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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)

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public . Inspection

A F	or the 2	2010 calend	dar year, or tax year begi		07-01 , 201	0, and end	ding	(06-30 ,	20 11
	Check if ap			GHTS OF COLUMBUS 7413	ERIE				-1 ' '	ver identification no
_	Address ch	-	Doing Business As							
=	Name char nitial returi	•	Number and street (or P O bo 9758 S DIXIE HW	ox if mail is not delivered to street address) IY			Room/suite			one number 848-4268
٦ [rerminated	1	City or town, state or country	, and ZIP + 4						433,254
	Amended r	eturn	Erie, MI 48133-	9661					G Gross	receipts \$
Ŧ,	Application	pending	F Name and address of princi	pal officer EDWARD COUSINO						
1 7	Fax-exemp	et status	Same as C above	<u> </u>	527		⊣	his a group liates? e all affiliate No," attach oup exemp	return for s included? a list (see ins tion number	Yes X No
		anization X	Corporation Trust Ass	ociation Other	L Year of fo	rmation 19	7.5		egal domicile	MI
Pa		Summar		COLUMN L. TOWNS	1 - 1 - 1 - 1 - 1				ogar dominone	
Га	1 1 E			sion or most significant activities	OUR FRATE	RNAL ORG	GANIZAT	ION SE	PONSORS	VARTOUS
				RENGTHEN AND SUPPORT T						
A C G	1 -				ACCTOT					
с G to		<u>_</u>	Y SERVICE CHARITY	PARTICIPATION OF THE L	ALII IN III	HOICE	OF THE	CHOICE	II, AND	H22121
t v				n discontinued its operations or di	anagad of mara	thon 250/	of its not			
Vе Ir										144
t n Ia				erning body (Part VI, line 1a)					3	144
e n				ers of the governing body (Part VI,					1	144
s c e				ın calendar year 2010 (Part V, line					5	0
&	6	Fotal numbe	er of volunteers (estimate i	f necessary) • • • • • • • • • • • • • • • • • • •		• • • • •	• • • • •		3	15
				Part VIII, column (C), line 12 •			• • • • •	7	'a	0
	bl	Vet unrelate	d business taxable income	e from Form 990-T, line 34 · · ·	· · · · · · · ·	• • • • •	• • • • •	• • • 7	'b	0
В	İ						Pnor	Year		Current Year
R e				e 1h) • • • • • • • • • • • • • • • • • •				- · · ·		8,171
v e				ne 2g) • • • • • • • • • • • • • • • • • • •						0
п	10 1	nvestment	income (Part VIII, column i	(A), lines 3, 4, and 7d) • • • • •						934
U	្ស 11 (ines 5, 6d, 8c, 9c, 10c, and 1 (e).		• • • •				51,295
Ě) 12 -	Total revenu	ie - add lines 8 through 11	(must equal Part VIII column (A)	me 12) • • • الـا	• • • •				60,400
16				IX, column (A), lines 1-3) · · ·		• • • •				21,865
E		Benefits pai	d to or for members (Part I	IX, colum型(A), IPEB 2·7·20	15 - 0	• • • • [0
K)		Salaries, oth	ner compensation, employ	ee benefits (Part IX, column (A), I	ines 5-190) · ·	• • • • [0
P e c e e s	رِ 16a ا	Professiona	I fundraising fees (Part IX,	column (A), line 11e)						Ö
) <u>.</u>	ь.	Total fundra	ising expenses (Part IX, co	olumn (D), line 25 DEN. (JT I	0 ,	1 4	5 1 1	- T	· · · · · · · · · · · · · · · · · · ·
(S)	17		nses (Part IX, column (A), I							22,153
'S-	18	•		st equal Part IX, column (A), line 2	25)					44,018
- ت -	19	•	·	e 18 from line 12 · · · · · ·		-			-	16,382
Net							leginning of	Current Yes	,	End of Year
Asser or \mathcal{Y}_c	ts 20	Total assets	(Part X, line 16) · · · ·				- Garaning or	363,9		380,345
or <i>⊕</i> Fund			es (Part X, line 26)					, .		
Bal-	20		or fund balances Subtrac	tline 21 from line 20 · · · · ·				363,9	63	380,345
ance				time 21 from time 20		l				
Linde	r nenalties	of persuoval de	Ire Block	lum, including accompanying schedules an	d statements, and to	the best of m	v knowledge			
and b	elief, it is t	nue, correct, an	d complete Declaration of prepar	er (other than officer) is based on all inform	ation of which prepai	er has any kn	owledge			
		<u> </u>							2 -	4
c:		- 4	Van Jan	<u> </u>					2-2	0-/2
Sig		y	ure of officer	Y				L	Jale	
Hei	re		TAYLOR, FINANCIAL	SECRETARY						
		Type o	r print name and title					,		
		Print/Type p	oreparer's name	Preparer's signature	Date		Chi	eck 📘 ı	f PTIN	
Pai	id	1		<u> </u>	02-20	-2012	self	-employed		
Pre	parer	Firm's name	· • • · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	~ 		Firm's EIN	<u> </u>		
	e Only	Firm's addre	ess 🕨			Ī	Phone no			
May	the IRS	discuss thi	s return with the preparer	shown above? (see instructions)						Yes No
For	Paperw	ork Reduct	tion Act Notice, see the s	separate instructions.				EE	Α	Form 990 (2010)





Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
4	Briefly describe the organization's mission
	OUR FRATERNAL ORGANIZATION SPONSORS VARIOUS ACTIVITIES DESIGNED TO STRENGTHEN AND SUPPORT THE
	FAMILY LIFE OF THE COUNCIL'S MEMBERS, ENCOURAGE ACTIVE PARTICIPATION OF THE LAITY IN THE WORKS
	OF THE CHURCH, AND ASSIST COMMUNITY SERVICE CHARITY PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? · · · · · · · · · Yes X No
	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
	services? · · · · · · · · · · · · · · · · · · ·
	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 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
4a	(Code) (Expenses \$21,865 including grants of \$) (Revenue \$)
	VARIOUS FRATERNAL ACTIVITIES DESIGNED TO STRENGTHEN AND SUPPORT THE FAMILY LIFE OF THE
	COUNCIL'S MEMBERS, ENCOURAGE ACTIVE PARTICIPATION OF THE LAITY IN THE WORK OF THE CHURCH, AND
	COMMUNITY SERVICE CHARITY PROGRAMS.
	(O.) (D.)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 21,865

Form 990 (2010) KNIGHTS OF COLUMBUS 7413 ERIE

38-2292776

Page 2

Checklist of Required Schedules

Part IV

	•		res	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		
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	 -		^_
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١		
7	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,	<u> </u>		
Ŭ	or similar amounts as defined in Revenue Procedure 98-19? 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			
	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,			-23
	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,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		Х
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	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		200 S	ta' in
	VII, VIII, IX, or X as applicable	3 452	12 L(1)	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI · · · · · · · · · · · · · · · · · ·	11a	Х	
ŧ	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		X
(}	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
(Did the organization report an amount for other assets 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	144		37
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization report an amount for other habilities in rarry, line 20 in res, complete scriedule B, Party	116		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X • • • • •	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12a		X
k				
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b	ŀ	Χ
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,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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, Parts II and IV · · · · · · · · · · · · · · · · · ·	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, Parts III and IV · · · · · · · · · · · · · · · · · ·	16		X
17	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		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		X
19	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	1.	,	
22		19	X	٠,,
20a		20a		X
t	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	I ONI 220 NICI2 MAD ODCIALO ONE OF MOLE MOSPILAS MASS AMARCA MINIMANDIA STATEMENTS (SEC MISHIDIAS)	1 400		

Pai	rt 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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization milest any proceeds of tax-exempt belies beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds? · · · · · · · · · · · · · · · · · · ·	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? • • • • • • • • • • • • • • • • • • •	24d		
d	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		
25a		25a		
	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	051		
	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			3.7
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
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	1' 2	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1.5	er (jaile	-42.74 34,75
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a		X
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		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part! · · · · · · · · · · · · · · · · · · ·	31		X
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		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,		ļ	
	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	<u> </u>	X
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 · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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			
	102 Note All Form 900 filers are required to complete Schedule O	28	V	

