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CARROLL,

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

IA

51401-2739

### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Yes

Form 990 (2009)

benefit trust or private foundation) Department of the Treasury Internal Revenue Service Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 07/01/09 06/30/10 and ending For the 2009 calendar year, or tax year beginning KNIGHTS OF COLUMBUS Please C Name of organization D Employer identification number Check if applicable use IRS IOWA STATE COUNCIL Address change label or 42-0362210 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See P O BOX 147 712-652-3916 Specific Termination 388,593 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc SCRANTON 51462 IA Amended return tions Name and address of principal officer H(a) Is this a group return to Application pending TOM WITTROCK X affiliates? H(b) Are all affiliates included? P O BOX 147 SCRANTON IA 51462 If "No," attach a list (see instructions) X 501(c) 8 Tax-exempt status (insert no ) 4947(a)(1) or 527 Website: ► N/A **H(c)** Group exemption number ▶ Type of organization | X | Corporation IA Trust Other > Year of formation M State of legal domicile Association Part I Summary Bnefly describe the organization's mission or most significant activities. SUPPORT CATHOLIC EDUCATION AT STATE UNIVERSITIES, GRANTS TO BISHOPS FOR Activities & Governance EDUCATIONAL PURPOSES; VACATIONAL GRANTS FOR INDIVIDUALS STUDYING FOR RELIGIOUS LIFE; STATE SPONSORED PROGRAMS 2 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 8 Contributions and grants (Partyll, inethyED 210,056 132,257 9 Program service revertue (Part-VIII, line-2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 1d)
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,144 44,136 12 Total revenue – add lines 8 through 11 (must equal Paff VIII, column (A), line 12) 388,593 Grants and similar amounts paid (Pant IX) column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 16,075 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 371,554 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 387,629 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 964 19 Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 279,824 166,112 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,217 688 8 424 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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 Thio Sign CANNED Here Signature of officer Type or print name and title Preparer's identifying number Check if Preparer's (see instructions Paid signature 01/26/11 P00432583 Jennifer J. Walkup employed > Preparer's FELDMANN & CO. CPAS PC EIN ▶ Firm's name (or yours **Use Only** 523 N MAIN ST if self-employed), Phone

Form 990 (2009) KNIGHTS OF COLUMBUS 42-0362210 Statement of Program Service Accomplishments Briefly describe the organization's mission: SUPPORT CATHOLIC EDUCATION AT STATE UNIVERSITIES, GRANTS TO BISHOPS FOR EDUCATIONAL PURPOSES; VACATIONAL GRANTS FOR INDIVIDUALS STUDYING FOR RELIGIOUS LIFE; STATE SPONSORED PROGRAMS Did the organization undertake any significant program services during the year which were not listed on Yes X No 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 Yes X No services? If "Yes," describe these changes on Schedule O. 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 allocations to others, the total expenses, and revenue, if any, for each program service reported 37,925 4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ SUPPORT OF CATHOLIC EDUCATION 34,500 including grants of \$ ) (Revenue \$ 4b (Code: ) (Expenses \$ VOCATIONAL GRANTS 16,000 including grants of \$ 4c (Code: ) (Expenses \$ ) (Revenue \$ **EDUCATIONAL GRANTS** 

4d	Other	program	services.	(Describe i	in Schedule C	Э.
				_		

277 including grants of \$ (Expenses \$

4e Total program service expenses ▶

) (Revenue \$

Form 990 (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	ļ	X.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	١.		
_	Schedule C, Part II	4	<u> </u>	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			İ
_	notice 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			l
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			37
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	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,"			
_	complete Schedule D, Part III	8		X
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,"	_		x
40	complete Schedule D, Part IV	9		
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			x
44		10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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			
•	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 related 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			l
	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		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	Ì		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u></u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b> </b>	X
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	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
22	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		Fom	n <b>990</b>	(2009

