Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# 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*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** JULY 1, , 2009, and ending JUNE 30 , 20 10

| B Check if applicable | C Name of organization | D Employer identification number |
|---|---|---|
| ☐ Address change | KNIGHTS OF COLUMBUS, 510 DUBUQUE | 42-0223734 |
| ☐ Name change | Number and street (or P O box, if mail is not delivered to street address) / Room/suite | E Telephone number |
| ☐ Initial return | 781 LOCUST STREET | 563-564-1557 |
| ☐ Terminated | City or town, state or country, and ZIP + 4 | F Group Exemption Number ▶ 0188 |
| ☐ Amended return | DUBUQUE, IA 52001 | |
| ☐ Application pending | | |

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

• *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) ▶

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

**I Website:** ▶ N/A

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

**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 ▶ $ 222,668

## 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 | 26,955 |
| | 2 | Program service revenue including government fees and contracts | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | 4828 |
| | 4 | Investment income | | | 4 | |
| | 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 | 43,253 | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | 16,693 | | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | 6c | 26,560 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 107,722 | | |
| | b | Less: cost of goods sold | 7b | 70,476 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 37,246 |
| | 8 | Other revenue (describe ▶ STMT # 1 ) | | | 8 | 39,910 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | | 9 | 135,499 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | | 10 | |
| | 11 | Benefits paid to or for members | | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 | 46,290 |
| | 13 | Professional fees and other payments to independent contractors | | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | 14 | 44,752 |
| | 15 | Printing, publications, postage, and shipping | | | 15 | 723 |
| | 16 | Other expenses (describe ▶ STMT # 2 ) | | | 16 | 35,156 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | | 17 | 126,921 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 8,578 |
| | 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 | 252,691 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | | | 21 | 261,269 |

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## 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 | 20,382 | 22 | 33,979 |
| 23 | Land and buildings | 234,723 | 23 | 228,611 |
| 24 | Other assets (describe ▶ ) | | 24 | |
| 25 | **Total assets** | 255,105 | 25 | 262,590 |
| 26 | **Total liabilities** (describe ▶ STMT # 3 ) | 2,414 | 26 | 1,321 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 252,691 | 27 | 261,269 |

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

| | | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.) |
|---|---|---|---|
| | What is the organization's primary exempt purpose? COUNCIL ACTIVITIES<br>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. | | |
| 28 | COUNCIL ACTIVITIES: PROMOTION OF KNIGHTRS OF COLUMBUS PROGRAMS AND ACTIVITIES THAT ARE RELIGIOUS, CHARITABLE, AND FRATERNAL IN NATURE<br>(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 28a | 82,026 |
| 29 | (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 29a | |
| 30 | (Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 30a | |
| 31 | Other program services (attach schedule)<br>(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ | 31a | |
| 32 | **Total program service expenses** (add lines 28a through 31a) ▶ | 32 | 82,026 |

**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 |
|---|---|---|---|---|
| REV. GABREIL ANDERSON<br>1240 RUSH ST. , DUBUQUE, IA 52003 | CHAPLAIN 1HR | 0 | 0 | 0 |
| MARK KISTING<br>996 CLEVELAND AVE, DUBUQUE, IA 52003 | GRAND KNIGHT 2HR | 0 | 0 | 0 |
| PAUL FREISINGER<br>560 S. GRANDVIEW AVE, DUBUQUE, IA 52003 | DEPUTY G. K. 1HR | 0 | 0 | 0 |
| JAMES MITCHELL<br>1012 RHOMBERG AVE, DUBUQUE, IA 52001 | TRUSTEE 1HR | 0 | 0 | 0 |
| ROGER ONEYEAR<br>2908 ELM STREET, DUBUQUE, IA 52001 | TRUSTEE 1HR | 0 | 0 | 0 |
| CRAIG FORBES<br>813 LAWTHER STREET, DUBUQUE, IA 52001 | TRUSTEE 1HR | 0 | 0 | 0 |
| JOHN HERTING<br>7814 TIMMERMAN DR., EAST DUBUQUE, IL 61025 | TREASURER 2HR | 400 | 0 | 0 |
| TRAVIS KING<br>1339 MT PLEASANT STREET, DUBUQUE, IA 52001 | FINANCIAL SECR 2HR | 0 | 0 | 0 |
| WILLIAM FRYE<br>135 JULIEN DUBUQUE DR, DUBUQUE, IA 52003 | CHANCELLOR 1HR | 0 | 0 | 0 |
| JERRY HANSON<br>781 LOCUST STREET, DUBUQUE, IA 52001 | RECORDER 1HR | 0 | 0 | 0 |
| JEFFREY TRANNEL<br>1154 IOWA STREET, DUBUQUE, IA 52001 | ADVOCATE 1HR | 0 | 0 | 0 |
| THOMAS MCCAFFERY<br>4934 LITTLE VALLEY DR, DUBUQUE, IA 52002 | BLDG MGR 40HR | 32,326 | 1905 | 0 |
| | | | | |
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**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 0 | | | |
| 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 0 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b 0 | | | |
| 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. ▶ ______

42a The organization's books are in care of ▶ JOHN C HERTING Telephone no. ▶ 563-588-2011
Located at ▶ 781 LOCUST STREET, DUBUQUE, IA ZIP + 4 ▶ 52001

| | | | Yes | No |
|---|---|---|---|---|
| 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-charitable related organization? | 49a | | ✓ |
| b | If "Yes," was the related organization a section 527 organization? | 49b | | ✓ |

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

| (a) Name and 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.

▶ John Herting — Signature of officer — Date 10/25/2010

▶ JOHN C HERTING, TREASURER — 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), ▶ | | EIN ▶ | |

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

**KNIGHTS OF COLUMBUS, 510 DUBUQUE** **42-0223734**

| FORM 990 | OTHER REVENUE (Describe) | STATEMENT #1 |
|---|---|---|
| | CRUSADER INCOME | $ 505 |
| | HALL RENTALS | 16,466 |
| | PARKING INCOME | 22,939 |
| | | $ 39,910 |

| FORM 990 | OTHER EXPENSES (Describe) | STATEMENT #2 |
|---|---|---|
| | ADVERTISING/PROMOTION | $ 472 |
| | BOWLING EXPENSES | 163 |
| | CHARITABLE DONATIONS | 6,121 |
| | COUNCIL ACTIVITIES EXPENSES | 4,188 |
| | CRUSADER NEWSLETTER EXPENSES | 3,779 |
| | DEPRECIATION EXPENSE | 6,112 |
| | SALES TAX EXPENSE | 9,482 |
| | K. OF C. STATE & SUPREME ASSESSM'TS | 4,839 |
| | | $ 35,156 |

| FORM 990 | LIABILITIES (Describe) | STATEMENT #3 |
|---|---|---|
| | IOWA SALES TAX PAYABLE | $ 445 |
| | FICA & FED'L W/H TAXES PAYABLE | 727 |
| | IOWA STATE W/H TAX PAYABLE | 149 |
| | | $ 1,321 |