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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

-						
12	A F	or the	2011 calendar year, or tax year beginning and	l ending	_	
POSTIVARIO	B) Cr	neck if	C Name of organization		D Employer identi	fication number
13	ap	plicable	Trains of diganization			
3	<u></u>	Address	KNIGHTS OF COLUMBUS 2574 CHROMCIK			
25	-	Jchange 1Name			٠ ,	75.450.75
DATE OF THE PARTY	<u> </u>	change	Doing Business As			7545975
		return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite		
	Ĺ	Termin- ated	P O BOX 795		979	<u>-968-5117</u>
AUG		Amende retum	City or town, state or country, and ZIP + 4		G Gross receipts \$	361,522.
		Applica-	LA GRANGE, TX 78945		H(a) Is this a group	return
₽		pending	F Name and address of principal officer MARK ULRICH		for affiliates?	Yes X No
\$			SAME AS C ABOVE		H(b) Are all affiliates in	
2012				or 527	-	
19				01 52/	⊣	a list. (see instructions)
			:►N/A	1		on number ▶ 0188
			rganization X Corporation Trust Association Other	L Year	of formation 1925	M State of legal domicile TX
Į.	Pa		Summary			
		1 B	riefly describe the organization's mission or most significant activities: ${10}$	UPPORT	r RELIGION A	AND
	& Governance		CHARITIES			
	Ē	2 0	theck this box if the organization discontinued its operations or dispositions.	sed of more	e than 25% of its net	assets.
	Š		lumber of voting members of the governing body (Part VI, line 1a)		3	10
	ၓ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	1.0
					5	
វិ	Activities		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		F-	500
-1 ⊚	.≧		otal number of volunteers (estimate if necessary)		6	
v O	Pe	7a T	otal unrelated business revenue from Part VIII, column (6) line 12		76	
` .		bΝ	let unrelated business taxable income from Form 990, T, line 34	<u> ان ۽</u>	71	-10,234.
			0010	18	Prior Year	Current Year
		8 C	contributions and grants (Part VIII, line 1h)		15,006	. 10,323.
7	Revenue		rogram service revenue (Part VIII, line 2g)	ISI L	360,109	. 302,947.
2)	§		ovestment income (Part VIII, column (A), lines 3, 4, and 79)]뜨 -	2,271	
THE	œ	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and fe) N, UT		-5,306	
ટ્ર		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		372,080	
\$ -	-i				50,760	
<u>~</u>)			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash	0	_
Ď			lenefits paid to or for members (Part IX, column (A), line 4)	<u>~</u>	• • • • • • • • • • • • • • • • • • • •	
	Se		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	28,322	
	Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	_	0	. 0.
	×	ЬΤ	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
	ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		275,334	
		18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		354,416	
		19 R	levenue less expenses. Subtract line 18 from line 12		17,664	-25,743.
7	Net Assets or Fund Balances	_		Ве	eginning of Current Year	End of Year
+	팔	20 T	otal assets (Part X, line 16)		189,477	
	Ba		otal labilities (Part X, line 26)		2,106	
1	를		•		187,371	
Ī	<u> </u>		let assets or fund balances. Subtract line 21 from line 20 Signature Block	1	1077571	. 101,020.
L					4 4 4 4 4 4 4	
			ies of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is
1	rue,	correct,	and complete. Decigration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge	bale
			May of My			14/12
	Sign	ı []	Signature of officer		Date	
1	Here	•	MARK ULRICH, GRAND KNIGHT			
		[]	Type or print name and title			
-			Print/Type preparer's name Preparer's etgnatyre	. /	Date , Check	PTIN
	Paid		VINCENT MATOCHA	CPA	8/14/12 If self-empl	p01363840
	Prep:	-	Firm's name SCHNEIDER, FRAZEE & MATOCHA, PC	<u>}_</u>	Firm's EIN	74-2546078
	-		Firm's address P O DRAWER 430	·	THIR 3 LIN	
'	Use (UIIIY			Dharra	(979) 968-9575
			LA GRANGE, TX 78945	-	Phone no	
1	May	the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No
			LUA For Bosonwork Poduction Act Notice, see the congrete instruct	ione		Earm UUI 1/2/11\

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Form 990 (2011) KNIGHTS OF C
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
_	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			Х
-	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_ 		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	
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		<u> </u>
C	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		X
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			J.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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_	ļ	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,	١.	1	.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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,"	10		X
•	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	-^-
<u> </u>	II Tes to line zoa, dio the organization attach a copy of its addited linancial statements to this return?	200		L