Г	At to Checklist of Required Schedules (Continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			x
	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			x
<b>.</b> 4 -	employees? If "Yes," complete Schedule J	23		
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	24-		x
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a		
	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	240		
	to defease any tax-exempt bonds?  Did the ergonization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		240		_
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		
L		254		
D	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			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	·	250		
20	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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		_
20				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
U	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in res, complete scriedule in	25		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		-
J 1	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>   </del>		
JŁ	Schedule N. Part II	32		x
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		x
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		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>		
-	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		<u> </u>	
- <del>-</del>	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"	<u> </u>	
<b>J</b> .	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u>"</u>		<del></del> -
- •	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		x
	The state of the s	<del></del>		(2000)

Pa	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	1 1			
	U.S. Information Returns. Enter -0- if not applicable	1a	_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable			
	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	2a			
þ	if at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	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)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by			
	this return?		3a		X
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				
	over, a financial account in a foreign country (such as a bank account, securities account, or other file	nancial			
	account)?		4a		X
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 duning the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	jarding	_		ļ
	Prohibited Tax Shelter Transaction?		5c		ł I
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne			<b>.</b>
	organization solicit any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the deductible?	ons or	6.		
7	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
а	and services provided to the payor?	goods	7a	1	ŀ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7 <u>a</u> 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as	7.5		
·	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<b></b>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a				
-	benefit contract?		7e	1	ĺ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		7g		
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	l			
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	
10	Section 501(c)(7) organizations. Enter	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	11			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	11b	—		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		-
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1	<u> </u>

Form 990 (2009) KNIGHTS OF COLUMBUS

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			
<u> </u>	tion A. Coverning body and management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b			
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		$\mathbf{x}_{-}$
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
		<u> </u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.		
	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	44		x
44-	form?	11		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420	<b></b>	X
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	425		
_	rise to conflicts?	12b		<del></del>
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		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	İ	x
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a	Ì	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1.50		
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	İ	Ì
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	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 interest			
	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			
	organization. ▶ TOM WITTROCK			
_ <u>s</u>	CRANTON IA 51462			

Form 990 (2009) KNIGHTS OF COLUMBUS

#### 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.

(A) Name and Title	(B) Average	Posi	ition (	() checl	C) k all :	that a	pply)	(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
	hours per week	Individual trustee or director		Officer				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
PAT O'KEEFE									_	
STATE DEPUTY				X	<u> </u>	<u> </u>		3,000	0	C
BRIAN DANNER										_
STATE CHAPLAIN		+	<u> </u>	X	_	┝	_	0	0	C
MIKE LAAKE	-			<b>.</b> .						
STATE SECRETARY		1	-	X		⊢		0	0	<u>_</u>
JOHN MURPHY									•	
STATE ADVOCATE  LORNE MAYER		+		X	├─	┼		0	0	C
STATE TREASURER	1			x				0	0	c
JOE RAMIREZ	<del></del>	+	-	<u> </u>	-	$\vdash$		0		
STATE WARDEN	-			x				0	0	c
·										
_										
	_	-								