b If "Yes," has it filled a Form 990-T for this year" If "No," provide an explanation in Schedule 0 . 3b 4 A lary time during the calendary 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 1 b If "Yes," enter the name of the foreign country ▶ 5a Was the organization approach to a provided that shelter transaction at any time during the tax year? . 5a 1 b Old any taxable party notify the organization that it was or is a party to a prohibited that shelter transaction? . 5b 5 b Old any taxable party notify the organization that it was or is a party to a prohibited that shelter transaction? . 5b 5 b Old in the Sac 55, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . 6a X organization shall are yearly eductible 6a X organization shall are yearly eductible contributions under section 170(c) 6b X organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the pagor? . 7a 1 b If "Yes," indicate the number of Forms \$822 filed during the year 7a 1 c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the pagor? . 7a 2 d If "Yes," indicate the number of Forms \$822 filed during the year 7a 2 d If "Yes," indicate the number of Forms \$822 filed during the year 7a 2 d If "Yes," indicate the number of Forms \$828 filed during the year 7a 3 d If the organization received a contribution of qualified intellectual property, did the organization received and party filed group to indicately, to any premiums on a personal benefit contract? . 7a 2 d If "Yes," indicate the number of Forms \$822 filed during the year, year premiums, directly or indirectly, on a personal benefit contract? . 7a 2 d If the organization received a contribution of	•			Yes	No
to Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) windings to prize winners? 2a Enter the number of employees isponded on Form W-3, Transmitial of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	d 介凑	182 mg	·, ;
gamming (gambling) winnings to prize winners? Statements, filed for the calendar year ending with or within the year covered by this return Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) The sum of the organization of the organization is declared to a sum of the country over, a financial account is defined a form 930. The No, provide an explanation of the country over, a financial account is defined a form 930. The sum of the foreign country (several account) See instructions for filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization softly the organization that was or is a party to a prohibited tas shelter transaction? 50 b If If Yes, if you like a comparation file from 888-17 51 b Id any taxable party notify the organization that was or is a party to a prohibited tas shelter transaction? 52 b If Yes, if do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt with ever not tax deductable? 52 b If Yes, if do the organization network with every solicitation an express statement that such contributions or gradies and services provided to the portion of the state of the state of the goods or services provided? 53 b If Yes, if do the organization meture and the	b		d 🔆 🔆 s	18. 5	, · (_
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calonadary avar ending with or within the year covered by this return 2	С		200		7
Statements, filed for the calendar year ending with or within the year covered by the return 22		gaming (gambling) winnings to prize winners? • • • • • • • • • • • • • • • • • • •		X	
bif fat least one is reported on line 2a, did the organization file all required federal employment fax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) July 1995. The control of the company of	2a		4 715.4	13	j. ,
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bill Yes, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bill "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bill "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3 bill "Yes," what the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in or foreign country (which as a bank account, socinthes account, or other financial accounts)? See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If "Yes," to line So or 50, did the organization file Form 886-17? See instructions for filing requirements for Form 886-17? So ill "Yes," to line So or 50, did the organization file Form 886-17? So ill "Yes," to line did not organization file Form 886-17? So ill "Yes," to line did not organization file Form 886-17? So ill "Yes," to line did not organization file Form 886-17? So ill "Yes," did the organization half were not tax deductible? Organizations that may receive deductible occurributions under section 170(c). If Yes, "I did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Organizations that may receive deductible contributions under section 170(c). If Yes," indicate the number of Form \$222 fleed during the year. If Yes, "I did t		Statements, filed for the calendar year ending with or within the year covered by this return • • • • • 2a	1		4-30
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did If "Yes," and stifled a Form 990-T for this year of "I'No," provide an explanation in Schedule O 3b Did Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5b If "Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5ce with the organization apparty to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxabile party notify the organization file Form 8885-T? 5a Did so the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization necessity and the organization include with every solicitation an express statement that such contributions or girts were not lax deductable? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or girts were not lax deductable? 5c Did the organizations that may receive deductable contributions under section 170(c). 5c Did the organization necesses a payment in excess of \$75 made party as a contribution and partity for goods and services provided to the payor? 5c Did the organization that may receive deductable contributions under section 170(c). 5c Did the organization necesses any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5c Did the organization in receive any funds, directly or indirectly, to pay premiums on a personal benefit contr	b	·	2b	Χ	
bif ""res," has it flied a Form 990-T for this year" If "No," provide an explanation in Schedule 0			12		
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	d	· · · · · · · · · · · · · · · · · · ·		能生	
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1088-C? Th 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 organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 20 21 22 23 24 25 26 26 27 27 27 27 28 29 29 20 20 20 20 20 20 20 20	е		7e		X
h If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C? 7h 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 organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12	f		7f		X
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 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	g		7g		X
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organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand Lab Lab Lab Lab Lab Lab Lab La	В		Ser.	(2) 4 (1)	4 21
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on Part VIII, line 12	9		24	24.1	
Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12	а				
a Initiation fees and capital contributions included on Part VIII, line 12	b		-		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0		(神経)	, 1	
1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders	а		1	41-5-	1
a Gross income from members or shareholders			Sept.	\$ <u>(2)</u>	能得
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 2b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13b 2a Italian 15b 16c Italian 17c Italian 18d 18d 18d 18d 18d 18d 18d 18	1	· · · · · · · · · · · · · · · · · · ·			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		1 1		TO A
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a Is the organization licensed to issue qualified health plans in more than one state?		· · · · · · · · · · · · · · · · · · ·	վ ՝ ՝ l		ڊ هو پاڪريا ان سال
Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a			-	5,5,5	14 m
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	а		13a		<u> </u>
the organization is licensed to issue qualified health plans		•		` %	- N
c Enter the amount of reserves on hand · · · · · · · · · · · · · · · · · · ·	þ				1
4a Did the organization receive any payments for indoor tanning services during the tax year?			1	7-167	
			+	× 4134	5
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · · · · · 14b			\vdash		<u>X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 144 Enter the number of voting members of the governing body at the end of the tax year 144 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 X 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a а 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Does the organization have local chapters, branches, or affiliates? 10a Х 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 4 b Does the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 1 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) HA. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 1 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply X Upon request Own website Another's website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ► DANNY TAYLOR (734)848-4393 2013 WILSON Erie, MI 48133

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.
- 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 organizat	ions c	omp	ensa	ated	any c	urre	nt officer, director,	or trustee	r
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Position I to during the second of the secon	I t nr su t s t t e	O f	K	at apple e mple o yee e mple steed	Form	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) JERRY HENRY										
TRUSTEE	1.00	X						C	0	
(2) JIM LARROW		İ								
TRUSTEE	1.00	Х						c	0	
(3) RON SWARTZ										
TRUSTEE	2.00	X						C	0	
(4) BILL GIBBON										
ADVOCATE	3.00	}		Х				c	0	
(5) EDWARD COUSINO										
GRAND KNIGHT	5.00	1	-	Х				c	0	
(6) MARK MERCURIO										-
DEPUTY GRAND KNIGHT	5.00			Х		į		C	0	
(7) TOM MERCE										
TREASURER	3.00			Х				C	0	
(8) DANRY TAYLOR FINANCIAL SECRETARY	5.00			X				0	0	
(9)										
(10)										
(11)										
(12)			-							
(13)				_						
(14)										
(15)										·
(16)										