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KNIGHTS OF COLUMBUS Form 990 (2011) KNIGHTS OF COLUMBU

Part IV 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	X	
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		<u>X</u> _
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			v
	Schedule K. If "No", go to line 25	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
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		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	258		\vdash
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		\vdash
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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			l
	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 I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity?	34		x
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
	Did the organization have a controlled entity within the meaning of section 312(b)(13): Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	000	-	
ь	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
		Form	990	(2011)

	1930 (2011) KNIGHIB OF COLUMNOS 2574 CHRONEIK 25-7545	,,,,	<u> </u>	age J
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)	163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	⊣		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		İ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10	-	-
20	filed for the calendar year ending with or within the year covered by this return 2a	3		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	Ì
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0	 	
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country:	1	1	1
·	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	1
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	But the second of the second o			
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b				
	amounts due or received from them.)	┥.		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		 	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	-
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
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	-		
	Enter the amount of reserves on hand	44.	 	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1

14b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

KNIGHTS OF COLUMBUS 2574 CHROMCIK

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

	Check if Schedule O contains a response to any question in this Part VI					X			
Sec	tion A. Governing Body and Management								
	and the control of th				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12						
	If there are material differences in voting rights among members of the governing body, or if the governing]					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12	:					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other						
	officer, director, trustee, or key employee?	•		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	_	_				
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
6	Did the organization have members or stockholders?			6		X			
_	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or						
-	more members of the governing body?								
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a									
b									
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								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code.)	· · · · ·					
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х				
-	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	ta Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
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		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "								
	In Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		Х			
15	Did the process for determining compensation of the following persons include a review and approx	/al bv ı	ndependent						
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		•						
а	The organization's CEO, Executive Director, or top management official			15a		Х			
	Other officers or key employees of the organization			15b		X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			****					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure				•				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (Sec	tion 501(c)(3)s only)	avaılat	ole				
. •	for public inspection. Indicate how you made these available. Check all that apply.	,							
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, ar	nd finai	ncial				
	statements available to the public during the tax year.		p , 1						
20	State the name, physical address, and telephone number of the person who possesses the books	and red	cords of the organiza	ation:	•				
	ED SULAK - 979-968-5117		5						
	190 S. BROWN STREET, LA GRANGE, TX 78945-0795	_							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustae or director	Institutional frustee	Officer	кеу епріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK ULRICH										
GRAND KNIGHT	10.00	X		X				0.	0.	0 .
(2) MARCUS RECEK		i								
FINANCIAL SECRETARY	10.00	Х		X				0.	0.	0 .
(3) CARLO TRIOLO								_	_	_
CHANCELLOR	1.00	X		X				0.	0.	0
(4) MATT HENNEKE								_	_	_
RECORDER	1.00	Х		X		ļ		0.	0.	0
(5) MARK NOVAK								_	_	
TREASURER	1.00	X		X				0.	0.	0
(6) EDWIN HUGHES								_	_	
ADVOCATE	1.00	X				<u> </u>		0.	0.	0
(7) LARRY SULAK										
WARDEN	1.00	X				<u> </u>		0.	0.	0
(8) RICKY DIPPEL										•
TRUSTEE	1.00	X				<u> </u>		0.	0.	0
(9) RALPH DUNK	1 00							•		•
TRUSTEE	1.00	X		<u> </u>		<u> </u>		0.	0.	0
(10) KEITH WEISHUHN	1 00							0	_	0
TRUSTEE	1.00	X		-				0.	0.	0
(11) JIM KOTHMANN	1 00	١,,						0	_	0
OUTSIDE GUARD	1.00	X						0.	0.	0
(12) STEPHEN MAZOCH	1 00	١,,						^	_	0
INSIDE GUARD	1.00	X	_			-	<u> </u>	0.	0.	0
•					ļ					
		-	_	 		₩	_			
		1	_	 		-	-			
		┼	├			\vdash	\vdash	-		
		+-		 	 -	\vdash	\vdash			
		1	I	i	l	1	i			