Pa			stees	s, Ke	•		yees	s, an	d Highest Compensated	<del></del>			
	(A) Name and Title	(B) Average hours per	<u> </u>		chec	,	that a		(D) Reportable compensation	(E) Reportable compensation		(F) Estimated mount of	
		week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org ar	other mpensation from the ganization and related ganizations	1
													•
												···	
						_						<del></del>	<del> ,</del>
		1											
		}				_	-					<del></del>	
						-							
	Total	1	<u> </u>			<u> </u>		<u> </u>	3,000				
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	bov					
3	Did the organization list any f				ruste	ee, k	ey e	mplo	oyee, or highest compensa	ted		Ye	
4	employee on line 1a? If "Yes, For any individual listed on lin	" complete Sche ne 1a, is the sum	dule of re	J for	suc able	h ind	dividi npen:	ual satio	on and other compensation	from		3	X
5	the organization and related of individual Did any person listed on line											4	X
	services rendered to the orga	nization? If "Yes,	<u>" cor</u>	mple	te S	chec	dule .	J for	such person	·		5	<u> </u>
1	ction B. Independent Contract  Complete this table for your fi compensation from the organ	ive highest comp	ensa	ted	ınde	pend	dent	cont	ractors that received more	than \$100,000 of	•		
		(A) d business address		-"					Descrip	(B) toon of services		(C) Compen	) nsation
											-+		
_		<del>.</del>						_					
			—					-					
2	Total number of independent	contractors (incli	udinç	g but	not	lımıt	ed to	tho	se listed above) who receiv	ved			
DAA	more than \$100,000 in comp	ensation from the	org:	anız	ation	<b>&gt;</b>			<del></del>			0 Form <b>9</b> 9	<b>90</b> (2009)

Form 990 (2009) KNIGHTS OF COLUMBUS

Pa	rt V	III Statement of Reve	nue					· · · · · · · · · · · · · · · · · · ·	
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			Τ				revenue	<del></del>	512, 513, or 514
Program Service Revenue   Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a		153 056				
ig 5	b	Membership dues	1b		153,956				
fts,	С.	Fundraising events	1c						
<u>e</u>	d	Related organizations	1d		56,100				
sin	e	Government grants (contributions)	1e		36,100	1			
ig ig	T	All other contributions, gifts, grants, and similar amounts not included above							
불형			1f		-				
Sor	g	Noncash contributions included in lines 1a	-11	\$	_	210,056			
9	<u>h</u>	Total. Add lines 1a-1f			Busn. Code	210,030			
n H	20	ECOMONII EDENIN CIM	12 D C M 1	VTD C	Bush. Code	44,548	<del>-</del>		44,548
ě	2a b	FOOTBALL FRENZY SWE	EPST	IKES.		41,167			41,167
8	b	VOCATIONAL GRANTS				38,112	···		38,112
ervi	C	EDUCATION DONATIONS		OT THE		8,430			8,430
n S	d	RESALE, STATE COUNCI	.ь, Р	OLIFE		0,430			0,430
gra	e	All other program service reve	nuo		<del></del>				
P	-	Total. Add lines 2a–2f	ilue			132,257			
_	<u>y</u> _	Investment income (including	divide	nde intere		132,237	<del> </del>		
	3	other similar amounts)	uiviuei	ius, iritere	sst, and	2,144	2,144		
	4	Income from investment of tax	Y_0Y0M	nt bond n	roceeds -				
	5	Royalties	N-CACII	pt bond p	locceds				
	•	(i) Real		(u) F	Personal	`			
ļ	6a	Gross Rents							
	b	Less rental exps		·····					
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			<b>—</b>	İ	1		
		Gross amount from (i) Securitie	s	(11)	Other				
		sales of assets other than inventory							
	b	Less cost or other							
		basis & sales exps			ļ				
	С	Gain or (loss)				1			
	d	Net gain or (loss)			<b>&gt;</b>		f		
•	8a	Gross income from fundraising eve	ents						
nue		(not including \$							
Other Reven		of contributions reported on line 1c	;)		ĺ	İ			
Ř		See Part IV, line 18	а						
돭	b	Less direct expenses	b						
0	С	Net income or (loss) from fund	draisin	g events	<b>•</b>				
	9a	Gross income from gaming activities	es						
		See Part IV, line 19	а						
		Less. direct expenses	b						
	С	Net income or (loss) from gan	ning a	tivities	<u> </u>				
	10a	Gross sales of inventory, less			1				
		returns and allowances	а						
		Less cost of goods sold	b						
	C	Net income or (loss) from sale		ventory	<u> </u>				
		Miscellaneous Revenu	e		Busn. Code				
	11a	INSURANCE PREM				23,451			23,451
	b	CONVENTION				20,685			20,685
	C								-
	d	All other revenue						······································	
	е	Total. Add lines 11a-11d			•	44,136			
	12	Total Revenue. See instruction	ons		<u> </u>	388,593	2,144		176,393

