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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public Inspection****A** For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Knights of Columbus

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 512

Room/suite

City or town, state or country, and ZIP + 4

Ottumwa IA 52501-0512

D Employer identification number

42-0291150

E Telephone number

641-682-5695

F Group Exemption Number ►**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$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.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9132
	2	Program service revenue including government fees and contracts	2	2674
	3	Membership dues and assessments	3	5940
	4	Investment income	4	2485
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	201855
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c	170503	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31352	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57583	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	35685
	11	Benefits paid to or for members	11	1335
	12	Salaries, other compensation, and employee benefits	12	2082
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	14106
	15	Printing, publications, postage, and shipping	15	1416
	16	Other expenses (describe in Schedule O) National/State Du-r Assessment	16	1843
	17	Total expenses. Add lines 10 through 16	17	56462
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	< 48847
	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	292215
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	287331

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	134,501	22 141,449
23	Land and buildings	157,104	23 147,819
24	Other assets (describe in Schedule O)		24
25	Total assets	296,605	25 289,268
26	Total liabilities (describe in Schedule O)	4,390	26 1,937
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,215	27 287,331

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

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	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	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.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a None	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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 tax year covered by this return?	38a	X
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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	X
41 List the states with which a copy of this return is filed. 41 None		
42a The organization's books are in care of 42a Michael F. Heffernan Telephone no. 42a 641-684-4606 Located at 42a 123 W Third Street, Ottawa, IL ZIP + 4 42a 52501-0512		
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	X
If "Yes," enter the name of the foreign country: 42b		
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	X
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? 45 Yes No ☒
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45a Yes No ☒
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No ☒

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ ☐ Yes ☒ No

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.

Sign Here

Signature of officer: Michael P. Heffernan Date: 2/21/11

Type or print name and title: Michael P. Heffernan Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no. ▶			

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

Knight's of Columbus

Grants & Contributions

Description		Amount
1		
2	Ston Catholic School	15536
3		
4	KC Mentally Handicapped Fund	9938
5		
6	Scholarships	41250
7		
8	KC Voc. train	500
9		
10	Kids Christmas	550
11		
12	Religious Education	3260
13		
14	All others	<u>11151</u>
15		
16		
17	Total	35685
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Knights of Columbus

Council 888

P.O. Box 512

Ottumwa, IA 52501

Prepared By	Initials	Date
Approved By		

Depreciation Schedule

		Cost	A/B	2007	A/B	2008	A/B	2009	A/B	2010	
			1/1/07	Dep.	12/31/07	Dep.	12/31/08	Dep.	12/31/09	Dep.	A/B
1	10/1/83 Land	42000									12/31/10
2											
3	Buildings & Improvements										
354	10/1/83 Building	317325	208520	9066	217586	9066	226552	9066	235718	9066	244784
205	8/1/83 Retaining Wall	2772	2770	62	2772	-	2772	-	2772	-	2772
6											
207	2/1/92 Upper Parking Lot	14283	10358	714	11067	714	11781	714	12495	714	13209
308	10/1/94 New Bldg Addition	31854	19574	1593	21107	1593	22700	1593	24293	1593	25886
9											
1000	4/1/05 New Carpet	10286	1795	1026	2821	1026	3847	1026	4873	1026	5899
101	2/1/96 Remodelling	19367	19367	-	19367	-	19367	-	19367	-	19367
12											
1013	6/1/98 Cabinets/Countertop	3133	2661	313	2974	159	3133	-	3133	-	3133
208	4/1/01 Exhaustion System	1416	390	71	461	71	532	71	603	71	674
15	12/1/04 New Lights										
206	8/1/03 New Roof	20248	3572	1012	4554	1012	5566	1012	6578	1012	7590
17											
18	Total Bldg/Improve	420654	268852	13857	282709	13641	296350	13482	309832	13482	323314
19											
20	Equipment										
21											
22	Various Fully Depreciated Equip	21429	21429	-	21429	-	21429	-	21429	-	21429
23	(See Old Deprec. Schedule)										
24	12/1/86 Org Jensen TV	247	247	494	741	494	1235	1235	-	-	-
205	1/1/89 Antenna Htg Unit	3350	84	169	253	169	422	169	591	169	760
5	10/1/89 New TV	1676						167	167	334	501
2027	1/2/06 Antenna Htg Unit	4821								121	121
28											
29	Total Equipment	(24727)	21760	663	20423	663	23086	1573	25137	663	25811
30		27727									
31		26469									
32											
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05/16/2014