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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2011
Open to Public

Department of the Treasury

(HTA)

benefit trust or private foundation)

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

A	For the		endar year, or tax year beginning 4/1/2011 , and en		1/2012	spection .
В		applicable	C Name of organization KNIGHTS OF COLUMBUS FOUNDATION OF CO		identification nu	mber
	Address o	change	Doing Business As	51-0203597		
\sqcap	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone		
Ħ,	Initial retu	ırn	P O BOX 596			
Ħ	Terminate		City or town, state or country, and ZIP + 4			
=	Amended		OKARCHE OK 73762	G Gross rece	ointe \$	502,549
\equiv		n pending				
Ш ′	пррпсано	in pending		H(a) Is this a group retu		Yes X No
				H(b) Are all affiliates inc		Yes No
	ax-exem	<u> </u>	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a lis	t (see instruction	s)
J V	<u>Vebsite</u>	: ► N/A		H(c) Group exemption r	number 🕨	·, · · · ·
KF	orm of or	rganization	X Corporation	of formation	M State of leg	al domicile OK
ķi :	art I	Sur	mmary			<u> </u>
	1			VIDES OPERATIN	G FUNDS FO	OR THE CENTE
			ILY LOVE, A NON-PROFIT ORGANIZATION WHICH OPERATES A RE			
če	1		LLY RETARDED ADULTS, AND MAKES CONTRIBUTIONS TO OTHER			•••••
nan			•••••••••••••••••••••••••••••••••••••••			
Activities & Governance	2	Check ti	nis box If the organization discontinued its operations or disposed of more than	n 25% of its not assets		
ŏ	3	Number	of voting members of the governing body (Part VI, line 1a)	1 20 % Of its fiet assets	3	4
es	4		of independent voting members of the governing body (Part VI, line 1b)	ŀ	4	4
Ž	5		mber of individuals employed in calendar year 2011 (Part V, line 2a).	·	5	-
Acti	6		mber of volunteers (estimate if necessary)	ŀ	6	
4	7a		related business revenue from Part VIII, column (C), line 12.	ŀ	7a	
	b		elated business taxable income from Form 990-T, line 34		7b	<u> </u>
)			The state of the s	Prior Year		urrent Year
)	8	Contribu	itions and grants (Part VIII, line 1h)		,892	157,855
Revenue	9		n service revenue (Part VIII, line 2g)		,288	48,313
e ve	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		,339	-6,955
~ œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10	8
ζ	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117	7,529	199,221
Reve	13		and similar amounts paid (Part IX, column (A), lines 1–3)		7,799	114,690
	14		paid to or for members (Part IX, column (A), line 4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111,000
"	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			
ses	16a		onal fundraising fees (Part IX, column (A), line 11e)			
Expenses	Ь		ndraising expenses (Part IX, column (D), line 25) ▶	The selling the work was	E. SE CALLES	The second second
ω̂	17		rpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		,902	4,112
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		9,701	118,802
	19		e less expenses Subtract line 18 from line 12		2,172	80,419
Net Assets or	2		RECEIVE	Beginning of Current		ind of Year
sets	20	Total as	sets (Part X, line 16)	735	5,055	815,473
t As	21		sets (Part X, line 16) bilities (Part X, line 26) ets or fund balances Subtract line 21 from line 20 MAY 2.1 2012	77772	1,264	718,723
ž	22	Net ass	ets or fund balances Subtract line 21 from line 20 MA	100	791	96,750
Pá	art II 🧓	Sig	nature Block			
Und	ler penalt	ies of perjur	y, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the best of my	knowledge	
and	belief, it	is true, corre	ect, and complete Declaration of preparer (other than officer) is based or all information of whi	ich preparer has any kno	owledge	
Sig	gn		Marke July			
He	-		Signature of officer	Date	5-10-17	•
			GERALDESCIMITE DECTREAS		5-17-12	<u>/</u>
			Type or print name and title			
Pa	.i.d	Pin	VType preparer's name Preparer's signature	Date	heck if	PTIN
		, BRI	JCE LUTTRELL JULIA SHITH	161617		00176359
	eparer	· —	o's name ► BRUCE G LUTTRELL, CPA, PC		73-1368369	
US	e Only	у				140
N.A.	Ale = 15		's address ► P O BOX 2173, STILLWATER, OK 74076	Phone no	(405) 743-10	
			ss this return with the preparer shown above? (see instructions)		[2	Yes No
Foi	r Papen	work Red	uction Act Notice, see the separate instructions.		 -	Form 990 (26%1)

