SCHMITZ 405-235-447	1		
	2010 EXCHANGE AVE., OKLAHOMA CITY, OK 73108			

# 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 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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		_	Y =		that ap		cportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Willard Patoka President	5.	х		X				-0-	-0-	-0
Ernie Chastain Vice-President	5.	X		X				-0-	-0-	-0
Jerry Schmitz Secretary/Treasurer	5.	Χ_		х				Þ	-0-	-0-
Dale Sligar Counselor	5.	Х						-0-	0	0

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization Form 990 (2009)

900099

221

132,299

Total revenue. See instructions. . . .

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) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 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	12,153	12,153									
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22											
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16				,							
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees				İ							
6	Compensation not included above, to disqualified				· · · · · · · · · · · · · · · · · · ·							
•	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	ĺ										
7	Other salaries and wages			<del></del>								
8	Pension plan contributions (include section 401(k)			<del></del>								
٠	and section 403(b) employer contributions)	1			İ							
9	Other employee benefits				<u> </u>							
10	Payroll taxes											
11	Fees for services (non-employees):				ļ <u>.</u>							
a				<del></del>								
b	Legal	4.744		4.744								
C		1,741		1,741								
đ	, ,											
e					· ·							
f	Investment management fees											
g	Other											
12	Advertising and promotion	·										
13	Office expenses				· · · · · · · · · · · · · · · · · · ·							
14	Information technology											
15	Royalties			<u> </u>								
16	Occupancy											
17	Travel											
8	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
9	Conferences, conventions, and meetings											
20	Interest											
!1	Payments to affiliates											
22	Depreciation, depletion, and amortization											
23	Insurance											
4	Other expenses. Itemize expenses not											
	covered above. (Expenses grouped together		İ									
	and labeled miscellaneous may not exceed											
	5% of total expenses shown on line 25 below.)											
а	C.F.L. EXPENSES	1,055	1,055									
b												
C												
d												
е					-							
f	All other expenses											
5	Total functional expenses. Add lines 1 through 24f	14,949	13,208	1,741								
<del></del> 6	Joint costs. Check here ▶ If following											
-	SOP 98-2. Complete this line only if the organization	j										
	reported in column (B) joint costs from a combined		Ì	ĺ								
	educational campaign and fundraising											
	solicitation			j								

Ē	Part X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	22,962		56,748
	2	Savings and temporary cash investments	1,026,914	2	1,110,478
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	······································	4	
	5	Receivables from current and former officers, directors, trustees, key		ł	
		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			a ja paragana
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
∢	9	Prepaid expenses and deferred charges , ,		9	
	10a				~
		other basis. Complete Part VI of Schedule D		_	
	b			10c	
	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	<del></del>	14	<del></del>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,049,876		1,167,226
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D	<del> </del>	_21	
≣	22	Payables to current and former officers, directors, trustees, key	•		
<u>ia</u>		employees, highest compensated employees, and disqualified	the second section of the section of		
_		persons. Complete Part II of Schedule L		22	<del> </del>
	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties	000 077	24	4.070.440
	25	Other liabilities. Complete Part X of Schedule D	966,277	25 26	1,078,443
	26	Total liabilities. Add lines 17 through 25	966,277	-20	1,078,443
S		Organizations that follow SFAS 117, check here ▶  and		l	
ဥ		complete lines 27 through 29, and lines 33 and 34.			
ılar	27	Unrestricted net assets		27	
B	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	<del></del>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here▶ X		Į	
ō		and complete lines 30 through 34.	A - 400 - 400 A 4 - 2,000 A 2 - 2,000		
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>ا</u> لا	32	Retained earnings, endowment, accumulated income, or other funds.	83,599		88,783
ž	33	Total net assets or fund balances	83,599		88,783
	34	Total liabilities and net assets/fund balances	1,049,876	34	1,167,226

Form **990** (2009)

Par	t XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		Yes	No
	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?	2a	Х	
þ	Were the organization's financial statements audited by an independent accountant?	2b		Х
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?	2c	X	
	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:			
	X Separate basis	} ,		
3а	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		Χ
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.	3b	/\ <u></u> /	A
		For	m 990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► See separate instructions.