# 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 (I

	All other organizations must of	complete column (A) but a	re not required to comple	ete 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		CAPCIIOGO	general expenses	CAPCHISCS
'	organizations in the U.S. See Part IV, line 21				
•	· ·	- 1			
2	Grants and other assistance to individuals in				
,	the U.S See Part IV, line 22				······································
3	Grants and other assistance to governments,			1	
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages	16,075		16,075	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				1 5 5 · · · · · · · · · · · · · · ·
9	Other employee benefits				w
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	760		760	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	65,531		65,531	
12	Advertising and promotion	28,751		28,751	
13	Office expenses	20,341		20,341	
14	Information technology	14,539		14,539	
15	Royalties				
16	Occupancy				
17	Travel	595		595	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	89,233		89,233	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,590		1,590	
23	Insurance	26,271		26,271	
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 )		l		
а	FOOTBALL FRENZY SWEEPSTAK	37,925	37,925		
b	DONATIONS	35,241		35,241	
c	EDUCATION	34,500	34,500		
d	VOCATIONAL	16,000	16,000		<del></del>
e	OTHER	277	277		
-	All other expenses	, ,	= : :		
	Total functional expenses. Add lines 1 through 24f	387,629	88,702	298,927	<del></del>
	Joint costs. Check here ▶ I 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				
DAA		·			Form <b>QQ0</b> (2000

P	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			85,030	1	107,935
	2	Savings and temporary cash investments			191,234	2	56,206
	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. Com		- 1			
		Schedule L		į	•	5	
	6	Receivables from other disqualified persons (as defined	under se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)					
		Part II of Schedule L	. , .	·		6	
Assets	7	Notes and loans receivable, net				7	
<b>SS</b> (	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment cost or	1 1				
		other basis Complete Part VI of Schedule D	10a	16,635			
	h	Less. accumulated depreciation	10b	14,664	3,560	10c	1,971
	11	Investments—publicly traded securities	[ 100]		2,000	11	2/5/2
	12	Investments—other securities See Part IV, line 11	-	······································	12		
	13	Investments—program-related. See Part IV, line 11	•		13		
	14	Intangible assets		•	· · · · · · · · · · · · · · · · · · ·	14	<u> </u>
	15	Other assets See Part IV, line 11		-		15	
		·	<b>4</b> \	-	279,824	16	166,112
	17	Total assets. Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses	7)		1,217	17	688
	18	Grants payable		4/64/	18		
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities				20	
ß		•	of Cabadi	.lo.D		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of		lie D		21	
Ę	22	Payables to current and former officers, directors, truste					
iat		employees, highest compensated employees, and disq	uaiiiieu		:	22	
		persons Complete Part II of Schedule L	d ===d:===	-		22	
		Secured mortgages and notes payable to unrelated thir	•	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third p	arues	•	<del></del>	24 25	<del></del>
	l	Other liabilities Complete Part X of Schedule D			1,217	26	688
<u></u>	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶	and		-,,	_26_	000
ö		<del></del>	and				
an	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets				27	
3al	27	Temporarily restricted net assets		ŀ		28	
9	28	Permanently restricted net assets		ŀ	<u> </u>	29	
E	29	Organizations that do not follow SFAS 117, check he	<b>\</b> \			25	·
F		<del>-</del>	ie > M				
Net Assets or Fund Balances	20	and complete lines 30 through 34.				20	İ
ets	30	Capital stock or trust principal, or current funds	اسمدية و	}		30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen		.m.da	278,607	31	165,424
¥	32	Retained earnings, endowment, accumulated income, or	outer fl	ilius	278,607	32	165,424
é	33	Total held the send and accept fixed helders		}			
_	34	Total liabilities and net assets/fund balances		_	279,824	34	166,112

