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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011, and ending For the 2011 calendar year, or tax year beginning 20 C Name of organization KNIGHTS OF COLUMBUS COUNCIL 2269 D Employer identification number В Check if applicable Doing Business As 23-7106837 Address change Number and street (or P O box if mail is not delivered to street address) Boom/suite E Telephone number Name change 202 WEST THIRD STREET Initial return City or town, state or country, and ZIP + 4 Terminated O'FALLON, MO 63366-1613 255.856. Amended return G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending KEVIN HUDNUT 905 ST PAUL LANE O'FALLON, MO 63366 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 √ 501(c) (Tax-exempt status Website: ▶ H(c) Group exemption number ▶ 0188 Form of organization Corporation Trust ✓ Association ☐ Other ► L Year of formation M State of legal domicile MO Part I Summarv Briefly describe the organization's mission or most significant activities: WE SHALL UPHOLD AND PROMULGATE THE FOUR PRICIPLES OF OUR ORDER: CHARITY, UNITY, FRATERN ITY AND PATRIOTISM, PROMOTE THE Activities & Governance CATHOLIC FAITH, SUPPORT THE SICK AND DISTRESSED, THE MENTALLY AND PHYSICALLY CHALLENGED, **VOCATIONS, FAMILY LIFE, CATHOLICE EDUCATION AND PROMOTE PRO-LIFE.** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 N/A Number of independent voting members of the governing body (Part VI, line 1b) 4 0. Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0. Total number of volunteers (estimate if necessary) 6 378. 7a 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0. Current Year Contributions and grants (Part VIII, line 1h). 7.002 21,225. Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 22,341. 23,501. Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 31,398. 43,433. Total revenue \add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 60,741. 88,159. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 32,529. 44,965. Benefits paid to on for members (Part IX, column (A), line 4) 14 0. 0. Salaries, other compensation employee benefits (Part IX, column (A), lines 5–10) 0. 0. Professional fundraising fees (Part IX, column (A), line 11e) 0. 16a 0. Total jundraising, expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,400. 16,586. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 44,929. 61,551. 15,812. 26,608. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1.002,363 967,021. 21 Total liabilities (Part X, line 26) . n O. 22 Net assets or fund balances. Subtract line 21 from line 20 1.002.363. 967,021. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Part	Statement of Program Service Ac Check if Schedule O contains a res			
1	Briefly describe the organization's mission		<u> </u>	· · · <u>L</u>
				,
2	Did the organization undertake any signification prior Form 990 or 990-EZ?			Yes □ No
3	If "Yes," describe these new services on S Did the organization cease conducting,	or make significant changes in h		
	services?			Yes □ No
4	Describe the organization's program servi expenses. Section 501(c)(3) and 501(c)(4) grants and allocations to others, the total expenses.	ice accomplishments for each of its organizations and section 4947(a	(1) trusts are required to report to	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			·····	
4b	(Code:) (Expenses \$	including grants of \$	\ /Revenue \$	<u> </u>
7.0	(σσσσ / (ελροποσο ψ			
		·····	······	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			·	
			·	
			••	•
4d	Other program services (Describe in Scheo	dule ())		
	(Expenses \$ including gra		\$)	
46	Total program service expenses ▶	0	·	

Part	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	-:-	<u>·</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<u>·</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Į.
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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
d	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	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		√
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		√
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		→
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		√
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		√
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	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		√

Part	V Checklist of Required Schedules (continued)			
		<u>-</u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	3	✓
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		√
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		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		Ť
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
		_		

Form **990** (2011)

rait				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			İ
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ė
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	İ
	Note: If the group of the state and Only property they Office and the state of the	20	<u> </u>	-
20		0-	-	,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V .
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	\longrightarrow	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
a	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?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			•
_	required to file Form 8282?	7c		1
A	If "Yes," indicate the number of Forms 8282 filed during the year			
d e		7.		١,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	——	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	\ \	, !	
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:		. !	1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]0		1]
11	Section 501(c)(12) organizations. Enter:		ļ i	
а	Gross income from members or shareholders		ļ i	
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
	against amounts due or received from them.)		. !	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	, !	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
a	Note. See the instructions for additional information the organization must report on Schedule O.	Ja		┼ <u>*</u>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
0	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			i
C		44-		-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

