

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form .990

**Return of Organization Exempt From Income Tax** 

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

20**10** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

A	For the	2010	calendar year, or tax year beginning , and e	nding				
<b>B</b> 0	heck if	applicat	ole C Name of organization KNIGHTS OF COLUMBUS COUNCIL 1883		D Employer is	dentification r	number	
	ddress.	change	Doing Business As		45-6002306			
ΠĪΝ	ame ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone r	number		
=	utial retu	•	510 19T AVE 9	I.	701 252 606	0		
=	erminate		519 1ST AVE S  City or town, state or country, and ZIP + 4	<del></del>	<u>701-252-606</u>	9		
=					G Cross ross	-t- ¢	4.00	2 024
=	mended		JAMESTOWN ND 58401		G Gross receip			33,831
□^	pplication	on pend	ing F Name and address of principal officer	H(a) Is th	is a group return	n for affiliates?	Yes	X No
			<u> </u>	H(b) Are	all affiliates incli	uded?	Yes_	No
I Ta	ax-exem	pt statu	s 501(c)(3) X 501(c) ( 8 ) ◀ (insert no ) 4947(a)(1) or 527	If "N	lo," attach a list	(see instruction	ons)	
J. W	ebsite	• <b>•</b> 1		H(c) Gro	up exemption nu	ımher 🕨		
	orm of o			r of forma	tion 1919	M State of le	gal domicile	ND
P	art I		Summary					
	1	Brief	y describe the organization's mission or most significant activities SER	VE THE	LOCAL CA	THOLIC CO	MMUNITY	<u> </u>
õ								
Паг								
Activities & Governance	2	Chec	k this box I if the organization discontinued its operations or disposed of more than	an 25% of	its net assets			
ဖိ	3		per of voting members of the governing body (Part VI, line 1a)	41 20 70 01	113 1101 233013	3		7
eđ vj	4			٠	·	4		
ite	4		ber of independent voting members of the governing body (Part VI, line 1b)		· -	5		
흃	2	Total	number of individuals employed in calendar year 2010 (Part V, line 2a)		· · ·	<u> </u>		65
⋖	6	lotal	number of volunteers (estimate if necessary IVED :	•	· · ·	6		
	7a		unrelated business revenue from Part VIII, column (C), line 12		<b>—</b>	7a		0
	ь	Net ι	nrelated business taxable income from Form 990-T, line 342			7b		0
			MAY 1 6 2011   9		Prior Year		Current Year	
a	8		ributions and grants (Part VIII, line 1h)		49,	720		7,995
Revenue	9	Prog	am service revenue (Part VIII.line 20)		8,2	270	1	1,785
ě	10	Inves	tment income (Part VIII, column (A), thes 2, 4, and 4d			0		2,119
Œ	11	Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		464,	502	45	2,758
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		522,4	492	52	4,657
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)			0		0
	14		fits paid to or for members (Part IX, column (A), line 4) .			0		0
	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		242,4	475	24	1,283
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0		0
pen	b			从义为国	AURICE PARTY	N (2 8 6 16 6	AFRICA ARTOR	(%) (%) (%) (%) (%) (%) (%) (%) (%) (%)
Ĕ	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	A CONTRACTOR	156,2	258		3,044
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		398,			4,327
			, , , , , , , , , , , , , , , , , , ,					
_ g	19_	Reve	nue less expenses. Subtract line 18 from line 12	Doelneis	123,		End of Year	0,330
ets or lances	20	T-4-1		Бедіпіні	ng of Current Y			2 705
Bala			assets (Part X, line 16)		325,			2,795
Fund	21		liabilities (Part X, line 26)		169,9			3,488
	22		ssets or fund balances. Subtract line 21 from line 20		<u>155,6</u>	500	22	9,307
_	t II		Signature Block					
Inde	r penalti	es of pe	rjury, I declare that I have examined this return, including accompanying schedules and statement	its, and to	the best of my k	nowledge		
nd b	eliet, it i	s true, c	rgury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepar	er nas any know	reage		
Sig	n				!			
Her			Signature of officer		Date			
	•	1	Timely K. RAChel, Chairman		5-9-20	<u> </u>		
			Type or print name and title Timothy PKAChel, Chairman					
aic		- 11	Print/Type preparer's name Preparer's signature	Date	1 01-	ᇎᄝᆟ	PTIN	
aid	b		ADAIG HANGON	22 500		ck X if employed F	200002400	,
re	parer	's ├	RAIG HANSON ( ray ) Box Ovi	<del></del>			200002188	<u>'                                    </u>
se	Only	<b>,</b>	irm's name ► CRAIG S HANSON, CPA		irm's EtN ► 4	<u>5-0408915</u>		
		]ı	irm's address ▶ 905 JAMES AVE NE, JAMESTOVN, ND 58401-6514		Phone no (7	701) 252-61	190	
/lav	the IR	S dis	cuss this return with the preparer shown above? (see instructions)			<u>T</u>	X Yes	No
	2000		CRAIG HANSON  Firm's name ► CRAIG S HANSON, CPA  Firm's address ► 905 JAMES AVE NE, JAMESTOWN, ND 58401-6514  cuss this return with the preparer shown above? (see instructions)				Form <b>990</b>	
F <b>or i</b> (HTA)	-aperv	vork R	eduction Act Notice, see the separate instructions.				25	<b>(2</b> 010)

