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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning

July 1

, 2010, and ending

June 30, 2011

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Knights of Columbus

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

818 COT WY

D Employer identification number

93 0685365

E Telephone number

503-873-5008

**F Group Exemption
Number ► 0188****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status (check only one)** — 501(c)(3) 501(c) (9) ◀ (insert no.) 4947(a)(1) or 527**K Check ►** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,****line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 39,445**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)**

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

1	Contributions, gifts, grants, and similar amounts received	1 96
2	Program service revenue including government fees and contracts	2 0
3	Membership dues and assessments	3 1511
4	Investment income	4 140
5a	Gross amount from sale of assets other than inventory	5a 0
b	Less: cost or other basis and sales expenses	5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
b	Gross income from fundraising events (not including \$ 96 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 37,698
c	Less: direct expenses from gaming and fundraising events	6c 20,452
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 17,246
7a	Gross sales of inventory, less returns and allowances	7a 0
b	Less: cost of goods sold	7b 0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8	Other revenue (describe in Schedule O)	8 0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 18,993
10	Grants and similar amounts paid (list in Schedule O)	10 6482
11	Benefits paid to or for members	11 0
12	Salaries, other compensation, and employee benefits	12 156
13	Professional fees and other payments to independent contractors	13 0
14	Occupancy, rent, utilities, and maintenance	14 0
15	Printing, publications, postage, and shipping	15 329
16	Other expenses (describe in Schedule O)	16 81,59
17	Total expenses. Add lines 10 through 16 ►	17 15,126
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 38,67
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 82,412
20	Other changes in net assets or fund balances (explain in Schedule O)	20 0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 86,279

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	65,412	22 69,279
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	17,000	24 17,000
25	Total assets	82,412	25 86,279
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	82,412	27 86,279

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

What is the organization's primary exempt purpose?

Charitable Brother hood

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Provide Funds and Volunteers for Youth, Silverton High School, Parochial School, St Paul Parish, and Catholic Education		
	(Grants \$ 2682) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	Provide funds and volunteers for Parish activities, Community activities & projects, missions, prolife and Cheery retirement		
	(Grants \$ 2400) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	Provide Funds to assist those in need of food, Shelter, & clothing		
	(Grants \$ 1400) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID STRAVINS PO Box 1437 Silverton, OR 97381	.5 Grand Knight	0	0	1000.00
Dan Muniz 11565 State St Salem, OR 97317	.5 Deputy Grand Knight	0	0	0
Bill Seeler 10668 Kaufman Rd Silverton OR 97381	.75 Financial Secretary	0	0	0
Jack DeSantis 207 N. James, Silverton, OR 97381	.25 Chancellor	0	0	0
Bill Curdill 795 Sholokum Drive, Silverton, OR 97381	.25 Recorder	0	0	0
Frank Mole 946 Oak St Silverton, OR 97381	.10 Lecturer	0	0	0
Don Cusatti 818 Berger St Silverton, OR 97381	Advocate	0	0	0
Salomon Chz	Warden	0	0	0
	Trustee guard	0	0	0
Bob Gooley 818 lot wmp Silverton, OR 97381	Treasurer .5	0	0	0
John Hettwer 6633 Davis Creek, Silverton OR 97381	Trustee	0	0	0
Iod Seeler 10668 Kaufman Rd Silverton, OR 97381	Trustee	0	0	0
Chris Bleshman 604 Rosemary Silverton, OR 97381	Trustee	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b

b Did the organization file Form 1120-POL for this year? 38a

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter: 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40e

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40e

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► Oregon

42a The organization's books are in care of ► Robert Gooley Telephone no. ► 503-873-5008
 Located at ► 818 Cox Way Silverton, OR ZIP + 4 ► 97381-2285

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country: ► _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c
 If "Yes," enter the name of the foreign country: ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f	Total number of other employees paid over \$100,000	►	
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d	Total number of other independent contractors each receiving over \$100,000	►	
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	►	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► <i>Robert Gooley</i>	Date <i>10-7-11</i>
	Signature of officer	
	► <i>Robert Gooley Treasurer</i>	
	Type or print name and title	

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

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

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.

► Attach to Form 990 or 990-EZ.

2010

Open to Public
Inspection

Name of the organization

Knights of Columbus

Employer identification number

93 0685365

Grants and Similar amounts Paid:

1. Fr. Bernard Youth Center	500.00
2. Seminary Support	1600.00
3. St. Paul Cemetery Trust	200.00
4. Franciscan Missionary	200.00
5. St Paul Parish - Youth	182.00
6. Our Lady of Guadalupe	300.00
7. St. Joseph Shelter	500.00
8. Fr. Taaffe Foundation	1500.00
9. St. Michael Archangel	200.00
10. Silverton Area Community Aid	500.00
11. Benedictine Sisters	200.00
12. Birthright of Salem	200.00
13. St. Maurns Mission	200.00
14. High School Scholarship	200.00
Total	6482.00

16. Other Expenses

1. Coffee and Refreshments	1875.00
2. Knights of Columbus Supreme	273.00
3. St. Paul Church Repairs	547.00
4. Council Meeting Refreshments	439.00
5. Insurance	247.00
6. State Convention	254.00
7. Food Booth Repairs	4524.00
Total	8159

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24. Other Assets

1. Mobile Food Booth used for Fundraising