roill 98				age o
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		structi	ons.
Socti	Check if Schedule O contains a response to any question in this Part VI			_Ц
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0			-
•	If there are material differences in voting rights among members of the governing body, or	1		,
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			ì
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 0			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6	✓	
10	one or more members of the governing body?	7a	./	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ a	•	
_	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			_
	the year by the following:			_ ,
а	The governing body?	8a	✓	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
10a	Did the arganization have lead chanters branches or efficience?	40-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		✓
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		√
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ť
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	;		
	organization's exempt status with respect to such arrangements?	16b		✓_
	on C. Disclosure			
17 18	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 (Section	501/	o)(3)-	001.4
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 301(ບ)(ວ)ຣ	only)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inter	est n	olicv.
	and financial statements available to the public during the tax year.		·	- , ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	Organization: ► RONALD GARDINER 109 COLIRTEIELD DR O'FALLON MO 63366-4393 (636) 978-7630*			

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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.

Check this box if neither	the organization no	r any related	d orga	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee.
			(C)								
(A)		(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Ti	tle	Average	box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated
		hours per week							compensation from	compensation from related	amount of other
		(describe	유효	'ns	Officer	<u>~</u>	율픊	Former	the	organizations	compensation
		hours for	Individual trustee or director	렱	icer	Key employee	ploy	Hi	organization	(W-2/1099-MISC)	from the
		related organizations	of la	ona		흥	8 6	'	(W-2/1099-MISC)		organization and related
		ın Schedule	rust	ŧ		yee	l mpe				organizations
		O)	8	Institutional trustee			Highest compensated employee				
					_		8		<u></u>		
(1) KEVIN HUDNUT											
905 ST PAUL LANE C)'FALLON, MO 63366				✓				0.	0.	0.
(2) TOM BLETHROAD											
723 JAMESPORT DR O	'FALLON, MO 63366				✓				0.	0.	0.
(3) RONALD GARDINER											
	'FALLON, MO 63366				✓	_			677.	0.	0.
(4) TRACY HAKENEWERTH									1		
	D'FALLON, MO 63366				✓				0.	0.	0.
(5) WILLIAM WOLF											
	FALLON, MO 63366			✓	\checkmark			<u>L</u>	0.	0.	0.
(6) WILLIAM SCHWENDEMA											
)'FALLON, MO 63366			✓	✓				0.	0.	0.
(7) VINCE SCULLY				١.	١.				-		
)'FALLON, MO 63366			✓	✓			_	0.	0.	0.
_(8)		-									
(9)				-							
(10)		-									
(11)		-	<u> </u>			-		-			
(12)		-									
(13)											
(1.4)					_	-		\vdash			
(14)		1									

Form **990** (2011)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		(B) Average box, unless person is both officer and a director/trust					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	compe from organ and	ensation the nization related ization	n I
(15)														_
(16)														
(17)							1							
(18)									<u> </u>		-			
(19)													_	
(20)					;							<u>_</u> _		
(21)									 					.
(22)		-												
(23)														
(24)														
(25)					_			_						
1b c d	Sub-total	VII, Sectio	n A					> > >						
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th					e) w	ho received m	ore than \$100	,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								ployee, or high			3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization								,	ation or indivi		5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors		-		-				- porcon		<u>-</u>	<u> </u>		<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) ompens	ation	
2	Total number of independent contractor	ors (includir	ng bu	ut n	ot	lımit	ed to	th	nose listed ab	ove) who				
	received more than \$100,000 of compens		_						0.					