	90 (2010)	KNIGHTS OF COLUMBUS COUNCIL 1883	45-6002306	Page Z
Pa	rt III	Statement of Program Service Accomplishments		_
		Check if Schedule O contains a response to any question in this Part III		L_l
1	Briefly de	escribe the organization's mission:		
•		THE LOCAL CATHOLIC COMMUNITY		
2	Did the c	reconsistent undertake and configurations are seen accident during the year which were not lested on	<u> </u>	
2		organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X No
	-		· L res	<u> </u>
_		describe these new services on Schedule O.		
3		rganization cease conducting, or make significant changes in how it conducts, any program	<u></u>	<del></del>
	services	?	· · L Yes	X No
	If "Yes,"	describe these changes on Schedule O.		
4	Describe	the exempt purpose achievements for each of the organization's three largest program services	by expenses	
	Section 5	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am	ount of grants an	d
	allocatio	ns to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e \$	0)
764		THE LOCAL CATHOLIC COMMUNITY IN JAMESTOWN ND AREA		/
4b	(Code:	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e\$	0.)
		0.111	- 0	
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	е э	0_)
4d	Other pr	ogram services. (Describe in Schedule O.)		
→u	•	· ·	0)	
	(Expense		<u> </u>	
4e	lotal pr	ogram service expenses   0		

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		Х
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		Х
,		۲		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
		1		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		ĺ	
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		
	complete Schedule D, Part I	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
٠	complete Schedule D, Part III	8		Х
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,"			
	complete Schedule D, Part IV	9_		Х
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	4	. B	
	VII, VIII, IX, or X as applicable			) 
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	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.	11b		Х
С	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	110		х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI. XII. and XIII	12a		х
<b>L</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120	+	^_
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	126		v
•	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
3	* * * * * * * * * * * * * * * * * * * *			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> .	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
J	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	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, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
8	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		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<b></b> -∔	<u>X</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some	] <sub>20</sub> ,		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .	20b	1	

Par	t IV 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 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		^
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
254	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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	ab 1 134	X X vani
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			•
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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 contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u> </u>
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		<u>X</u>
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)?	35		Χ
а	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," complete Schedule R,			
	Part V, line 2		ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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		<del></del>	
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		-	
	VI	37	_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		Χ_
		Form	990 (	2010)

45-6002306

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		3	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			, 1967 1977 1977
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.714	<b>23</b>	
	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 65	<u> 122:</u>		<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		Hibs	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	451 y 7 %	X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		2.00	110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
L	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	\$ 0.53	ana V	H. S.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ì	
u	and services provided to the payor?	7a	Amm	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	~ 23.00 2	1 et . 12 in vi
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	-	<u> </u>	
_	organization, have excess business holdings at any time during the year?	8 31 23	5 8 Z	12
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	<u> </u>	<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a		
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Sia.	9. No.
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			2
11	Section 501(c)(12) organizations. Enter		MA	
''a	Gross income from members or shareholders			× .
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	ð.	18 2 (t)	.,9
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	護		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13.33	建築	<b>梦</b> , 1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		· 4
	Note. See the instructions for additional information the organization must report on Schedule O	2		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	7 7 6 6 7 7 6 6	4.73	4.3
С	Enter the amount of reserves on hand	44-	*(5,1	-ω: <u>Λ</u> Χ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2010)
		rorm	<b>シブU</b> (	(ZU1U)

