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Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 1 July , 2009, and ending 30 June , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Knights of Columbus, Council 1712

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1 Columbus Plaza

City or town, state or country, and ZIP + 4
Collinsville, IL 62234-1860

D Employer identification number
JH370369122

E Telephone number
618 345-1492

F Group Exemption Number ▶ 0188

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ KofC1712.org

J Tax-exempt status (check only one) — ☑ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	8,525
	2	Program service revenue including government fees and contracts		2	-
	3	Membership dues and assessments		3	3,573
	4	Investment income		4	307
	5a	Gross amount from sale of assets other than inventory	5a -		
	b	Less: cost or other basis and sales expenses	5b -		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☑			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 427,234		
	b	Less: direct expenses other than fundraising expenses	6b 344,261		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	82,973
	7a	Gross sales of inventory, less returns and allowances	7a -		
	b	Less. cost of goods sold	7b -		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	95,378
Expenses	10	Grants and similar amounts paid (attach schedule)		10	16,070
	11	Benefits paid to or for members		11	-
	12	Salaries, other compensation, and employee benefits		12	360
	13	Professional fees and other payments to independent contractors		13	-
	14	Occupancy, rent, utilities, and maintenance		14	13,500
	15	Printing, publications, postage, and shipping		15	856
	16	Other expenses (describe ▶ _____)		16	5,601
	17	**Total expenses.** Add lines 10 through 16 ▶		17	36 387
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	58,991
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	64,629
	20	Other changes in net assets or fund balances (attach explanation)		20	(19,343)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	45,286

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	64,675	22	43,191
23	Land and buildings	-	23	-
24	Other assets (describe ▶ _____)	5,650	24	7,980
25	**Total assets**	70,325	25	51,171
26	**Total liabilities** (describe ▶ _____)	5,696	26	5,885
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	64,629	27	45,286

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Charity**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 **Collection and distribution of funds for mentally handicppped and learning disabled citizens in the state of Illinois.**

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 **Contribution of funds to the Newman Campus Ministry program throughout the non-catholic colleges and universities in Illinois.**

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

30 **Contribution of Funds and services to K of C state General Assistance Program, Youth Groups, Civic Organizations, Blood Drives, School Scholarships and SS Peter and Paul Parish in Collinsville, IL.**

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Eric J. Wobbe 3 Marlon Manor, Collinsville, IL 62234	Grand Knight, 4 Hours	0		
August C. Lohmann 307 Emelie St., Collinsville, IL 62234	Financial Secretary, 3 Hour	360		
Scott Splaingard 1706 Golfview, Collinsville, IL 62234	Trustee, 1 Hour	0		
Michael Benker 2020 Ravenwood Dr., Collinsville, IL 62234	Trustee, 1 Hour	0		
Michael Quain 18 Delta Dr., Collinsville, IL 62234	Trustee, 1 Hour	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ **Illinois**			
42a	The organization's books are in care of ▶ **Raymond J. Muniz, Financial Secretary** Telephone no. ▶ **618 346-2182** Located at ▶ **13 Grandbrook Blvd , Collinsville, IL** ZIP + 4 ▶ **62234-1860**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-chantable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

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

Sign Here

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

X [signature] 2/14/11

Signature of officer Date

David L. Muniz, Grand Knight

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
Knights of Columbus, Council 1712

Employer identification number
JH : 370369122

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Fish Fry (event type)	(b) Event #2 Italian Fest (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	165,000	23,308	-	188,308
	2 Less: Charitable contributions	-	-		
	3 Gross income (line 1 minus line 2)	165,000	23,308	-	188,308
Direct Expenses	4 Cash prizes	-	-	-	-
	5 Noncash prizes	-	-	-	-
	6 Rent/facility costs	-	-	-	-
	7 Food and beverages	164,782	6,510	-	171,292
	8 Entertainment	-	-	-	-
	9 Other direct expenses	-	-	-	-
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(171,292)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				17,016

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	108,316	37,655	86,120	232,091
Direct Expenses	2 Cash prizes	109,250	26,475	35,783	171,508
	3 Noncash prizes	-	-	-	-
	4 Rent/facility costs	-	-	-	-
	5 Other direct expenses	-	-	-	-
	6 Volunteer labor	☑ Yes 100 % ☐ No	☑ Yes 100 % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(171,508)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				60,583

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: Illinois			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	✓	
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		✓
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		✓
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	12		✓

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 100 %		
b	An outside facility	13b 0 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ **Harvey Sanford**			
	Address ▶ **1 Columbus Plaza, Collinsville, IL 62234**			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		✓
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .			
c	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶ **Harvey Sanford**			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ **Record Keeping, Money Counting, Bank Deposits**			
	☐ Director/officer ☑ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		✓
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			