KNIGHTS OF COLUMBUS

1.41	(A) Name and title	(B) Average hours per week	(do	not c	ition more than one rson is both an irector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related organizations		am	(F) timate ount o		
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Unicer Key employee Highest compensated employee Former		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati I relate nizatio	e Ion ed
												_		
						-						· -	<u></u>	
								_						
	Sub-total						>		0.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r		 nose	liste	ed at))	e) wh	no re	0.	0,000 of reportabl	0.			0.
3	Did the organization list any former officer,			e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le co							the organization		3		X
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors							elat	ed organization or indiv	idual for services		5		х
1	Complete this table for your five highest co								the organization's tax		pensa	ition fi		
	(A) Name and business	address	NO	ІИС	Ξ		-	_	(B) Description of s	services	Co		nsatio	n
								-						
_														
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than		Form 9	990 (2011)

Page 9 Form 990 (2011) Part VIII Statement of Revenue (D) Revenue (B) (C) (A) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 8,520. 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,803. similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ <u>10,323.</u> h Total. Add lines 1a-1f **Business Code** 302,947. 302,947. 2 a PROGRAM SERVICE REVENU 722320 Program Service Revenue f All other program service revenue 302,947. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,007. 1,007. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (I) Real (II) Personal 47,245. 6 a Gross rents 57,479. **b** Less: rental expenses 10,234c Rental income or (loss) -10,234. -10,234.d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \triangleright c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

1,007.

302,947. -10,234.

304,043.

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									
	not include amounts reported on lines 6b, 8b, 9b, 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	34,740.								
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22	11,520.		11.111.	-11					
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees		45							
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	26,091.								
8	Pension plan accruals and contributions (include									
	section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits	0.156								
10	Payroll taxes	2,176.		-						
11	Fees for services (non-employees)									
а	Management									
b	Legal	010								
С	Accounting	810.								
d	Lobbying	· ·· · · · ·	······································							
е	Professional fundraising services See Part IV, line 17		<u></u>	11 1111111 111111						
f	Investment management fees									
9	Other	3,600.		 						
12	Advertising and promotion	3,487.	· ·							
13 14	Office expenses Information technology	3,10,0								
15	Royalties									
16	Occupancy	21,259.	- 							
17	Travel		 							
18	Payments of travel or entertainment expenses		***************************************							
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	435.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	858.								
23	Insurance	1,164.								
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 0)	014 000								
а	PROGRAM EXPENSES	214,988.								
b	DUES - SUPREME & STATE	8,658.		 	<u> </u>					
C										
d	All divining									
	All other expenses Add lines 1 through 24s	329,786.								
25	Total functional expenses. Add lines 1 through 24e	327,100.		· · · · · · · · · · · · · · · · · · ·						
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 If following SOP 98-2 (ASC 958-720)									

Pai	tΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		17,754.	1	8,181.
	2	Savings and temporary cash investments	[170,873.	2	8,181. 151,332.
	3	Pledges and grants receivable, net			3	<u></u>
	4	Accounts receivable, net	Ī		4	· · ·
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employee	· ·			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of secti				
		employees' beneficiary organizations (see instruc		6		
ets	7	Notes and loans receivable, net	,		7	·
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	I			
		basis Complete Part VI of Schedule D	10a 15,557.			
	ь	Less: accumulated depreciation	10b 11,886.	850.	10c	3,671.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1	1 [12	
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	189,477.	16	163,184.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete F	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key employees,			
jab		highest compensated employees, and disqualifie	ed persons. Complete Part II			
_		of Schedule L	<u> </u>	· ·	22	
	23	Secured mortgages and notes payable to unrela	ted third parties	******	23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	2 106		1 556
		Schedule D	-	2,106. 2,106.	25	1,556. 1,556.
	26	Total liabilities. Add lines 17 through 25	N V	2,100.	26	1,330.
		Organizations that follow SFAS 117, check he	re 🖊 🔼 and complete			
ces		lines 27 through 29, and lines 33 and 34.		187,371.	27	161,628.
lan	27	Unrestricted net assets	}	107,371.	28	101,020.
Ba	28	Temporarily restricted net assets			29	
멑	29	Permanently restricted net assets	neck here 🕨 🗀 and		25	······································
Ę		Organizations that do not follow SFAS 117, ch	leck nere			
S.	20	complete lines 30 through 34.			30	
set	30	Capital stock or trust principal, or current funds	Ulamont fund		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated inc			32	 .
Š	32	Total net assets or fund balances	Joine, Or Other Julius	187,371.	33	161,628.
	33			189,477.		163,184.
	34	Total liabilities and net assets/fund balances				- 000