	90 (2011)	KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA	5 <u>1-</u> 0203597	Page 2
<u>Pai</u>	rt III 🎘	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III	<u> </u>	. Ц
1	PROVII OPERA	escribe the organization's mission PES OPERATING FUNDS FOR THE CENTER OF FAMILY LOVE, A NON-PROFIT ORGANIZAT TES A RESIDENTIAL FACILITY FOR MENTALLY RETARDED ADULTS, AND MAKES CONTRI CATHOLIC ORGANIZATIONS	BUTIONS TO	
2	the prio	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	Yes	X No
3	service	organization cease conducting, or make significant changes in how it conducts, any program c? describe these changes on Schedule O	Yes	X No
4	expens	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to reind allocations to others, the total expenses, and revenue, if any, for each program service report	port the amount of	
4a	CENTE) (Expenses \$ 115,812 including grants of \$) (Revenu R OF FAMILY LOVE		
			·	
		•	·	
4b	(Code SCHOL) (Expenses \$ including grants of \$) (Revenu ARSHIPS	ue \$)
		•••••		
		•••••		
			· • • • • • • • • • • • • • • • • • • •	
			• • • • • • • • • • • • • • • • • • • •	
				·
4c	(Code) (Expenses \$ Including grants of \$) (Revenue	ue\$)
			· · · · · · · · · · · · · · · · · · ·	
		••••••		
		•••••		
		•••••••••••••••••••••••••••••••••••••••		
4d		rogram services (Describe in Schedule O)		
	(Exper))	
<u>4e</u>	Total p	rogram service expenses 115,812		

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	٠	N	/,
6	·	5		4
0	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		Х
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV .	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	*	35.	***
	VII, VIII, IX, or X as applicable		THE COLUMN TWO IS NOT	
	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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "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? 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N	A

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to 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	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Ħ,
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		_	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			1
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		-^-
Ĭ	to defease any tax-exempt bonds?	24c		Х
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		<u> </u>
LJu	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a	-	 ^
b	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		 -^-
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		-
21	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		
20			N 12 1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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? <i>If "Yes," complete Schedule L, Part IV</i>	206		
_		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20.		
20	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		├^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
24	conservation contributions? If "Yes," complete Schedule M	30	 -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
24	·	33	-	 ^
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	1 24		
250		34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	┼^
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		X
26		35b	├	┼^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		"
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	\vdash	X
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	27		
		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	X	

KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a ————————————————————————————		, -	•
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		- :	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-	1	
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ //	4_
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	_ -/ /	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 1]	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			U
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		ŀ	- 7
_	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yos" to line 50 or 5b, did the organization file Form 9886 T2.	5b		IA
C Sa	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	<i> A</i> _
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		_x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	od		⊢
b	gifts were not tax deductible?	6ь	أر	lA
7	Organizations that may receive deductible contributions under section 170(c).	90	- 1	<u>'^-</u>
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-	, , ,	1
а	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		IA
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		<u> </u>
Ü	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		- '5
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N	IA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	14
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring] ,	ļ. ·	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			Γ.
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	-	-	
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		,	1.
11	Section 501(c)(12) organizations. Enter		ĺ	
а	Gross income from members or shareholders	<u> </u>	ĺ.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	'	[]	1
	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	<u> </u>	VA_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b NA	ļ	, در	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,	ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1/1
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which	,- ` `	<u> </u>	1
	the organization is licensed to issue qualified health plans . 13b NA]:		
С	Enter the amount of reserves on hand	1.	<u> </u>	_
14a	Did the organization receive any payments for indoor tanning services during the tax year? '	14a		$ \rangle$
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(20

KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA

51-0203597

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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 Part VI