Page 6

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z	ιна	irt '	VI.	
-	_			-

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Schedule O See instructions.			_
	Check if Schedule O contains a response to any question in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	10 July		500 X
b	Enter the number of voting members included in line 1a, above, who are independent			
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	2.383.72	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del></del>
,	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_^_	X
4		5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Does the organization have members or stockholders?	<b>-</b>	^	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7.		_
	of the governing body?	7a 7b	Χ	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 D	<b>^</b>	04369
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	200		Market.
a	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.)		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X_
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a		20°C 20°
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		·沙隆	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u>X</u>
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		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14 20060 50	**************************************	X . 231
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	24.2	<u> Tezy</u>	:00 fs
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	2000293	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<b>177</b>	EX.	
	with a taxable entity during the year?	16a	23546	X Visionistera
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1 1	Mar. T	ا خان الله
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ly)		
	available for public inspection. Indicate how you make these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t		
	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: ► DENNIS RIXEN 701-252-606	9		
	E40 4CT AVE C. JAMECTOVANI AID E0404			

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Form	ggn	/201	n١

KNIGHTS OF COLUMBUS COUNCIL 1883

Form 990 (2010)	KNIGHTS OF COLUMBUS COUNCIL 1883	45-6002306	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		_
	Check if Schedule O contains a response to any question in this Part VII.		

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.

- 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, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) WALT NIELAND DIRECTOR	1	х	_					0	0	0
(2) CALVIN LEYENDECKER DIRECTOR	1.	х						0	0	0
(3) EDWARD LEVIN DIRECTOR	1	x						0	0	0
(4) STEPHEN VANDAL DIRECTOR	1.	x	<u> </u>				_	0	0	0
(5) DAVID BARNICK PRESIDENT	1.			х				.0	0	0
(6) TIMOTHY KACHEL VICE PRESIDENT	1.		<u></u>	x				0	0	0
(7) GREG SCHWEITZER SEC/TREASURER	2.			x				_0	0	0
(9)										
(10)										·
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Page 8

	art VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd	High	<u>est</u>	Compensated	Employe	es (co	ntinued)
	(A)	(B)	<b> </b>			C)	41-4	-4.	(D)	(E)		(F)
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organizat (W-2/1099-	ation ated tions	Estimated amount of other compensation from the organization and related organizations
(17)		_					<u> </u>					
<u>(18)</u>												···
(19)												
(20)										-		
(21)												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)												
(28)												
1b	Sub-total							•	0		0	(
C	Total from continuation sheets to Part VII, S							<b>•</b>	0		0	(
<u>d</u>	Total (add lines 1b and 1c)	· · · · ·							0		0	(
2	Total number of individuals (including but not l		listed		_	) wi	no rec	ceiv	red more than \$	100,000 ir	1	
	reportable compensation from the organization				0							Yes No
3	Did the organization list any <b>former</b> officer, dir employee on line 1a? <i>If "Yes," complete Sched</i>					ee,	or hi	ghe	est compensate	d 		3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greater	of reportable co	ompe	nsa	tıon							
	individual			٠٠.								4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y									ndıvidual 		5 X
Sec	ction B. Independent Contractors											
1	Complete this table for your five highest compound compensation from the organization.	ensated indepe	nden	t co	ntra	icto	rs tha	at re	eceived more the	an \$100,0	00 of	
	(A) Name and business addr	ress							(B) Description of ser	vices	c	(C) ompensation
												(
									<del></del>			
												(
									_			(
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the	-	nited	to th	nos	e lis	ted a	bov	ve) who received	d	\$1 \$1. \frac{1}{2}.	