Form	990 (2011) KNIGHTS OF COLUMBUS 2574 CHROMCIK	23-7545	975_	Pag	_{je} 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			43.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,78	
3	Revenue less expenses. Subtract line 2 from line 1	3	-25	7,74	43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187	7,3	71.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			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))	6	161	1,62	28.
Par	t 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
ь	Were the organization's financial statements audited by an independent accountant?		2b		Χ_
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued				
	separate basis, consolidated basis, or both:				
	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 in the Sin	igle Audit		{	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

KNIGHTS OF COLUMBUS 2574 CHROMCIK

Employer identification number 23-7545975

Pa	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or defici advisor, or for any enter purpose so	Yes No
Pa		ganization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	rt III 」Organizations Maintaining Collections o		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 (AS	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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 tre	-	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

Sche	dule D (Form 990) 2011 KNIGHTS	OF COLUMB	US	2574	CHROMCI	K	2	23-75	45975	Page 2
	t III Organizations Maintaining Co	ollections of A	rt, Hist	torical	Treasures, o	or Othe	er Simila	r Asse	ts (contii	
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	d		Loan or e	exchange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	lections and explai	n how th	ney furthe	er the organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai								Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organiza	ation answered	"Yes" to	Form 990,	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribut	ions or other as	sets not	ıncluded			
	on Form 990, Part X?		•						Yes	No
ь	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing	table:						
_									Amount	
С	Beginning balance						1c			
							1d			
e	Distributions during the year						1e			
f	Ending balance						11	-		
_	Did the organization include an amount on For	rm 990. Part X. line	21?				طـــــــــــــــــــــــــــــــــــــ		Yes	No
	If "Yes," explain the arrangement in Part XIV.							·		
Par		the organization ar	swered	"Yes" to	Form 990, Part	IV. line	10.			
Line		(a) Current year		rior year	(c) Two year	1		ears back	(e) Four	years back
1a	Beginning of year balance	(a) content your		1101 7001	(9))		107 1		107:00:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Contributions									
c	Net investment earnings, gains, and losses				·					······
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses		_							······
	End of year balance								,	,.,
9 2	Provide the estimated percentage of the curre	nt year end balance	e (line 1	a colum	v (a)) peld as:				t	
	Board designated or quasi-endowment	siit year end baland	% %	g, coluin	ii (a)) iield as.					
a	Permanent endowment	%	_^							
b	Temporarily restricted endowment	^								
С	The percentages in lines 2a, 2b, and 2c should									
32	Are there endowment funds not in the posses		ation the	at are hel	d and administe	red for t	he organiz	ation		
Ja	by:	olon of the organiz	GUOTI UIC	u. u.c 1161	C GITC GOTTIIIISTE	,, 55 101 (o organiz	2001	Γ	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required (on Scher	dula B2					3b	
4	Describe in Part XIV the intended uses of the								<u> </u>	
	rt VI Land, Buildings, and Equipme									
L	Description of property	(a) Cost or o			ost or other	(c) A	ccumulate	d	(d) Book	c value
	bescription of property	basis (investi		1 1	sis (other)		preciation	`	(0) 5001	· vaido
12	Land				\					
	Buildings					1111.1	.1.1111111			
0	Leasehold improvements			 						
ن	,			 	15,557.		11,88	36 -		3,671.
	Equipment						,			., ., .
	Other	ual Form 000 Part	Y colur	mn (R) lin	10(c))					3.671.

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Schedule D (Form 990) 2011

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2011	Open to Public Inspection

2 Employer identification number 23-7545975 EDUCATIONAL ASSISTANCE (h) Purpose of grant DONATIONS FOR SCHOOL or assistance X Yes OPERATIONS AND Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 ٥. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 21,480, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2574 CHROMCIK Enter total number of other organizations listed in the line 1 table KNIGHTS OF COLUMBUS 74-1222274 Part 1 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization LA GRANGE, TX 78945 Name of the organization SACRED HEART SCHOOL 545 E PEARL Part #

Schedule I (Form 990) (2011)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2574 CHROMCIK KNIGHTS OF COLUMBUS

Page 2

23-7545975

Schedule I (Form 990) (2011) KNIGHTS OF COLUMBUS 2574 CHROMCIK

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

T T	(h) Numbor of	to toursent to	Amount of non-	(a) Method of valuation	(f) Description of non-cash assistance
(a) Type of grant of assistance	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
EDUCATIONAL SUPPORT IN THE FORM OF INDIVIDUAL	29	11 520	o		
Part #V Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	rde the information	n required in Part I,	line 2, and any other	additional Information.	
				•	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2011 Open to Public Inspection