Sect	ion A. Governing Body and Management				
12	Enter the number of voting members of the governing body at the end of the tax year	الما	E Militaria.	Yes	No Marata
14	If there are material differences in voting rights among members of the governing body, or	1a 4			
	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 ` 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela				
-	any other officer, director, trustee, or key employee?	lionship with	2	235	X
3	Did the organization delegate control over management duties customarily performed by or un	dar the direct			-^-
٠	supervision of officers, directors, or trustees, or key employees to a management company or		3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990		4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		x
6	Did the organization have members or stockholders?	11 5 055615 ?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elec	t or appoint	-		
<i>,</i> a	one or more members of the governing body?	к ог арропп	7-		
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem	hora	7a		X
J	stockholders, or persons other than the governing body?	bers,	7.		,
8	Did the organization contemporaneously document the meetings held or written actions under		7b	المائة فيانا ا	X
U	the year by the following	laken during			1
а	The governing body?		8a	<i>#</i> .	المراجعة المراجعة
b	Each committee with authority to act on behalf of the governing body?	•	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	he reached	100	_^_	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	O	9		×
Sect	ion B. Policies (This Section B requests information about policies not required by the				
	the second of the decire by the	internar i tevenae e	ouc j	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of s	uch chanters	104		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exemp		10b	ار	/A
11a			11a	'	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	noro ming aro rom	4.30	4.10-1	المراجعة الم
12a			12a	richilia 1	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	d give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy	•	1		
	describe in Schedule O how this was done		12c	۸ ا	NΔ
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and a	pproval by	200	300	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	N	A
b			15b	N	<i>1</i> Δ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			建筑	张 念
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar ai	rangement			
	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 e	evaluate its		5.77	100
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard			2.2
	the organization's exempt status with respect to such arrangements? .		16b	N	VA
Sect	ion C. Disclosure				7
17	List the states with which a copy of this Form 990 is required to be filed ► OK				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	d 990-T (Section 501)	c)(3)s	only)
	available 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 docume	ents, conflict of interes	t		
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the bo				
	organization JERRY SCHMITZ 2010 FYCHANGE AVE. OKI AHOMA CITY OK 73109	405-235-44	<u>71</u>		

Form 990 (2011)	KNIGHTS OF COLUMBUS FOUN					51-02035	97 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C	•	es, Key Em	ployees, H	ignest Comp	ensated	
	Check if Schedule O contains a re		/ auestion i	n this Part \	/11		
Section A.	Officers, Directors, Trustees, Key I	_ -				::	
	this table for all persons required to be					ng with or within	the
of compensa	of the organization's current officers, con Enter -0- in columns (D), (E), and	(F) If no compe	nsation was	paid			mount
 List the who received 	of the organization's current key empler organization's five current highest correportable compensation (Box 5 of Foundary related organizations	mpensated emp	ployees (othe	er than an of	ficer, director, tr	ustee, or key en	
	of the organization's former officers, k eportable compensation from the orga				d employees wh	no received more	e than
	of the organization's former directors more than \$10,000 of reportable comp			•	•		of the
	n the following order individual trustee I employees, and former such persons		nstitutional ti	rustees, offic	ers, key employ	rees, highest	
X Check th	is box if neither the organization nor a	ny related organ	nization comp	pensated any	y current officer,	director, or trus	tee
			1	C)			
	(A) Name and Title	(B) Average hours per week (describe hours for related organizations	box, unless pe	more than one inson is both an intector/trustee) Former Expenses to the complex t	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related

(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Willard Patoka President	5 00	х		Х					4	-0-	
(2) Ernie Chastain Vice-President	5 00	X		Х					-0	Ð	
(3) Jerry Schmitz Secretary/Treasurer	5 00	х		x				0-	-0	0	
(4) Dale Sligar Counselor	5 00	x						0-	P	-0-	
(5)											
(6)											
.(7)											
(8)											
(9)						_					
(10)											
(11)									-		
(12)											
(13)											
(14)											

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (continued)
	(A) Name and title	(B) Average			Pos eck		than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (describe hours for related organizations in Schedule O)		er and		recto	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISO	amount of other compensation
(15)											
(16)											
(17)											
(18)											
(19)											
(20)					-						
(21)											
(22)								_			
(23)		,				T-					
(24)											
(25)											
1b c d	Total number of individuals (including but not	Section A		d at		e) w	ho re	b cen	ved more than \$	100,000 of	
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche	rector, or truste				oyee	e, or h	nigh	nest compensate	ed .	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual										4 X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndıvıdual	5 X
Sec	tion B. Independent Contractors							_			
1	Complete this table for your five highest comp compensation from the organization. Report of year										
	(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensation
	NONE	·						-			
_											
2	Total number of independent contractors (inc more than \$100,000 of compensation from the		mited	d to	tho	se li	sted	abo	ove) who receive	ed .	