Form	990 (2010) KNIGHTS OF COLUMBU	S 7413 EF	RIE							38-229	2776 Page 8
Pa	t VII Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	l Hig	hes	t Con	per	nsated Employee	s (continued)	
	· (A)	(B)				C)			(D)	(E)	(F)
•	Name and Titlè	Average hours per week (describe hours for related organizations in Schedule O)	Posit I t d I n r i d u r i s e v t c i e t d e o u r a o ! r	I t nr su t s i t	Office	Key employee	H c e m p l c e m p l e n s e e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(17)		-									
(18)											
(19)											
(20)											
(21)											
(22)											
(23)							_				
(24)											
(25)											
(26)											
(27)											
(28)							<u></u> -				
	Sub-total · · · · · · · · · · · · · · · · · · ·		_						than \$100,000 in	<u> </u>	0
	reportable compensation from the organization										Yes No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such indivortable comp	/idual ensati	 on a	 and o	 othe	r comp	· · ens	ation from	• • • • • • •	· 3 X
	the organization and related organizations greater thundrividual							٠.			4 X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or								ion or individual		5 X
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest compensate	ed independe	nt con	trac	tors	that	receiv	ed r	more than \$100,00	0 of	
	compensation from the organization						_		(D)		······································
	(A) Name and business addre	ess	. 		<u>-</u>				(B) Description of s	services	(C) Compensation
				_				_			
2	Total number of independent contractors (including more than \$100,000 in compensation from the orga		to the	ose	liste	d ab	ove) w	/ho i	received	ri	19534

Part \	/111	Statement of Revenue									
	•, •		., .,	San San San San San San	(A)	(B)	(C)	(D)			
					Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax			
						function revenue	revenue	under sections 512, 513, or 514			
	1a	Federated campaigns · · ·	· · · · · 1a		, ,	* **		312,010,01014			
	b	Membership dues · · · ·	 - 	2,198			1 12				
Contri-		Fundraising events · · · ·		5,973			ينظيها أحرث برانها				
butions,	ا ا				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Se sur se	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
gifts, grants	d	Related organizations · · ·		, , <u>,</u>	100		143 To 144 To 1				
and	е	Government grants (contribut	ions) · · 1e			* . "					
other	f	All other contributions, gifts, g				[]	[A 100 A 20				
similar amounts		and similar amounts not include			Contraction of	1		F 1/1 - 1 - 1			
	g	Noncash contributions include				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The of Stange	1.5			
	h	Total. Add lines 1a-1f · ·			8,171	21 2 2		1. 1.			
				Business Code			*	L			
	2a		ĺ								
	b										
Program	С			···········							
Service Revenue	d										
	e		 								
	_	All other program service revei	1110 · · · · · · ·								
		Total. Add lines 2a-2f · · ·					4 y - 1 y 1	J. E. Service			
	Ť						· y · ' '	3			
	3	investment income (including of other similar amounts) • • •			306	306	ļ				
		•				300					
	4	Income from investment of tax				 					
	5	Royalties			1 10 ph. ph. ph. 2			3			
			(ı) Real	(II) Personal							
	6a	Gross Rents · · · · · ·	1,620		in the said	rue -	1				
	b	Less rental expenses · · · ·				3,1	" 4 . · E () (] - 4				
		Rental income or (loss) · · ·	1,620		ر الله المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المر المراجعة المراجعة ال	عسانياتك فأكافأ	Edding China	A STATE OF THE STA			
	d	Net rental income or (loss) •		· · · · · • • • • • • • • • • • • • • •	1,620	1,620					
	7a	Gross amount from sales of	(i) Securities	(II) Other	· 1884年18日	李元 和 1 1 1	17.16 高頭鏡	E REAL PROPERTY.			
		assets other than inventory	12,071		311	Breeze	1 1 1 1 1 1 1 1 1	1007			
	ь	Less cost or other basis			THE STATE OF THE S						
_		and sales expenses · · · ·	11,443		33.00	- Acity . They	me a second marin				
t	С	Gain or (loss)	628			建設が入れ	15 4 5 6 6				
'n	d	Net gain or (loss) · · · · ·		• • • • • • •	628	628					
e	8a	Gross income from fundraising	1			ا نے تاکیا و ا	21 4 477, 46	iii , ± − 1 - 1.			
ı		events (not including \$	5,973			The Market State of the State o	12 154 152 1				
R	ļ	of contributions reported on lin					10000000000000000000000000000000000000				
e v		See Part IV, line 18 · · · ·	•		· 连连连连			[(4] - 1			
ě	h	Less direct expenses · · ·				1 3 1 1 1 1 To					
n		Net income or (loss) from fund			Non-mail 1821 B. Care Transcati		عاملة الكسائلة ما يا يا ما ما	Mary Sanger Breeze			
u e		Gross income from gaming ac	_		No. No. 1	dele di a la de l'appril de la la della de	2 15 23 5 5 5	V 25 2 2 2			
Ū	Ja			411,086		5 444.5 44		1.33			
	١.	See Part IV, line 19 · · · ·				6.46.504 . 44					
	1	Less direct expenses · · · ·		361,411	40 675		المناسسة المستعدد الم	المائد المائد المائد المائد المائد			
	C	Net income or (loss) from gam	ing activities • •	• • • • • • •	49,675	49,675		15 8 12 6			
	10a	Gross sales of inventory, less			14年15年	· · · · · · · · · · · · · · · · · · ·	The state of the	1.5.4.			
	1	returns and allowances · · ·	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		19	有能 当年			
	1	Less cost of goods sold · ·	,	<u></u>	رومة " جهائي من المائية . "قام عمد الله مالا فساعت عبد الم		ما من الما الما الما الما الما الما الما	THE SECTION OF THE SE			
	c	Net income or (loss) from sale	s of inventory · ·	• • • • • • •							
		Miscellaneous Revenue)	Business Code		American	1	للأ ـ ي ـ يدي			
	11a										
	b										
	С										
	d	All other revenue · · · · ·									
	е	Total. Add lines 11a-11d •		· · · · · · • •		·	1	h -			
	12	Total revenue. See instruction	ns · · · · · · ·	• • • • • • •	60,400	52,229	C	C			