20**09** 

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Name of the organization							Employ	er identifica	tion num	ber	
KNIGHTS OF COLUMBU							1		203597	· 	
		harity Status (All o						instruction	ons.		
The organization is not a								<b>,,,</b>			
=		urches, or association ion 170(b)(1)(A)(ii). (A				Ction 1/U	(D)(1)(A)	(1).			
=						470/6\/4	/ <b>A</b>				
= '	· ·	hospital service organ									
4 A medical reservable hospital's name	_	ation operated in conj tate:	unction w	vitn a nos;	oitai desci	nbea in se	ection 17	U(b)(1)(A 	)(III). En	ter the	
	•	or the benefit of a colle (Complete Part II)	ege or uni	versity ow	ned or op	perated by	a goverr	nmental u	nıt desc	ribed	
6 A federal, state	, or local go	vernment or governme	ental unit	described	in sectio	n 170(b)(	1)(A)(v).				
	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8 A community tr	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
=				•		from contr	ibutions.	members	hip fees	and o	aross
An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
	-	and operated exclusive		-		-	-	(4).			
= -	_	and operated exclusive	•		-				rry out th	ne.	
	•	blicly supported organ	•		•			•	•		on
<b>509(a)(3).</b> Chec	k the box th	at describes the type of	of suppor	ting orgar	ization ar	nd comple	te lines 1	1e throug	h 11h.		
a 🔲 Type I	ь <u></u>	Type II c	<b>Тур</b>	e III-Fun	ctionally i	ntegrated		d □ .	Type III-	-Other	
e By checking this	box, I certi	- fy that the organizatior	n is not co	ontrolled o	lirectly or	indirectly	by one or	r more dis	squalifie	d	
		on managers and othe					-				on
509(a)(1) or sec	tion 509(a)(	2).									
_		a written determination	n from the	e IRS that	it is a Ty	pe I, Type	II, or Typ	e III supp	orting		
organization, ch <b>g</b> Since August 17		the organization acce	oted anv	aift or cor	tribution	from any	of the				
following person		and organization door	p.00 ay	g o. oo.							
		or indirectly controls,	either alo	ne or tog	ether with	persons o	described	ın (ii)		Yes	No
• •	_	verning body of the su		-					11g(i)		
• • • •		person described in (i							11g(ii)		
		y of a person describe							11g(iii)		
h Provide the follo		ation about the support		nization(s organization		you notify	(vi)	ls the	l (vii)	Amount	of
(i) Name of supported organization	(ii) EIN	(described on lines 1-9	in col (i) li	sted in your	the orga	nization in	organiza	tion in col	1	support	
organization		above or IRC section (see instructions))	governing	document?	1 ''	of your port?	•	zed in the S ?			
		(SSS MSL LOCUS))	Yes	No	Yes	No	Yes	No	1		
								ļ	<del> </del> -		
		<del> </del>									
			,				<u> </u>				
Total		·									

KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA 51-0203597 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . . . 110,980 123,739 115,964 142,335 118,446 611,464 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . . 110.980 123,739 115,964 142,335 118,446 611,464 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 611,464 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . . . . 110.980 123,739 115,964 142,335 118.446 611,464 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 26,863 23.859 sources . . . . . . . . . . . . 13,219 34,024 13,632 111,597 q Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . 11 15 256 11 Total support. Add lines 7 through 10. 723,317 12 Gross receipts from related activities, etc. (see instructions) . . . . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 84.54% 15 Public support percentage from 2008 Schedule A, Part II, line 14... 15 85.09% b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

16a	33 1/3% suppo	rt test-2009. If the organiz	ation did n	ot check t	he box on li	ne 13, and I	ine 14 is 33	1/3% or more, ch	neck this box	
	and stop here.	The organization qualifies	as a public	ly support	ed organiza	ation			▶ 🔀	<u> </u>
						40 40		00 41001		

17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . .

Sche	edule A (Form 990 or 990-EZ) 2009 KNIGHTS OF (	COLUMBUS FO	DUNDATION O	F OKLAHOMA	<u> </u>	51-02035	97 Page :
Pa	rt III Support Schedule for Organi	zations Desc	ribed in Sec	tion 509(a)(2	1/10		
	(Complete only if you checked	the box on line	e 9 of Part I.)		-MH		
	ction A. Public Support	<del>,</del>			<b>I</b> V   1	<del></del>	,
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				]	1	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished	ŀ			İ		
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	[					
	benefit and either paid to or expended on	<u> </u>					
_	its behalf					ļ.—.	
5	The value of services or facilities					1	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					<del> </del>	
, a	received from disqualified persons	}					
	·						
b	=						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year			-			
8	Public support (Subtract line 7c from				<del></del>		
Ü	line 6.)			•			
Sec	tion B. Total Support					11	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(2) 2000	(2) 2000	(5) 2001	(4) 2000	(6) 2000	(i) iotai
9	Amounts from line 6						<del></del>
ıua	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources					ļ	
b							
	section 511 taxes) from businesses	i				]	
	acquired after June 30, 1975		_				
С	Add lines 10a and 10b [						
11	Net income from unrelated business					1	
	activities not included in line 10b,	į					
	whether or not the business is regularly						
12	carried on						
12	loss from the sale of capital assets	ļ					
	(Explain in Part IV.)					1	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org	anızation's first	, second, third	, fourth, or fifth	tax year as a	section 501(c)(	3)
	organization, check this box and stop here.						▶ 🔲
Sect	ion C. Computation of Public Support				· · · · · · · · · · · · · · · · · · ·		
5	Public support percentage for 2009 (line 8, co	lumn (f) divided	by line 13, co	lumn (f))		15	
6	Public support percentage from 2008 Schedul		-			16	
	ion D. Computation of Investment Inco						
7	Investment income percentage for 2009 (line			13, column (f	)	17	
8	Investment income percentage from 2008 Sch					18	
	33 1/3% support tests-2009. If the organizat					nan 33 1/3% an	d line 17 is
	not more than 33 1/3%, check this box and sto						
	33 1/3% support tests-2008. If the organization did						_
	line 18 is not more than 33 1/3%, check this box and	d stop here. The	organization qu	alifies as a publi	cly supported or	ganization	▶ 🛄
0	Private foundation. If the organization did no	t check a box c	n line 14, 19a,	or 19b, check	this box and s	see instructions	▶ 🔲

Page 3

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

 OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KNI	SHTS OF COLUMBUS FOUNDATION OF OK	(LAHOMA			51-0203597
Pai	Organizations Maintaining Done	or Advised Funds or Other	Similar Fun	ds or Ad	counts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.			
	<del></del>	(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and d	onor advisors in writing that the	assets held in	donor a	dvised
•	funds are the organization's property, subject				
6	Did the organization inform all grantees, dor	•	-		
•	used only for chantable purposes and not for				
	purpose conferring impermissible private be				
Dar	Conservation Easements. Comp				
				1 01111 0	oo, rarry, me r.
1	Purpose(s) of conservation easements held	· · · —			
	Preservation of land for public use (e.g.				•
	Protection of natural habitat	F	Preservation of	a certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservati	ion contributior	ın the fo	rm of a conservation
	easement on the last day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements.			2a	
b	Total acreage restricted by conservation eas	sements		_2b	
С	Number of conservation easements on a ce	rtified historic structure included	d in (a) .	2c	
d	Number of conservation easements included	d in (c) acquired after 8/17/06.		2d	
3	Number of conservation easements modified	d, transferred, released, exting	uished, or term	inated by	the organization
	during the tax year				
4	Number of states where property subject to				
5	Does the organization have a written policy	regarding the periodic monitorir	ng, inspection,	handling	of _
	violations, and enforcement of the conservation				
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing	conservation e	asement	s during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cons	ervation easen	nents dur	ing the year
	▶ \$				
8	Does each conservation easement reported			section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				
9	In Part XIV, describe how the organization re				
	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	on easements.			
Part				milar As	sets.
	Complete if the organization answered				
1a	If the organization elected, as permitted und				
	art, historical treasures, or other similar asse				
	service, provide, in Part XIV, the text of the fo				
b	If the organization elected, as permitted undustorical treasures, or other similar assets h				
	service, provide the following amounts relating	· · · · · · · · · · · · · · · · · · ·	don, or researe	ii iii iaiai	erance or public
	(i) Revenues included in Form 990, Part VIII				<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	,			<b>▶</b> \$
2	If the organization received or held works of	art, historical treasures, or othe	er similar assets	s for finar	ncial gain, provide the
-	following amounts required to be reported un				Gamil branks ma
а	Revenues included in Form 990, Part VIII, lir				<b>▶</b> \$
h	Assets included in Form 990, Part X		• • •		<b>&gt;</b> \$