Form 990 (2011) Part IX

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 Pa	rt 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			-	: a.a. 274
_	organizations in the United States See Part IV, line 21	114,690	114,690	-	1. M. P. C. & A
2	Grants and other assistance to individuals in the				
3	United States See Part IV, line 22				- A. S.
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				- 1
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).				
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes .				<u>.</u>
11	Fees for services (non-employees)				
a	Management .				
b	Legal .				
C	Accounting .	845		845	
d e	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees	2 145		2 445	
g	Other	2,145		2,145	
12	Advertising and promotion				
13	Office expenses		· · ·		
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses		_		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.				
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .				
23 24	Insurance .			·- ·	
£**	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	C F L EXPENSES	1,122	1,122		
b		.,,,,,,			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	118,802	115,812	2,990	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		i		
	from a combined educational campaign and				
	fundraising solicitation Check here If				
	following SOP 98-2 (ASC 958-720)				

inte	rt X	Balance Sheet			(A)		(B)
				İ	Beginning of year		End of year
	1	Cash—non-interest-bearing .			1,664	1	44,423
	2	Savings and temporary cash investments .	•		733,391		771,050
- 1	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 employ Schedule L		-		5	
	6	Receivables from other disqualified persons (a	as defined	under section		2 .	
		4958(f)(1)), persons described in section 4958			*		
		employers and sponsoring organizations of se			,		
ş		employees' beneficiary organizations (see inst		6			
Assets	7	Notes and loans receivable, net	,			7	
~∛	8	Inventories for sale or use .				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or	1	·			7-1 7-1
		other basis Complete Part VI of Schedule D	10a	2,516,855		25	
	b		10b	2,516,855		10c	
	11	Investments—publicly traded securities	·	2,0.0,000	.,,	11	
	12	Investments—other securities See Part IV, lin				12	
	13	Investments—program-related See Part IV, lir				13	
	14	Intangible assets	 -	14			
	15	Other assets See Part IV, line 11 .		15			
	16	Total assets. Add lines 1 through 15 (must ed	nual line 3		735,055		815,473
	17	Accounts payable and accrued expenses	1		, , , , , , ,	17	310,770
	18	Grants payable			· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities .				20	
	21	Escrow or custodial account liability Complete	e Part IV o	of Schedule D		21	
S	22	Payables to current and former officers, direct					-, , , , , , ,
Liabilities	ı	employees, highest compensated employees,		•			
iab	:	persons Complete Part II of Schedule L		•		22	
_	23	Secured mortgages and notes payable to unre		•	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, j					
	•	parties, and other liabilities not included on lin	es 17-24)	Complete			1
		Part X of Schedule D		•	634,264	1	718,723
	26_	Total liabilities. Add lines 17 through 25		<u> </u>	634,264	26	718,723
S		Organizations that follow SFAS 117, check		and		, ,	
ce		complete lines 27 through 29, and lines 33	and 34.				
lar	27	Unrestricted net assets				27	
Ва	28	Temporarily restricted net assets				28	
nd	29	Permanently restricted net assets		•		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, check h	ere ►X			
sts	30	Capital stock or trust principal, or current fund			30		
SS	31	Paid-in or capital surplus, or land, building, or	nt fund		31		
tΑ	32	Retained earnings, endowment, accumulated		100,791		96,750	
Se	33	Total net assets or fund balances		c. outor lands .	100,791		96,750
	34	Total liabilities and net assets/fund balances			735,055		815,473
		, otal habilities and net assets/fully balances		· · · · · · · · · · · · · · · · · · · 	, 755,055	1 34	- 000

OIIII C	30 (2011) KINGHTS OF COLUMBOS FOUNDATION OF OKLAHOWA	0) -UZU35;	11	Page	e IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	ا به ا	I		100	224
2	Total expenses (must equal Part IX, column (A), line 25)	2				,221
3	Revenue less expenses Subtract line 2 from line 1	3	l			,802
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	· · · ·		<u>,419</u> ,791
5	Other changes in net assets or fund balances (explain in Schedule O)	5				,791
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u>-</u>			-04,	, 4 00
	column (B))	6			96.	,750
Part	XIII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				Υ	es	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 O		" <u>.</u>		-[],	*
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a Z	X	
b	Were the organization's financial statements audited by an independent accountant?		2	b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of		İ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	c 2	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n	1 - 2		- 14 - 14	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				X.	1. 3
_	issued on a separate basis, consolidated basis, or both				24.	
	X 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 Single Audit Act and OMB Circular A-133?	•	3	a	_	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				ļ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b		
			Fo	orm 9:	90 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 Open to Public