Part	<u>Ч</u>	Statement of Revenue					
	•	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
ra L	ь	Membership dues 1b	9,225.				
, E	c	Fundraising events 1c					
ifts Ir A	ď	Related organizations 1d		l			
elie				İ			
Sir	e	Government grants (contributions) 1e					
utic er	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	12,000.				
d (g	Noncash contributions included in lines 1a-1f: \$					
<u> </u>	h	Total. Add lines 1a-1f	🕨	21,225.			
Program Service Revenue		В	usiness Code	_			
Υe	2a						-
26	b						
ig.	С						
e.	d					-	
Ē	e	i	-			<u></u>	
<u>a</u>	f	All other program service revenue .		-			
õ	g	Total. Add lines 2a–2f	•				<u> </u>
	3	Investment income (including dividend					
		and other similar amounts)		22 504			
		•	L	23,501.			
	4	Income from investment of tax-exempt bond	·	-			
	5	Royalties	(a) Damanal			·	
	_	_	(II) Personal				:
	6a	Gross rents		1			
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	_			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory # 1 115,069.					
	b	Less' cost or other basis					
		and sales expenses . 114,484.					
	С	Gain or (loss) 585.					
	d	Net gain or (loss)	•	585.		-	
	•	110t gain of (1000)		303.			
ne	8a	Gross income from fundraising					
	Oa	events (not including \$					
ě							
Other Rever		of contributions reported on line 1c).					
Ę		See Part IV, line 18 a	# 2 96,061.				
ŏ	b	Less: direct expenses b	53,213.			,	_
	С	Net income or (loss) from fundraising eve	nts . 🕨	42,848.			
	9a	Gross income from gaming activities.		İ			
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	s >				_
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b	1				
	C	Net income or (loss) from sales of inventor	ırv >				
			usiness Code		-		
	11a			-			
	b						
	_						
	C	All other recognitions					
	đ	All other revenue					
	e	Total. Add lines 11a–11d	L				
	12	Total revenue. See instructions	🕨 🛭	88.159.			

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).

Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	44,965.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members 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 8	Other salaries and wages	677.						
9 10 11	Other employee benefits	52.						
a b	Management							
c d	Accounting							
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees							
12 13	Advertising and promotion	5,145.						
14 15	Information technology							
16 17	Occupancy	6,000.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings . Interest							
21	Payments to affiliates		_					
22 23	Depreciation, depletion, and amortization . Insurance							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	COUNCIL EXPENSES	4,712.						
b			<u> </u>					
C								
d	All other expanses							
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	61,551.		 				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	31,331.						

P	art X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1.	Cash—non-interest-bearing	6,582.	1	375.
	2	Savings and temporary cash investments	325,259.	2	277,110.
	3	Pledges and grants receivable, net		3	,,,,,,,,,,
	4	Accounts receivable, net		4	-
	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, and highest compensated employees. Complete Part II of			
S		Schedule L	•	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	-
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	· -	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		otner pasis. Complete Part vi of Schedule D 10a 8,107.		i	
	b	Less: accumulated depreciation 10b 6,949.	1,158.	10c	0.
	11	Investments—publicly traded securities	669,367.	11	689,536.
	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)	1,002,366.	16	967,021.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Payables to current and former officers, directors, trustees, key			
∄		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	=	27	
ä	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
٥		Organizations that do not follow SFAS 117, check here ▶ □ and			
or Fund Balances		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	•
Sel	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	1,002,366.	32	967,021.
Net Assets	33	Total net assets or fund balances	1,002,366.	33	967,021.
_	34	Total liabilities and net assets/fund balances	1,002,366.	34	967,021.
_					

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		· 88	3,159
2	Total expenses (must equal Part IX, column (A), line 25)	2		61	I,551.
3	Revenue less expenses. Subtract line 2 from line 1	3		26	5,608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,002	2,366.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-61	1,953.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		967	7,021.
Part	XII 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: 🗸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain ir	ī		
٥-			_		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				V
b	Were the organization's financial statements audited by an independent accountant?				✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				1
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain ir	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were	,		;
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	1		-
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	- 194 - 194 Carrier of America, Oxplain triy in contocate o and december any stops taken to undergo saon a	adito		- 000	(2011)
			Forr	ロララし	(2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Rèvenue Service

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.

KNIGHTS OF COLUMBUS COUNCIL 2269	23-7106837				
PART VI - LINE 6. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN R	EGULAR MEMBERS				
PART VI - LINE 7a. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN REGULAR MEMBERS					
PART VI - LINE 7b. NO STOCKHOLDERS - NO DIRECTORS - NO GOVERNING BODY OTHER THAN REGULAR MEMBERS					
PART VI - LINE 19. UPON REQUEST					
PART XI - LINE 11. SEE ATTACHED STMT 4					
					