Par	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ হ	1a	Federated campaigns	1a	0	Bac. 1999; 1.5522	<b>"是我的学习的</b>	SOME THE	1347 White 1944
gifts, grants lar amounts	b	Membership dues	1b	0				
	C	Fundraising events	1c	0	Martin at 6			
a E		<del>-</del>	į					
gif, ilar	d	Related organizations .	1d	0				
ons,	е	Government grants (contributions)	1e	0				
Contributions, and other simi	f	All other contributions, gifts, grants, and						
tributi other		similar amounts not included above .	1f	57,995		TANK TAN		
뒫	g	Noncash contributions included in lines 1a-1f:	\$	0		NEW THE		
Cont	h	Total. Add lines 1a-1f		<u> </u>	57,995	<b>点都是一致通常。</b> 以		
				Business Code				Trust Company
Program Service Revenue	2a	MEMBERSHIP DUES AND ASSESSMENTS	ı	"	11,785	1	( <u></u>	
ě	ь				1,1,7,00			
9					0			
Ξ̈́					<del></del>	ļ		
တ္တ	a			<del></del>	0			
ᇣ	е				0			
ğ	f	All other program service revenue			0	2000 - 1 The C 40 2	T. ~	17 7 h . + . 2000 1 10 *
	g	Total. Add lines 2a–2f		<u> </u>	11,785	7. 经现代的	种歌( ) 是20年2	334 编题。"以为"
	3	Investment income (including dividends, into other similar amounts)  Income from investment of tax-exempt bond		•	2,119 0			
	5	Royalties	•	🕨	0			
	-	(ı) Real		(II) Personal	生。是基础已被数			
	6a	Gross Rents						
		Less rental expenses						
	b	T	0			147 Troph 34		
	C	Rental income or (loss)					FFRagzing Max	
	d	Net rental income or (loss)	•	_ , , , , <u> </u>	U COMMINISTRATION OF THE COMMINISTRATION OF T	Sin musteration to the contract	totor: = telescolor ( ''') '''	V NOME XNO ALEST
	7a	Gross amount from sales of (i) Securities	s	(II) Other		No. of the last		
		assets other than inventory	0	0				
	b	Less cost or other basis						
	1	and sales expenses .	0	0				
	l c	Gain or (loss)	0	0				
	d	Net gain or (loss)		•	0			
Other Revenue	8a	Gross income from fundraising		· · ·				
Š		events (not including \$0			Martin Sta			San San San
జ		of contributions reported on line 1c)						
ē		See Part IV, line 18	а	0	AL ST HAS			
¥	ь	Less direct expenses	b	0		医氯甲基次性		
O	c	Net income or (loss) from fundraising events	s .	<b>.</b>	0			
		Gross income from gaming activities.			25.5- Feller, V.S.		864 W 196	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	"	See Part IV, line 19	а	983,238		16.50		
	ا ر		b	908,302	11/	4	Artica A	
		Less: direct expenses	D			- 10 march - 10 march - 1	2000 - 10 - 100 -	37 - 24 - 27 - 27 - 24 - 27
	C	Net income or (loss) from gaming activities		<u> ▶</u>	74,936	4	imri da 13	
	10a	Gross sales of inventory, less			<b>*</b>	12 miles	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B WAR LIBE
		returns and allowances	а	623,445		11.5		• • • • • • • • • • • • • • • • • • •
	b	Less cost of goods sold	b	250,872	حسب سننا الم	The total	<u> </u>	. 4
	_ c	Net income or (loss) from sales of inventory		<u></u> ▶	372,573			
		Miscellaneous Revenue		Business Code	5 S	- ',		
	11a	COUNCIL INCOME			5,249			
		OTHER INCOME			0			
	l				0			
	C	All other revenue			0			
	d	All other revenue			<u></u>		1 miles 1 . Sm	7
	е	Total. Add lines 11a–11d		. •	5,249 524,657	Carrier Marie		<u>. +                                   </u>
	. 40	- t t Caa instructions						

Form 990 (2010)

45-6002306

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (B) (D) Do not include amounts reported on lines 6b. Program service Fundraising Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. 2 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV. lines 15 and 16 . . . . . Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . 218,872 218,872 Other salaries and wages . . . 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). 0 9 Other employee benefits 22.411 22.411 10 Pavroll taxes . . . . . . . . . 11 Fees for services (non-employees). Management . . . . а 0 b Legal 485 Accounting . . . C Lobbying 0 - 3 - 3 - 3 - 3 - 3 Professional fundraising services. See Part IV, line 17. e Investment management fees f 0 g Advertising and promotion . . . 7.183 7,183 12 5,635 5,635 13 Office expenses . . . . 14 Information technology . n 15 Royalties 0 30,610 16 Occupancy . . 30,610 17 Travel . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Ol 20 Interest. Payments to affiliates . . . 21 28,873 28,873 22 Depreciation, depletion, and amortization. 10.735 10,735 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) 22,601 22,601 а SUPPLIES 10.624 10,624 REPAIRS AND MAINTENANCE 16,072 16,072 c TAXES & LICENSES d MISCELLANEOUS 29,980 29.980 e COUNCIL EXPENSES 10,246 f All other expenses 10,246 Total functional expenses. Add lines 1 through 24f 414,327 414,327 25 Joint costs. Check here ▶ If following 26 SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