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)

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			។ ក្នុងមន្ត្រីសម្រង់ខ្លួនវិទ្	14 1 ± 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations in the U.S. See Part IV, line 21 · · · · ·	21,865	21,865	US THE SEA	
2	Grants and other assistance to individuals in			· 原外设置 · 是 · 30	. At
	the U S See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				Barrier Barrier
3	Grants and other assistance to governments,			11 11 11 11 11 11 11 11 11 11 11 11 11	14 12 20
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				Table Language parts
4	Benefits paid to or for members · · · · · · · · · · · · · · · · · · ·			St. 19, 18 Buch 18	, , , , , ,
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 •		contract of the	1 - GARGE 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
f	Investment management fees • • • • • • • • • • • • • • • • • •				
g	Other • • • • • • • • • • • • • • • • • • •				
12	Advertising and promotion				
13	Office expenses	559		559	
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	18,310		18,310	
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance · · · · · · · · · · · · · · · · · · ·		-		
24	Other expenses Itemize expenses not covered	一人 人名英格兰人	of the state of the		1 164 17 13 3
	above (List miscellaneous expenses in line 24f If	1. 100000 11 11 11 11 11	the march interesting the	· 15 19 (Shape 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1/2) There was made in
	line 24f amount exceeds 10% of line 25, column	The state of the s	The second of the second of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	以称为法律:
	(A) amount, list line 24f expenses on Schedule O)	1. 人名英英人	A 100 100 100 100 100 100 100 100 100 10	一、大路高級 12	
а	DUES K OF C NATIONAL, STATE	3,284		3,284	
b					
С					
d					
е					
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	44,018	21,865	22,153	0
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line			†	
	only if the organization reported in column (B) joint costs from a combined educational			<u> </u>	
	(B) joint costs from a combined educational				
		· · · · · · · · · · · · · · · · · · ·			

Part	X	Balance Sheet			
		•	(A)		(B)
		,	Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	11,964	1	14,033
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •	22,644	2	17,204
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net · · · · · · · · · · · · · · · · · · ·	280	4	
	5	Receivables from current and former officers, directors, trustees, key	अध्याति । सार्वास्त		新兴成为,党广省区
1		employees, and highest compensated employees Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	沙堂等軍 数字法	,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
.		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		'c='d	17 经销售管理
A S		employers and sponsoring organizations of section 501(c)(9) voluntary		د ويُر بد أيُّ أساة	12:12:13:14:13
s		employees' beneficiary organizations (see instructions) · · · · · · · · · · · · · · · · · · ·		6	
e	7	Notes and loans receivable, net		7	
s	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	6,747
	10a	Land, buildings, and equipment cost or	の発生としておいて	; ; .	
		other basis Complete Part VI of Schedule D · · · · 10a 280,500		1	
	b	Less accumulated depreciation · · · · · · · · · 10b	280,500	10c	280,500
	11	Investments - publicly traded securities	48,575	11	61,861
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · ·	363,963	16	380,345
	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
ī	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a b	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · · ·		21	
ĭ	22	Payables to current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	3	
!		employees, highest compensated employees, and disqualified	ATTEMENT TO SEE	14 7 F	ALVEY, BY BY
t		persons Complete Part II of Schedule L · · · · · · · · · · · · · · · · · ·		22	
i	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
e s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D · · · · · · · · · · · · · · · · · ·	 	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here▶ ☐ and	经营场的 医隐 克	1,2	大·安克 - 100 全型的基础
NF		complete lines 27 through 29, and lines 33 and 34.		1.4.	ि कि कि कि में राष्ट्र कि
e u t n	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·		27	
d	28	Temporarily restricted net assets		28	
A s B	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		29	
s a		Organizations that do not follow SFAS 117, check here ▶ 🏻	一次重新分析 大學	1 Can 1	
e I ta		and complete lines 30 through 34.		112	The Election of the State of th
s n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
o e r s	32	Retained earnings, endowment, accumulated income, or other funds	2,761	32	380,345
	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·		33	380,345
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	363,963	34	380,345

Form	990 (2010) KNIGHTS OF COLUMBUS 7413 ERIE 38-2	29277	6	Ρ	age 12
Pai	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<u>-</u>
,	,				
1	Total revenue (must equal Part VIII, column (A), line 12)			60,	400
2	Total expenses (must equal Part IX, column (A), line 25)	1		44,	018
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·			16,	382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			363,	963
5	Other changes in net assets or fund balances (explain in Schedule O)				0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))			380,	345
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				·[]
			·	Yes	No
1	Accounting method used to prepare the Form 990 [X] Cash Accrual Other		1,3	****	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		, 31.3	24.4	
	Schedule O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2a		• • • •	2a		X
b	Were the organization's financial statements audited by an independent 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 selection of an independent accountant? • • • • • • • •	• • • •	2c	2 31	
	If the organization changed either its oversight process or selection process during the tax year, explain in		4		
	Schedule O				1
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		****		2
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		3	L	
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	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• • • •	3b		<u> </u>
	EEA		Form	1 990 ((2010)

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.