	······				
					
<u></u>					

STMT 1, FORM

990, PART VIII, LINE 7d 2011

NET GAIN OR (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

DESCRIPTION. DATE PURCHASED DATE SOLD GROSS SALES PRICE: COST OR OTHER BASIS	DELTA NATURAL GAS COMPANY INC 7/29/2010 12/20/2011 25,000 00 25,000 00				
	GAIN (LOSS)	0			
DESCRIPTION:	WACONIA MINN ISD				
DATE PURCHASED.	10/14/2010				
DATE SOLD:	10/25/2011				
GROSS SALES PRICE:	50,474.50				
COST OR OTHER BASIS:	51,357 00				
	GAIN (LOSS)	(882 50)			
DESCRIPTION:	AMERICAN FUND EUROPAC FD				
DATE PURCHASED	9/21/2010				
DATE SOI D	5/02/2011				
GROSS SALES PRICE:	4,594.77				
COST OR OTHER BASIS	5,000 00				
	GAIN (LOSS)	(405.23)			
DESCRIPTION.	DODGE & COX STOCK FUND				
DATE PURCHASED	9/21/2010				
DATE SOLD	5/02/2011				
GROSS SALES PRICE:	5,000.00				
COST OR OTHER BASIS	4,580.88				
	GAIN (LOSS)	419 12			
DESCRIPTION	FORWARD INTL SMALL CO				
DATE PURCHASED:	9/21/2010				
DATE SOLD:	5/02/2011				
GROSS SALES PRICE:	5,000 00				
COST OR OTHER BASIS:	4,010.94				
	GAIN (LOSS)	989 06			
DESCRIPTION.	HARBOR CAP APPRECIATION				
DATE PURCHASED	9/21/2010				
DATE SOLD	5/02/2011				
GROSS SALES PRICE:	5,000 00				
COST OR OTHER BASIS	4,608 36				
	GAIN (LOSS)	391.64			
DESCRIPTION:	VANGUARD S/T FEDERAL FD				
DATE PURCHASED.	10/21/2010				
DATE SOLD.	12/7/2010				
GROSS SALES PRICE	20,000.00				
COST OR OTHER BASIS:	19,927 40				
	GAIN (LOSS)	72 60			
TOTAL GAIN (LOSS) FROM NONINVENTORY SALES					
TOTAL GAIN (E033)	TOTAL GAIN (LOSS) FROM NOMINVENTORT SALES				

STMT. 2, FORM 990, PART V1II, LINE 8a

2011

NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS <u>REVENUE</u>	LESS DIRECT EXPENSES	NET INCOME (LOSS)			
FISH FRY DINNERS	57,779.39	0	57,779.39	36,432.90	21,346.49			
ANNUAL GOLF TOURN	20,357.00	0	20,357.00	12,016.97	8,340.03			
BOWLING, EUCHRE, GOI	BOWLING, EUCHRE, GOLF,							
POKER TOURNAMENTS	7,679.60	0	7,679.60	0	7,679.60			
RECOGNITION DINNERS	,							
REIMB, & MISC	2,899.25	0	2,899.25	2,340.81	558.44			
TOOTSIE ROLL	4,935.38	0	4,935.38	492.00	4,443.38			
BASEBALL MANIA	2,410.00	0	2,410.00	1,930.00	480.00			
								
TOTAL	96,060.62	0	96,060.62	53,212.68	42,847.94			
			======	======				

PART VIII, 2011 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

KNIGHTS OF COLUMBUS 23-7		23-7106837
REVENUE		
MEMBERSHIP DUES, AS	SESSMENTS AND CONTRIBUTIONS	21,225.
INTEREST ON SAVINGS/	TEMP INVESTMENTS	51.
DIVIDENDS & INTEREST	FROM SECURITIES	
NET GAIN (LOSS) – NON	INV. ASSETS/DISP	585.
	PECIAL EVENTS	
EXPENSES		
TOTAL EXPENSES		61,551.
NET ASSETS OR FUND BALAN	NCES	
EXCESS OR (DEFICIT) FO	OR THE YEAR	26,608.
NET ASSETS/FUND BAL.	AT BEG. OF YEAR	1,002,366.
OTHER CHANGES IN NE	T ASSETS/FUND BAL	61,953.
NET ASSETS/FUND BAL.	AT END OF YEAR	967,021.