Internal Revenue Service ▶ See separate instructions. Inspection Name of the organization Employer identification number KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA 51-0203597 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sect	ion A. Public Support	<u></u>					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	,,,,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
	membership fees received (Do not						
	include any "unusual grants ")	115,964	142,335	118,446	106,180	206,168	689,093
2	Tax revenues levied for the organization's						333,333
	benefit and either paid to or expended on						
	its behalf						
3	The value of services or facilities			-			
	furnished by a governmental unit to the						
	organization without charge .						
4	Total. Add lines 1 through 3	115,964	142,335	118,446	106,180	206,168	689,093
5	The portion of total contributions by each	,	٠				
	person (other than a governmental unit	**************************************	-*				
	or publicly supported organization)	-		- -	<u>.</u>		
	included on line 1 that exceeds 2%	•	_		7	37.	
	of the amount shown on line 11,	- ,		- •			
^	column (f)	,				-,1	
6	Public support. Subtract line 5 from line 4	_ 、			•		689,093
	ion B. Total Support	() 0007	" > 0000	() 2222		1	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	115,964	142,335	118,446	106,180	206,168	689,093
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	04004	00.050	40.000	44.000	40.470	00.000
9	Sources	34,024	23,859	13,632	11,339	10,176	93,030
9	Net income from unrelated business						
	activities, whether or not the business is						
10	regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets					1	
	(Explain in Part IV)	9	15	221	10]	255
11	Total support. Add lines 7 through 10			221	10		782,378
12	Gross receipts from related activities, etc. (s	see instructions	i	L		12	702,070
13	First five years. If the Form 990 is for the o			rd. fourth. or fif	th tax vear as)(3)
	organization, check this box and stop here	. 9		,,	,		. ▶□
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2011 (line 6,		led by line 11	column (fl)		14	88 08%
15	Public support percentage from 2010 Sched	• •		coldinii (i))		15	84 65%
16a	33 1/3% support test—2011. If the organiz			n line 13, and l	ine 14 is 33 1/3		
	and stop here. The organization qualifies a					575 57 THO15, 511	. ▶ 🔀
b	33 1/3% support test—2010. If the organiz				and line 15 is :	33 1/3% or mor	
	box and stop here. The organization qualifi						▶□
17a	10%-facts-and-circumstances test—2011	. If the organiz	ation did not c	- heck a box on l	ine 13 16a or	16b and line 1	
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac						
	organization						
b	10%-facts-and-circumstances test—2010). If the organiz	ation did not c	heck a box on l	ine 13. 16a. 16	6b. or 17a. and	line
	15 is 10% or more, and if the organization r						
	Part IV how the organization meets the "fac						
	supported organization			J		,	. ▶□
18	Private foundation. If the organization did	not check a ho	x on line 13 1	6a. 16b. 17a. o	r 17b. check th	us box and see	
	instructions						▶□

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

	in the organization rails to quality un	idel trie tests	iisted belovy,	picase compi	cic i ait ii j		
	ion A. Public Support				- 		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise				Ì	Ì	
	sold or services performed, or facilities furnished					İ	
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's				_		
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						-
	from other than disqualified persons that					İ	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b .						
8	Public support (Subtract line 7c from	A 100	7554733				
	line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Associate Company					1	
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources					-	
b	Unrelated business taxable income (less					İ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			<u> </u>			
12	Other income Do not include gain or						
	loss from the sale of capital assets		1]	
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			1			
	and 12)	L	<u> </u>	L	L		
14	First five years. If the Form 990 is for the organiz	ation's first, seco	ind, third, fourth,	or fifth tax year a	as a section 501(c)(3)	. \Box
	organization, check this box and stop here						
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column	n (f) divided by lir	ne 13, column (f))		15	
16	Public support percentage from 2010 Schedule A.	Part III, line 15				16	
Sec	tion D. Computation of Investment Inc	ome Percent	age				
17	Investment income percentage for 2011 (line 10c,			umn (f))		17	
18	Investment income percentage from 2010 Schedu		•	•	•	18	
19a	33 1/3% support tests—2011. If the organization			and line 15 is m	ore than 33 1/3%	6, and line 17 is	
	not more than 33 1/3%, check this box and stop it						. ▶ 🗍
b	33 1/3% support tests-2010. If the organization	_			_		
	line 18 is not more than 33 1/3%, check this box a						▶ □
20	Private foundation. If the organization did not ch	•	•	•		-	_