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public

Name	of the organization	Employer identification number
KNI	GHTS OF COLUMBUS 7413 ERIE	38-2292776
Par		
	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 · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive 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 or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	· · · · · · · · · · · · Yes · · No
Pär	The state of the s	
<u>гаг</u> 1	Purpose(s) of conservation easements held by the organization (check all that apply)	11, 110
•	Preservation of land for public use (e.g., recreation or education) Preservation of an historical	ly important land area
	Protection of natural habitat Preservation of a certified hi	•
	Preservation of open space	Stone Structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution	conservation
2	easement on the last day of the tax year	onscivation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
_	Total acreage restricted by conservation easements • • • • • • • • • • • • • • • • • • •	2b
b	Number of conservation easements on a certified historic structure included in (a) · · · · · · · · · · · · · · · · · · ·	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	20
u	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	L
3	the tax year	anzation during
4	Number of states where property subject to conservation easement is located	
4	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	No. TNo.
c	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
6	Stan and volunteer flours devoted to friomtoning, inspecting, and emorting conservation easements during	tile year
7	Amount of averages incurred in monitoring inspecting, and enforcing concentration assembnts during the vi-	oor.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	eal
_	Day and account an account an act of a city and a line 2/d\ above act of the remunerator of a city and a city	
8	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)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements t	nat describes
	the organization's accounting for conservation easements	
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ice of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	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 · · · · · · · · · · · · · · · · · ·	— , , , , , , , , , , , , , , , , , , ,
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	n, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	· · · · · • \$
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · > \$

Sched	ule D (Form 990) 2010 KNIGHTS OF COLU	MBUS 7413 E	RIE				38-2292	776		Page 2
Par	t III: Organizations Maintaining	Collections of	of Art, Hist	orical T	reasures.	or Oti	ner Similar Ass	ets	(contin	ued)
3	Using the organization's acquisition, accession	, and other record	ds, check any	of the follo	owing that a	re a sign	ificant use of its			
٠	collection items (check all that apply)									
а	Public exhibition	d 🗍 L	oan or excha	nge progra	ams					
b	Scholarly research	e 🗍 C	Other							
С	Preservation for future generations	<u> </u>								
4	Provide a description of the organization's colle	ections and expla-	in how they fu	rther the o	rganization'	s exemp	t purpose in			
-	Part XIV	·	•		_	·				
5	During the year, did the organization solicit or r	eceive donations	of art. historic	cal treasur	es, or other	sımılar				
•	assets to be sold to raise funds rather than to be	ne maintained as	part of the ord	anization'	s collection?	7		. [Yes	No
Pà	t'IV. Escrow and Custodial Arra	ngomente	Complete if or	panization	answered "	Yes" to F	orm 990			1
Га	Part IV, line 9, or reported an amou	nt on Form 990. I	Part X. line 21	,			,			
1a	Is the organization an agent, trustee, custodian				r other asse	ts not				
14	included on Form 990, Part X? • • • • • •							. [Yes	No
b	If "Yes," explain the arrangement in Part XIV a							_		
D	Tres, explain the arrangement in rate Arvai	na complete the i	onowing table			Γ	Amo	unt		
_	Beginning balance					· · 1c				
C C	Additions during the year · · · · · · ·					· 10				
u	Distributions during the year					· · 1e				
e	Ending balance					1f				
r	Did the organization include an amount on Fori		0.212						Yes	
2a		m 990, Patt X, iin	e 217 · · ·					· l	res	No
_	b If "Yes," explain the arrangement in Part XIV Part V. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
Par	t V. Endowment Funds. Complete					3		Т		
	5	(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years back		Four years	
1a	Beginning of year balance · · · · · · · ·									
þ	Contributions						Parket and 12 to			
C	Net investment earnings, gains, and losses •						TARREST STATES			
d	Grants or scholarships · · · · · · · · ·							See See	A STATE OF THE STA	Later State of
е	Other expenditures for facilities							10.0		
	and programs · · · · · · · · · · · · · · · · · · ·									
f	Administrative expenses			-			DISTRICTION OF THE PARTY OF THE	SALAND NA	-	
g	End of year balance	L		j				300		分數數型
2	Provide the estimated percentage of the year e	and balance neid	as							
a	Board designated or quasi-endowment	%								
b	Permanent endowment \(\bigvee \)%									
С	rerm endowment									
3a	Are there endowment funds not in the possess	ion of the organiz	zation that are	neid and	aoministere	a for the				
	organization by							Γ.	Yes	No
	(i) unrelated organizations · · · · · · · ·	• • • • • • • •			• • • • • •	• • • •		<u> </u>	a(i)	
	(ii) related organizations · · · · · · · · · ·		· · ·			• • • •		<u> </u>	(ii)	
b	If "Yes" to 3a(II), are the related organizations				• • • • • •			3	3b	<u> </u>
4	Describe in Part XIV the intended uses of the o									
Pai	t VI Land, Buildings, and Equip	<u>oment. See Fo</u>	orm 990, Part	X, line 10						
	Description of investment	1	r other basis estment)	1 ' '	t or other (other)		Accumulated epreciation	(d)	Book valu	e
1a	Land	• • •			20,000	1	NAME OF THE PARTY		2	0,000
b	Buildings · · · · · · · · · · · · · · · · · · ·	• • •			260,500	}			26	0,500
С	Leasehold improvements · · · · · · · ·	• • •								
d	Equipment									
е	Other • • • • • • • • • • • • • • • • • • •									
Tota	1. Add lines 1a through 1e (Column (d) must ed	qual Form 990, P	art X, column	(B), line 1	0(c)) · ·	• • • •	▶		28	0,500
				_						