Form **990** (2009)

orm	990 (2009) KNIGHTS OF COLUMBUS	42-0362210	_	Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting				
		•		Yes	No_
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other			
	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		X_
b	Were the organization's financial statements audited by an independe	ent accountant?	2b		X
С	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 select	on of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process or selection process.	ocess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the fin	ancial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidate	d and separate basis			
3a	As a result of a federal award, was the organization required to under	go an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
þ	If "Yes," did the organization undergo the required audit or audits? If t	he organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any	steps taken to undergo such audits	3b		

Form **990** (2009)

### ŞCHEDÙLE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

	of the organization		Employe	r identification number
	NIGHTS OF COLUMBUS		40.0	0.0001.0
	OWA STATE COUNCIL			362210
Pa	rt I Organizations Maintaining Donor Advised Fulther the organization answered "Yes" to Form 990, I	nds or Other Similar Funds or A Part IV. line 6.	ccount	s. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		,	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		•	<del></del>
4	Aggregate value at end of year			······································
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
_Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Forn	า 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant lar	nd area
	Protection of natural habitat	Preservation of certified historic st	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser	vation	
	easement on the last day of the tax year.		······	
				Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		_2b	
С	Number of conservation easements on a certified historic structure incl		2c	
d	Number of conservation easements included in (c) acquired after 8/17/		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizati	on during	)
	the taxable year			
4	Number of states where property subject to conservation easement is I			
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, nandling of		□ vaa □ Na
	violations, and enforcement of the conservation easements it holds?	one conservation ecomonte during the us		∐ Yes ⊡ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the ye	aı	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	concentation ecoments during the year		
'	Amount of expenses incurred in monitoring, inspecting, and emorcing to \$	conservation easements during the year		
R	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section		
·	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	are requirements or econom		Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense statemen	t. and	
•	balance sheet, and include, if applicable, the text of the footnote to the	·	-	
	the organization's accounting for conservation easements.			
P£	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		imilar	Assets.
	If the organization elected, as permitted under SFAS 116, not to report		et works	of
Ia	art, historical treasures, or other similar assets held for public exhibition			
	provide, in Part XIV, the text of the footnote to its financial statements to		public sc	11100,
b	If the organization elected, as permitted under SFAS 116, to report in it		orks of a	rt.
_	historical treasures, or other similar assets held for public exhibition, ed			
	provide the following amounts relating to these items	,		-,
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	<b>\$</b>
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro-	vide the	
	following amounts required to be reported under SFAS 116 relating to	•		
а	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	<b>\$</b>
b	Assets included in Form 990, Part X		•	\$