**Balance Sheet** Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing. -62,957 2 Savings and temporary cash investments . . . . 2 95,171 3 Pledges and grants receivable, net . . 3 4 Accounts receivable, net . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . 6 Notes and loans receivable, net . 8 Inventories for sale or use 27,372 8 29,497 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 761,827 Less accumulated depreciation 10b 10c 410,743 11 Investments—publicly traded securities . . . 0 11 12 12 Investments—other securities See Part IV, line 11. Ol 13 Investments—program-related. See Part IV, line 11. 0 13 0 14 Ol 14 0 Intangible assets . . . . . . . . . . . . 58 15 0 15 Other assets. See Part IV, line 11. 325,500 412,795 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 100,656 17 146,901 Accounts payable and accrued expenses . 18 Grants payable . . . . . . . . 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . ol 23 0 Secured mortgages and notes payable to unrelated third parties 23 ol 24 24 Unsecured notes and loans payable to unrelated third parties 36,587 69,244 25 25 Other liabilities. Complete Part X of Schedule D . . 26 Total liabilities. Add lines 17 through 25 169,900 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . 28 Temporarily restricted net assets 28 155,600 29 29 Permanently restricted net assets . . . . . . Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . . . 32 32 229,307 155,600 33 33 Total net assets or fund balances . . . 325,500 412,795 Total liabilities and net assets/fund balances.

Form	990 (2010) KNIGHTS OF COLUMBUS COUNCIL 1883	45-6002306	) Pag	e 12
Par	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12) .	1	524	,657
2	Total expenses (must equal Part IX, column (A), line 25)	2		,327
3	Revenue less expenses Subtract line 2 from line 1	3	_	,330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	155	,600
5	Other changes in net assets or fund balances (explain in Schedule O)	5		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	265	,930
Par	XII Financial Statements and Reporting		_	
	Check if Schedule O contains a response to any question in this Part XII		. [	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	W-440 - 227	Space of
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			N. O.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Ll	<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 c	2010)

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## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name	of the organization			Employer identification number				
	HTS OF COLUMBUS COUNCIL 1883		45-6002306					
Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if							
	the organization answered "Yes" to Form 990, Part IV, line 6							
		(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) .							
4	Aggregate value at end of year			danas addicad				
5	Did the organization inform all donors and d							
6	funds are the organization's property, subject Did the organization inform all grantees, do							
Ü	used only for charitable purposes and not for	-						
	purpose conferring impermissible private be		. 01	Yes No				
Pari		lete if the organization answered "Ye	s" to					
u gil		- 1		1 OIII 990, I artiv, mie 7.				
1	Purpose(s) of conservation easements held							
	Preservation of land for public use (e g , recr			an historically important land area				
	Protection of natural habitat	Preservation	on of	a certified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contrib	ution	in the form of a conservation				
	easement on the last day of the tax year.			[27] SWEETS				
	Total combandance for a second			Held at the End of the Tax Year				
a	Total number of conservation easements	annonte	•	2a   2b				
b C	Total acreage restricted by conservation easing Number of conservation easements on a ce		•	2c 2c				
d	Number of conservation easements include		a	20				
•	historic structure listed in the National Regis		٠	2d				
3	Number of conservation easements modifie		termi					
	during the tax year							
4	Number of states where property subject to	conservation easement is located						
5	Does the organization have a written policy		tion, i					
	violations, and enforcement of the conserva			Yes No				
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservati	on ea	asements during the year				
~	American de la companya de la compan	inanastina and sufaciles assessed in a		anta divina tha vaca				
7	Amount of expenses incurred in monitoring,  \$\blacktriangleright*	inspecting, and enforcing conservation e	asen	ients during the year				
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	nts of	section				
J	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		113 01	Yes No				
9	In Part XIV, describe how the organization re		enue					
	balance sheet, and include, if applicable, the	The state of the s						
_	the organization's accounting for conservation							
Pari		ons of Art, Historical Treasures, or Oth	er Si	milar Assets.				
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8						
1a	If the organization elected, as permitted und							
	works of art, historical treasures, or other su							
	of public service, provide, in Part XIV, the te							
b	If the organization elected, as permitted und							
	works of art, historical treasures, or other sir		ıcatıo	n, or research in furtherance				
	of public service, provide the following amou			<b>.</b> ¢				
	(i) Revenues included in Form 990, Part VII (ii) Assets included in Form 990, Part X.	r, line i	•	· · · • • · · · · · · · · · · · · · · ·				
2	(ii) Assets included in Form 990, Part X.  If the organization received or held works of	art historical treasures or other similar of	Iceat	for financial cain, provide the				
2	following amounts required to be reported u							
а	Revenues included in Form 990, Part VIII, li							
-								