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 va	lue
(1) Financial of	derivatives · · · · · · · · · · · · · · · · · · ·	•		
	eld equity interests	•		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, coi (B) line 12)		4. 217 - 12 - 10 - 13 - 1	1 10 20 31 1
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		· · · · · · · · · · · · · · · · · · ·
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market val	lue
(1)				
(2)				
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	1	The state of the s	T & STORON (SOUTH SAN)
Part IX	Other Assets. See Form 990, Part X, In			
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				· ····
(6) (7)				
(8)				
(9)				
(10)				
	in (b) must equal Form 990, Part X, col (B) line	15)		
Part X	Other Liabilities. See Form 990, Part X,			
1.	(a) Description of liability	(b) Amount	The state of the s	1. Step 1
	income taxes		The control of the co	ALPEN ACTOR
(2)			The state of the s	
(3)				
(4)				Emily Carlot
(5)				
(6)			The state of the s	
(7)				
(8)				ا در هد ه ها چه این در در در در در در در در در در در در در
(9)				高麗 语""
(10)				
(11)			market and the second s	J
	(b) must equal Form 990, Part X, col (B) line 25)			
	SC 740) Footpote In Part XIV provide the text of	f the feetnete to the organizati	on's financial statements that reports the	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Department of the Treasury Name of the organization

Internal Revenue Service

2010 Open to Public A

Employer identification number

KNIGHTS OF COLUMBUS 7	<u>413 ERI</u>	3			38-2	<u> 292776</u>
Part Is Fundraising Activities Form 990-EZ filers are no				wered "Yes" to Forr	m 990, Part IV, line 1	7
1 Indicate whether the organization rai				ctivities. Check all tha	ut apply	
	sea larias tilloa(n of non-government o		
		₽ f □		n of government grant		
b Internet and email solicitations		. 🖳		ndraising events	3	
c Phone solicitations		9 📋	Special lu	nuraising events		
d In-person solicitations						
2a Did the organization have a written of						<u></u>
or key employees listed in Form 990						es 🔝 No
b If "Yes," list the ten highest paid indi			s) pursuan	t to agreements under	which the fundraiser is	
to be compensated at least \$5,000 b	y the organization	on				
	r 				T	T ***
(i) Name and address of individual	(ii) Activity	(iii) Did fundi		(Iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		contribu		nom activity	fundraiser listed in	organization
					col (i)	
		Yes	No	_		
1		i				
				- 		
2						
3						-
3				,		
4						
			-	-		
5						
6						
		<u> </u>	ļ	-		·
7						
8						
9			}			
10		<u> </u>		 		
10						
	<u> </u>		•			
Total · · · · · · · · · · · · · · · · · · ·				<u> </u>	<u> </u>	<u> </u>
3 List all states in which the organization	on is registered o	or licensed to	solicit con	tributions or has been	notified it is exempt from	m
registration or licensing						
			<u> </u>			
						
						
						
				-		
						
						
		<u> </u>				
					·	

Schedule G (Form 990 or 990-EZ) 2010

38-2292776

R			งอ.บบบ			
R		gross receipts greater than S	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
е			(event type)	(event type)	(total number)	Add col (a) through col (c))
v	1	Gross receipts · · · · · · · ·				
n	2	Less Charitable				
u e		contributions · · · · · · · ·				
	3	Gross income (line 1 minus line 2) · · · · · · · · ·				
		Himus inic 2)				
D	4	Cash prizes · · · · · · · · · ·				
r e	5	Noncash prizes · · · · · · ·				
c t	6	Rent/facility costs · · · · · · ·				
x	7	Food and beverages · · · · · ·				
n	8	Entertainment · · · · · · · · ·				
e s	9	Other direct expenses · · · · ·				
- 1	10	Direct expense summary Add lines				()
Parl	11 #111	Net income summary Combine line Gaming. Complete if the o				d more
ган	<u> </u>	than \$15,000 on Form 990-				u more
Revenue			(a) Bingo	(b) Pull tabs/instant	(a) Other commun	(d) Total gaming (add
~ I		 -		bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
	1	Gross revenue · · · · · · ·	411,086	bingo/progressive bingo	(c) Other gaming	
	2	Gross revenue · · · · · · · · · · · · · · · · · · ·	411,086 320,445	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Prect	****			bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) 411,086
Direct Expe	2	Cash prizes · · · · · · · · ·		bingo/progressive bingo	(c) Other gaming	col (a) through col (c)) 411,086
D_rect Expense	2	Cash prizes · · · · · · · · · · · · · · · · · · ·	20,706 20,260			col (a) through col (c)) 411,086 320,445
Direct Expenses	2 3 4	Cash prizes · · · · · · · · · · · · · · · · · · ·	20,706	Yes %	Yes%	col (a) through col (c)) 411,086 320,445
D_rect Expenses	2 3 4 5	Cash prizes · · · · · · · · · · · · · · · · · · ·	320,445 20,706 20,260 X Yes 100.00 % No	☐ Yes%	Yes%	20,706 20,260
D_rect Expenses	2 3 4 5	Cash prizes · · · · · · · · · · · · · · · · · · ·	320,445 20,706 20,260 X Yes 100.00 % No 2 through 5 in column (d)		☐ Yes % ☐ No	20,706 20,260 (361,411)
D_rect Expenses	2 3 4 5 6 7 8	Cash prizes · · · · · · · · · · · · · · · · · · ·	320,445 20,706 20,260 X Yes 100.00 % No 2 through 5 in column (d) bine line 1, column d, and	Yes	☐ Yes % ☐ No	20,706 20,260
Direct Expenses 9 a	2 3 4 5 6 7 8 Entite t	Cash prizes · · · · · · · · · · · · · · · · · · ·	320,445 20,706 20,260 X Yes 100.00 % No 2 through 5 in column (d) bine line 1, column d, and	Yes % No line 7 · · · · · ·	Yes%No	20,706 20,260 (361,411) 49,675
D_rect Expenses 9 a	2 3 4 5 6 7 8 Entite t	Cash prizes	320,445 20,706 20,260 X Yes 100.00 % No 2 through 5 in column (d) bine line 1, column d, and	Yes % No line 7 · · · · · ·	Yes%No	20,706 20,260 (361,411) 49,675
Drect Expenses 9 a b	2 3 4 5 6 7 8 En'	Cash prizes	20,706 20,260 X Yes 100.00 % No 2 through 5 in column (d) bine line 1, column d, and tion operates gaming activities in each of	Yes % No line 7 · · · · · ·	Yes% No	20,706 20,260 (361,411) 49,675 Yes No