Sche	dule D (Form 990) 2009 KNIGHTS OF	COLUMBUS	···		42-03	62210	Page:	2
₽₽	art III Organizations Maintaining	Collections of Art	, Historical Treas	sures,	or Other	Similar Ass	ets (continued)	_
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):							
а	Public exhibition	d \ Loar	n or exchange program	ns				
b	Scholarly research	e Othe						
c	Preservation for future generations	· 🗀					_	
4	Provide a description of the organization's collegart XIV.	ections and explain hov	v they further the orga	ınızatıon's	s exempt pu	ırpose ın		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art	t, historical treasures,	or other:	sımılar		Yes No	^
D:	art IV Escrow and Custodial Arra					"Yes" to Fo		<u>-</u>
1. ¢	IV, line 9, or reported an am			ationa	110110100	100 1010	iiii 000, i dit	
12	Is the organization an agent, trustee, custodial			har accat	s not	<del></del>		_
ıa	included on Form 990, Part X?	if or other intermediary	ioi continuations of ou	ilei asset	3 1101		Yes No	_
	·		na table:				1es 140	,
D	If "Yes," explain the arrangement in Part XIV a	na complete the followi	ing table:				Amount	
							Amount	
С						1c		
d	Additions during the year					1d		-
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21?	•				Yes No	o
	If "Yes," explain the arrangement in Part XIV							
₽ŧ	art V Endowment Funds. Comple	ete if organization	answered "Yes"	<u>to Forn</u>	<u>า 990, Pa</u>	rt IV, line 1	0.	_
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years	back (e) Four years back	κ.
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,			1				
•	and losses							
d	Grants or scholarships							
•	Other expenditures for facilities			<b> </b>				
-	•			į				
	and programs							
τ	Administrative expenses			<del> </del>				
g	End of year balance			J		<u> </u>	<b>i</b>	_
2	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	<del>-</del> - <del>-</del> -							
3а	Are there endowment funds not in the possess	sion of the organization	that are held and adn	nınıstered	for the			_
	organization by						Yes No	<u> </u>
	(i) unrelated organizations						3a(i)	_
	(ii) related organizations						3a(ii)	_
b	If "Yes" to 3a(II), are the related organizations	listed as required on So	chedule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endowm	ent funds					
Pa	art VI Investments—Land, Buildi	ngs, and Equipme	ent. See Form 99	0, Part	X, line 1	0.		
	Description of investment	(a) Cost or other basis				cumulated	(d) Book value	
		(investment)	basis (other	r)	depr	eciation		
12	Land							_
	Buildings							_
	: Leasehold improvements							_
	Equipment	-	16	, 635		14,664	1,97	1
	Other			, 555	<del></del>		2,37	f
	al. Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part Y	column (R) line 10/c)	)		<b>•</b>	1,97	1
. 010	in , ide inico la unocentro (ocidini (d) mast et	100, i 0,,, 000, i uit //, t	55.5 (5), IIII 10(0)	,			l	-

Schedule D (Form 990) 2009 KNIGHTS OF COLUMBUS		42-0362210	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
	·		
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)  Part VIII Investments—Program Related. See Form 990	Dort V line 12		<del></del>
Part VIII Investments—Program Related. See Form 990 (a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) book value	Cost or end-of-year market value	
		Took or one or your marrier value	
	<del></del>		<del></del>
	<u> </u>		<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book	value
			<del></del>
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	<del></del>	<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25			
1. (a) Description of liability	(b) Amount		
Federal income taxes			
-		4	
		4	
		-	
	<del></del>		
	<u> </u>	-	
		1	
		1	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organ	ization's financial stateme	ents that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 KNIGHTS OF COLUMBUS	42	-0362210	Page <u>4</u>
Pø	Reconciliation of Change in Net Assets from Form 9	990 to Audited Finance	cial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	· ·	1	·
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor 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		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
d	,	2d		
е	Add lines 2a through 2d		2e	<del> </del>
3	Subtract line 2e from line 1	ſI	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
b	,	4b		
C	Add lines 4a and 4b  Tatal squares Add lines 2 and 4a (This must equal Form 999, Bort I line 13.)		4c   5	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial S	tatements With Evne		
1	Total expenses and losses per audited financial statements	tatemento vitii Expe	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		,	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u>-</u>
а		4a		
b	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	
Pŧ	art XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	art III, lines 1a and 4, Part i	V, lines 1b	
and	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pa	rt XIII, lines 2d and 4b Also	complete	
this	part to provide any additional information.			
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Schedule D (Fo	orm 990) 2009	KNIGHTS OF COLUM	<b>B</b> US	<b>42-0362210</b> Pa	ge <b>5</b>
Part YIV	Supplemen	KNIGHTS OF COLUMN tal Information (continued	1)		
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**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.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KNIGHTS OF COLUMBUS IOWA STATE COUNCIL

Employer identification number 42-0362210

Form 990, Part III, Line 4d - All Other Achievements OTHER PROGRAMS

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 18 - No Public Disclosure Explanation DOCUMENTS AVAILABLE UPON REQUEST

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public