Par	VI Land, Buildings, and Equipment	t. See Form 990, Par	t X, line 10.	····	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0	3 Ea 5 / Se.	
b	Buildings [	0	0	0	
С	Leasehold improvements	0	0	0	
d	Equipment	0	0	0	
е	Other	0	0	0	
	II. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	(, column (B), line 10(	(c) ) ▶	

Page 3

Schedule D (Form 990) 2010					

Part VII	Investments—Other Securition	es. See Form 990, Part X	, line 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests	C	)	
		C	)	
(A)		C		
		C		
(D)		C	)	
( <u>E)</u>		0	)	
(F)				
(Ģ)		C		
(Ĥ)		c		
(I)		C		-2387 1 Sep - 1 - 23 - 2 - 5 - 7 - 1 - 28 - 20 - 1 - 25 - 25 - 25 - 25 - 25 - 25 - 25
	must equal Form 990, Part X, col (B) line 12)		THE STATE OF THE S	
Part VIII	Investments—Program Relat	ed. See Form 990, Part >	(, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)		C		<u></u>
(2)				<u>,                                    </u>
(3)		C	<del>                                     </del>	
(4)		<u>C</u>		
(5)			·	
(6)		C	<del> </del>	
(7)		C	<del></del>	
(8)		<u>_</u>		
(9)		C	-, -	
(10)	must equal Form 990, Part X, col. (B) line 13.)	C		man and a service of the service of
			The second of the second secon	(1994年   1994年   199
Part IX	Other Assets. See Form 990,	a) Description		(b) Book value
(1)		a) Description		(b) book value
<u>(1)</u>				0
(2)				0
(4)		<del></del>		0
(5)				Ö
(6)			······································	0
(7)				0
(8)				Ō
(9)				0
(10)				0
	mn (b) must equal Form 990, Part X, o	col. (B) line 15)		0
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Amount	1 · · · · · · · · · · · · · · · · · · ·	
	Income taxes	0		
	CIL AND BANK LOANS	36,587		
(3)		C		
(4)		C		
(5)		0		
(6)		C		
(7)		C		
(8)		C	Season Services Consider	The same of the
(9)				一下"物"等。例
(10)		C		,
(11)			· · · · · · · · · · · · · · · · · · ·	
	must equal Form 990, Part X, col (B) line 25)	36,587		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	lule D (Form 990) 2010				Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial	Statements	·
1	Total revenue (Form 990, Part VIII, column (A), line 12)	· ·		1	524,657
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	414,327
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	110,330
4	Net unrealized gains (losses) on investments .			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV ) .			8	
9	Total adjustments (net). Add lines 4 through 8			9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and	d 9	10	110,330
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	_		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			2536	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		18 J. J. S.	
b	Other (Describe in Part XIV)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			. 4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme			s per Retur	n
1	Total expenses and losses per audited financial statements		·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2000	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			12	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b_		T. C.	
С	Add lines <b>4a</b> and <b>4b</b>			. 4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>) .                                    </u>	<u> </u>	5	0
Par	t XIV Supplemental Information				
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Par part to provide any additional information	rt XIII,	lines 2d and 4b	Also comple	
				•••••	