Internal Revenue Service

Name of the organization

KNIGHTS OF COLUMBUS 2574 CHROMCIK

Employer identification number 23-7545975

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERSHIP HOLDS AN ANNUAL ELECTION
OF OFFICERS TO SERVE AS THE GOVERNING BODY FOR THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE TAX RETURN IS
REVIEWED BY THE SIGNING OFFICER PRIOR TO FILING. A COPY OF THE FORM 990 IS
AVAILABLE TO OTHER MEMBERS OF THE GOVERNING BODY AND OTHER INTERESTED
PARTIES UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL
DOCUMENTATION REGARDING GOVERNING AND MANAGEMENT POLICIES AND ALL FINANCIAL
STATEMENTS, TAX RETURNS AND OTHER SUCH DOCUMENTS AVAILABLE UPON REQUEST.
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4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 179

► See separate instructions. Business or activity to which this form relates

Identifying number

KNI	GHTS OF COLUMBUS	2574 CHRO	MCIK	FOR	м 990	PAGE 10		23-7545975
Par	Election To Expense Certain Prop	erty Under Section 1	79 Note: If yo	ou have any list	ted property	, complete Part	V before yo	ou complete Part I.
	faximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property pla	2						
3 T	hreshold cost of section 179 propert	3	2,000,000.					
4 R	eduction in limitation. Subtract line 3	4						
5 D	ollar limitation for tax year Subtract line 4 from lii	ne 1 If zero or less, enter	-0- If married fi	ing separately, see	instructions		5	
6	(a) Description of p	property		(b) Cost (busine	ess use only)	(c) Elected	d cost	
7 L	isted property. Enter the amount from	m line 29			7			
8 T	otal elected cost of section 179 prop	erty. Add amounts	s in column (c), lines 6 and	7		8	
9 T	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction fro	m line 13 of your 2	010 Form 45	62			10	
11 B	usiness income limitation. Enter the	smaller of busines	s income (no	t less than zer	o) or line 5		11	
12 S	ection 179 expense deduction Add	lines 9 and 10, but	do not ente	r more than lin	e 11		12	
	arryover of disallowed deduction to				▶ 13			
Note	Do not use Part II or Part III below f	or listed property	Instead, use	Part V			•	
Par	t II Special Depreciation Allow	ance and Other D	epreciation	(Do not includ	de listed pro	perty.)		
14 S	pecial depreciation allowance for qu	alified property (ot	her than liste	ed property) pla	aced in servi	ce during		
tl	ne tax year	, , , , ,				•	14	
	roperty subject to section 168(f)(1) e	election					15	
	other depreciation (including ACRS)						16	
Par		ot include listed p	roperty) (Se	e instructions.))			
		-	S	ection A				
17 N	AACRS deductions for assets placed	in service in tax ye	ears beginnii	ng before 2011			17	332.
	you are electing to group any assets placed in se					e _ _		
	Section B - Asset						ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation investment use e instructions)	(d) Recover penod	y (e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property			3,679.	7 YRS	. HY	200DB	526.
d	10-year property							
e	15-year property							
f	20-year property							
	25-year property				25 yrs.		S/L	
		_ /			27.5 yrs	. MM	S/L	
h	Residential rental property	/			27.5 yrs	. MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 201	1 Tax Year Us	ing the Alte	ernative Depre	ciation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
Pai	T IV Summary (See instructions.))						
	isted property. Enter amount from lir	ne 28		<u> </u>			21	
	otal. Add amounts from line 12, lines		nes 19 and 2	0 ın column (g)	, and line 21	١.		·
E	nter here and on the appropriate line	es of your return. P	artnerships :	and S corporat	ions - <u>see</u> in	str.	22	858.
	or assets shown above and placed i	-						
	portion of the basis attributable to sec				23			
11625 11-21-	LHA For Paperwork Reduction	on Act Notice, see	separate ir	structions.				Form 4562 (2011)