FEDERAL SUPPLEMENTAL INFORMATION

STATEMENT OF FUNCTIONAL EXPENSES (990) LINE 1 – GRANTS & ALLOCATIONS

A COLIN ADTION I COLIO OLI	1 500 00
ASSUMPTION SCHOOL\$	•
BOONE CENTER WORKSHOP	500.00
BOYS AND GIRLS CLUB.	150.00
CRIDER CENTER	250.00
CULTURE OF LIFE FUND	579.00
DARE PROGRAM	315.00
FATHER BENDEL	200.00
FLAG PEOPLE	500.00
FORT ZUMWALT HIGH SCHOOL	100.00
MO RIGHT TO LIFE	280.00
MO STATE COUNCIL	4,262.63
MO STATE COUNCIL MEMORIALS	1,065.75
O'FALLON FIRE DIST. FIRE SAFETY	130.00
NO HUNGER HOLIDAY	500.00
O'FALLON COMMUNITY FOUNDATION	100.00
OLD MONROE KNIGHTS OF COLUMBUS	1,600.00
OUR LADIES INN	350.00
RELIGIOUS INFORMATION BUREAU	2,136.00
RONALD MCDONALD HOUSE	250.00
ROSES FOR LIFE	780.00
RSVP PROGRAM	1,000.00
SALVATION ARMY	100.00
ST. BARNABAS CHURCH	2,575.00
ST. CHARLES CO. CLOWN CLUB	300.00
ST. DOMINIC ATHLETIC ASSOCIATION	1,000.00
ST. DOMINIC HIGH SCHOOL	6,000.00
ST. DOMINIC HIGH SCHOOL – CAPITAL CAMPAIGN	5,000.00
ST. JOSEPH MEN'S GROUP	100.00
ST. THEODORE CHURCH	100.00
ST. VINCENT DE PAUL.	1,500.00
SISTERS OF THE MOST PRECIOUS BLOOD.	200.00
SPECIAL OLYMPICS	1,000.00
THERAPEUTIC HORSEMANSHIP	1,200.00
TROY K OF C COUNCIL	100.00
UNLIMITED PLAY	2,000.00
UNITED SERVICES.	1,200.00
MISC	6,042.58
MIGO	<u> 0,072.20</u>
TOTAL \$	44,965.96

STMT. 4 2011 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DECREASE IN VALUATION OF SECURITIES AT FMV

					\$	- 61,952.93
FORM 990, PART X, LINE 11						========
INVESTMENTS – SECURITIES						
		VA	LUATION			
CORPORATE BONDS		METHOD		AMO	UNT	
GOLDMAN SACHS GROUP INC	4.75%		ARKET VA			40,473.28
PRUDENTIAL FINL INC INTERNOTES	6.00%	MA	ARKET VA	LUE		50,457.30
			TOTA	Ī_	<u>ķ</u>	90,930 58
MUNICIPAL BONDS		METHOD		AMO	UNT	
OHIO ST FOR ISSUES 3%			ARKET VA		\$	50,986.00
ARKANSAS ST FED HWY 4 %		MA	ARKET VA	LUE		43,527.60
					\$	94,513.60
		VA	LUATION			
OTHER PUBLICLY TRADED SECURITIES		METHOD	Ecrinon	AMO	UNT	
AMERICAN BEACON SMALL		MA	ARKET VA	LUE	\$	42,345.17
AMERICAN EUROPACIFIC		MA	ARKET VA	LUE		56,490.92
AQR MCD FUTURES STRAT FD			ARKET VA			24,828.17
BLACKROCK SMALL CAP			ARKET VA			42,329.37
CRM MID CAP VALUE FD			ARKET VA			39,600.71
DODGE & COX STOCK FUND			ARKET VA			80,691.08
FORWARD INTL SMALL CO			ARKET VA			52,271.89
HARBOR CAP APPRECIATION			ARKET VA			79,376.51
MERIDIAN GROWTH FUND THIRD AVENUE VALUE FD			ARKET VA ARKET VA			41,974.70
VANGUARD S/T FEDERAL FD			ARKET VA			19,721.75 23,017.06
STONE HARBOR INV FDS			ARKET VA			18,526.93
TOUCHTONE FDS GRP TR			ARKET VA			16,553.38
TOOCHTONE TOO GIT TR		1411	HULLI VI	DOL		
		TO	TAL	\$		537,727.64
TOTA	L INVES	STMENTS -	- SECURIT	IES	\$	723,171.82
FORM 990, PART IX, LINE 22 LAND, BUILDINGS AND EQUIPMENT						
OATTE CODY		D A GYG	ACCU		BOOL	
CATEGORY		BASIS	DEPR	EC.	VALU	JE
MACHINERY AND EQUIPMENT		\$ <u>8,107.</u>	\$ 8,10	7.	\$ 0.	
2 2 2 2 3 3 3 3 3 3		\$ 8,107.	\$ 8,10		\$ 0.	
			====	=	====	

- 61,952.93