Schedule D (Form 990) 2009 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Part III 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): Public exhibition Loan or exchange programs а Other b Scholarly research C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part Part IV IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a Yes No b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c C 1d d Additions during the year 1e е f 2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . . . . . . . . . . . Yes X If "Yes," explain the arrangement in Part XIV. b Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . Contributions . . . . . . Net investment earnings, gains, and losses . . . . . . . . . d Grants or scholarships . . . . Other expenditures for facilities and programs . . . . . . . f Administrative expenses . . . End of year balance . . . . . g Provide the estimated percentage of the year end balance held as: **•** Board designated or quasi-endowment а Permanent endowment h Term endowment C Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by. Yes No 3a(i) (i) unrelated organizations . . . . . 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . . . . . . . Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation Land . . . . . . 1a b Buildings . 2,371,405 2,371,405 . . . 145,450 145,450 c Leasehold improvements . . . . d Other.

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

2. FIN 48 Footnote. In Part XIV, 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.

1,078,443

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Total (Column (b) must equal Form 990 Part X, col (B) line 25)

SCHE	edule D (Porm 990) 2009		Page
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	132,29
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,94
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	117,35
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	117,350
	Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	132,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities	<b>→</b>	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	_	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	132,299
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	_	
С	Add lines 4a and 4b		
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		132,299
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	14,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	<b>-</b> ∤	
Ь	Prior year adjustments	_	
C	Other losses		
d	Other (Describe in Part XIV.)	-  .	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	14,949
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	<u> </u>	
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	14,949
Рап	XIV Supplemental Information		
and 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and art to provide any additional information.		
			*********
- <b></b>			<b></b>
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

Partl

KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete If the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

Open to Public

Inspection Employer identification number 51-0203597

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?  2 Describe in Part IV the organization's procedure of the grants or assistance.	ain records to s award the gran	ubstantiate the am ts or assistance? .	ount of the grants or a	ssistance, the grantees'	s' eligibility for the grants or assi	its or assistance, and	X Yes No
Ţ	Accipant Spine	Jures for monitorin	g the use of grant fund	Is in the United States.			
_	Assistance to ine 21, for any le I-1 (Form 99	<b>Governments a</b> recipient that rec 10) if additional sp	ind Organizations in seived more than \$5, bace is needed	n the United States 000. Check this box	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	anization answered	"Yes" to 55,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(o) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant
CENTER OF FAMILY LOVE P O. BOX 596 OKARCHE, OK 73			12,153		omer		MAGYA GMITAGAGO
2 Enter total number of section 501(c)(3) and government organ 3 Enter total number of other organizations	1 501(c)(3) and		izations				1

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

Schedule I (Form 990) 2009

OF OKLAHOMA	
UMBUS FOUNDATION (	
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Schedule I (Form 990) 2009

51-0203597

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (o) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

**Employer Identification number** 

Department of the Treasury Internal Rèvenue Service Name of the organization

Attach to Form 990.

KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA 51-0203597 Form 990 Part VI Section C Line 19 The organization makes it's governing documents, conflict of interest policy, and financial statements available to the public at its office during regular business hours, upon reguest.