23-7545975 _{Pag}	e	2
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	n 4562 (2011)		GHTS OF						OMC I K		ad far		7545		Page 2
ra	Listed Proper amusement)	• ,				•								-	
	Note: For any through (c) of	vehicle for wi	hich you are us	ing the	standar	d mileag	je rate o	r deduc	ting lease	expens	e, comp	elete onl	y 24a, 2	4b, colui	nns (a)
			on and Other					Instruct	ions for li	mits for i	nasseno	er autor	nobiles 1	1	
24a	Do you have evidence to						es	$\overline{}$						Yes	No
		(b)	(c)			ヿ	(e)		(f)	T	s," is the evider		(h)		(i)
	(a) Type of property	Date	Business/		(d) Cost or	Basis for depreciation			Recovery Method/			Depreciation		Ele	cted
	(list vehicles first)	placed in service	investment use percentag	_{le} ot	other basis (business/investment use only)			period Convention			ded	eduction sec		on 179 ost	
25	Special depreciation all	owance for o	ualified listed i	oroperty	/ placed	In servi	ce durine	o the ta	x vear an	d			_	<u>-</u>	
	used more than 50% in			,,	, p			y	,	_	25				
	Property used more that	•		ess use:									-		
			i — — — — — — — — — — — — — — — — — — —	6											
		†	9									1			
		 	9												
27	Property used 50% or I	less in a qual								1		1		1	
_		T	1	6						S/L·					
		· · ·	9							S/L·		<u> </u>			
		1	9							S/L·				1	
8	Add amounts in column	1 (h) lines 25			e and or	line 21	page 1			10/2	28	 		1	
	Add amounts in column		_				, pago .					1	29	<u> </u>	
	Add amounts in column	1 (1), 11110 20. 2					on Use	of Veh	icles						
`on	plete this section for v	ehicles used	hy a sole prop	rietor p	artner c	or other	"more th	an 5%	owner "	or related	d nersor	1			
	u provided vehicles to		• • •								•		ing this	section f	or
•	se vehicles.	, ,	·	•				•		•		•	J		
				-	a)	1 4	(b)		(c)	1	d)	1	e)	1	n
an.	Total business/investment	miles driven d	uring the	_	nicle		(b) Vehicle			1				(f) Vehicle	
	year (do not include com		uring the	V C1	noie	V	mole	Vehicle Vehic		11016	Vellicie		Venicle		
	•		the year												
	Total commuting miles		_			ļ.		 		<u> </u>	···	 			
	Total other personal (no	oncommuting)) miles									1			
	driven Tatal miles diffican durin	- +				 		 				1			
	Total miles driven durin	•												į	
	Add lines 30 through 3		-1	V	N ₂	Van	Na	Van	No.	Van	No	V	No	Van	N ₂
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?														
	Was the vehicle used p		more			1				İ				İ	
	than 5% owner or relat	•			<u> </u>	1		├				 	-	-	
	Is another vehicle availa	able for perso	onai												
	use?				<u> </u>	<u> </u>			. l		<u> </u>	<u> </u>	L	<u></u>	L
_			- Questions f												
	wer these questions to	determine if	you meet an e	xceptior	n to com	pleting	Section	B for ve	ehicles us	ed by er	mployee	s who a	re not n	nore than	15%
	ers or related persons				•									1,,	T
	Do you maintain a writt	en policy stat	tement that pro	ohibits a	all perso	nal use	of vehicl	es, incli	uding cor	nmuting	, by you	ır		Yes	No
	employees?													-	
	Do you maintain a writt		•					•			our/				
	employees? See the in:					Micers, d	directors	, or 1%	or more	owners				-	
	Do you treat all use of v	•				_									
	Do you provide more th					ıntorma	tion from	n your e	mployee	s about					
	the use of the vehicles,														
	Do you meet the requir														
	Note: If your answer to	<i>37, 38, 39, 4</i>	0, or 41 is "Yes	s," do n	ot comp	lete Sec	tion B fo	or the c	overed ve	hicles.					
Pa	rt VI Amortization			<i>n</i> \	T	/- \			/-n		(-)				
	(a) Description of	of costs	Date:	(b) amortization		(c) Amortiza	ble	(d) Code		(e) Amortiza				(f) mortization	
	·			begins		amoun			section		period or pe			or this year	
2	Amortization of costs the	hat begins du	iring your 2011	tax yea	ar:					- 1		——————————————————————————————————————			
					ļ	_									
							_					, 			
42	Amortization of costs ti	hat bagan be	fore your 2011	tax ves	ar							43			

44

44 Total. Add amounts in column (f). See the instructions for where to report