Sched	dule G (Form 990 or 990-EZ) 2010 KNIGHTS OF COLUMBUS 7413 ERIE	38-2292	776	Page 3
11	bule G (Form 990 or 990-EZ) 2010 KNIGHTS OF COLUMBUS 7413 ERIE Does the organization operate gaming activities with nonmembers?		·[] Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
•	formed to administer charitable gaming?	• • • • •	·[] Yes	[] No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	· - 13a		%
b	An outside facility	13b	100.0	000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶ DANNY TAYLOR			
	Address ▶ 2013 WILSON Erie, MI 48133			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue? · · · · · · · · · · · · · · · · · · ·	• • • • •	· Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information.			
	Name ▶ DANNY TAYLOR			
	Gaming manager compensation ► \$			
	Description of services provided MANAGE VOLUNTEERS & ACCOUNTING			
	X Director/officer Employee Independent contractor			
	Milector/officer Employee Independent contractor			
17	Mandatory distributions			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license? • • • • • • • • • • • • • • • • • • •		· Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	ıt		
	in the organization's own exempt activities during the tax year ▶\$			
Pa	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable A			
	part to provide any additional information (see instructions)	iso compi	ete tilis	
	part to provide any additional information (see instructions)			
				
		· · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990. Part IV, line 21 or 22.

2010

OMB No 1545-0047

	Complete if the organization answered lifes to Folini 330, Fait iv, title 21 of 22.	SCOUNTY OF CALL
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	The last of the la
Name of the organization		Employer identification number
KNIGHTS OF COLUMBUS 7413 ERIE	MBUS 7413 ERIE	38-2292776
Rart 18 General I	Rart. Seneral Information on Grants and Assistance	
1 Does the organiza	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection criter	the selection criteria used to award the grants or assistance?	No No No No No No

Name of the organization						Enthibly a Nation Cauch Humber	
KNIGHTS OF COLUMBUS 7413 ERIE						30-2232110	
Rart l	rants and Assistar						
1 Does the organization maintain records to substantiate the amount of th	to substantiate the amor	unt of the grants or as	sistance, the grantees	e grants or assistance, the grantees' eligibility for the grants or assistance, and	ts or assistance, and		
the selection criteria used to award the grants or assistance? • • • •	grants or assistance? .	•					· X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	rocedures for monitoring	the use of grant funds	of grant funds in the United States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizations one recipient received more than \$5,000 Check this box if no one recipient received more than \$5,000	ance to Governmer	nts and Organiza	tions in the Unit	<u> </u>	Complete if the organization answered "Yes" to ved more than \$5,000 Part II	swered "Yes" to	
can be duplicated if additional space is needed	ace is needed						★
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g)Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations	and government organiz	ations				•	
3 Enter total number of other organizations						•	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructions for For	m 990.		EEA		Sch	Schedule I (Form 990) (2010)

Page 2

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV 8 က 4 Ŋ 9

		·	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2010

OMB No 1545-0047

Open to Public

Inspection 🔞 🛣

Employer identification number

38-2292776

Department of the Treasury Internal Revenue Service Name of the organization

KNIGHTS OF COLUMBUS 7413 ERIE

► Attach to Form 990 or 990-EZ.

01. Members or stockholder classes and rights (Part VI, line 6) THE MEMBERS AS A BODY ARE REQUIRED TO APPROVE ALL ACTIONS OF THE COUNCIL; THE OFFICERS SERVE TO ADMINISTER THE PROGRAMS AND ACTIVITIES OF THE COUNCIL , UNDER THE GUIDANCE OF THE TRUSTEES. 02. Member election for additional members (Part VI, line 7a) MEMBERS VOTE ON NEW MEMBERS APPLICATIONS TO JOIN COUNCIL AT MEETINGS 03. Governing body decisions (Part VI, line 7b) THE MEMBERS AS A BODY VOTE ON ALL COUNCIL ACTIONS. 04. Form 990 governing body review (Part VI, line 11) THE FINANCIAL SECRETARY REVIEWS THE 990 WITH THE PRINCIPAL OFFICERS AND TRUSTEES.

06. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS , MINUTES , AND OTHER RECORDS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON PROPER REQEST AT THE COUNCIL'S OFFICE.

NO OFFICER , TRUSTEE , OR MEMBER RECIEVES ANY FORM OF COMPENSATION FROM THE COUNCIL, NOR

05. CEO, executive director, top management comp (Part VI, line 15a)

DOES THE COUNCIL COMPENSATE ANY OUTSIDE FUNDRAISERS OR ADVISORS.

EEA