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KNIG	HTS OF COLUMBUS FOUNDATION OF OK	LAHOMA	51-0203597
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts. Complete if
	the organization answered "Yes" to	o Form 990, Part IV, line 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gra	int funds can be
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor	
	purpose conferring impermissible private be	nefit?	Yes No
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held	by the organization (check all that apply)	
•	Preservation of land for public use (e g , recr	· —	n of an historically important land area
		=	· ·
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ution in the form of a conservation
	easement on the last day of the tax year		
_	Total a select of a select of a select		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea		. 2b
۲ C	Number of conservation easements on a ce	The state of the s	2c
d	Number of conservation easements include	· · ·	a 2d
2	historic structure listed in the National Regis		
3	Number of conservation easements modified during the tax year	a, transferred, released, extinguished, or t	terminated by the organization
4	Number of states where property subject to	consequation easement is located	
5	Does the organization have a written policy	•	ion, handling of
•	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
•	>		an additional admig the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	asements during the year
	▶ \$,, g,	3 · · , · · ·
8	Does each conservation easement reported	i on line 2(d) above satisfy the requiremen	its of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization r		nue and expense statement, and
	balance sheet, and include, if applicable, th		
	the organization's accounting for conservati	on easements	
Par		ons of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other si		
	of public service, provide, in Part XIV, the te	•	
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other si		
	of public service, provide the following amo		
	(i) Revenues included in Form 990, Part VI	II, line 1	> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works o	f art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported to		
а	Revenues included in Form 990, Part VIII, I		
b	Assets included in Form 990, Part X		. ▶ \$

	ıle D (Form 990) 2011								i	Page 2
Part	Organizations Maintaining	Collections of A	rt, Historica	al Trea	sures, or C	ther S	imilar Assets	(contin	ued)	
3	Using the organization's acquisition, a	accession, and other	er records, c	heck ar	ny of the follo	wing th	at are a significa	int		
	use of its collection items (check all the	hat apply)					•			
а	Public exhibition		d 📗	Loan o	r exchange p	orogram	ıs			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generation	ions								
4	Provide a description of the organizat Part XIV	tion's collections an	id explain ho	w they	further the or	rganizat	ion's exempt pu	rpose ir	า	
5	During the year, did the organization assets to be sold to raise funds rathe							☐ Ye	.s 🗀	No
Part										
	IV, line 9, or reported an am				Zadon answ	rerea	103 101 01111 3	50, i a		
1a	Is the organization an agent, trustee,				ntributions or	other a	ssets not			
	included on Form 990, Part X?							☐ Y€	es 🔲	No
b	If "Yes," explain the arrangement in F	art XIV and comple	ete the follow	ving tab	le .	•	•	ш.,	.• Ш	
		· ,					I A	mount		
С	Beginning balance	•				1c				
d	Additions during the year					1d				
е	Distributions during the year					1e			_	
f	Ending balance .					1f				
2a	Did the organization include an amou	int on Form 990. Pa	art X. line 21	?				☐ Ye	es X	No
_ b	If "Yes," explain the arrangement in F		,						رینی ۲۰	
Part	V Endowment Funds. Compl	ete if the organiza	ation answe	ered "Y	es" to Form	990, F	Part IV, line 10			-
		(a) Current year	(b) Prior y		(c) Two years		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance							A.		
b	Contributions							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*
С	Net investment earnings, gains, and losses							7	Ti.	ت احد ف
d	Grants or scholarships	<u> </u>				-		7 to 10 to		
e	Other expenditures for facilities							25	when y	12. A
Ū	and programs .							1		
f	Administrative expenses .		-			-				
g	End of year balance .									3 4
2	Provide the estimated percentage of	the current year en	d balance (li	ne 1a i	column (a)) h	neld as	<u> </u>	1 - 2, -		
а	Board designated or quasi-endowme		a balance (ii	ne ig,	00/4//// (4)// 1	icia as				
b	Permanent endowment									
С	Temporarily restricted endowment	>								
	The percentages in lines 2a, 2b, and	2c should equal 10	00%							
3a	Are there endowment funds not in the			n that a	re held and a	administ	ered for the			
	organization by	,	3						Yes	No
	(i) unrelated organizations .							3a(i)		
	(ii) related organizations .							3a(ii)		
b	If "Yes" to 3a(II), are the related organ	nızations lısted as r	equired on S	Schedul	le R? .			3b		
4	Describe in Part XIV the intended use		•					L		
Part										
	Description of property	(a) Cost or o	ther basis	(b) Co	st or other s (other)		Accumulated preciation	(d) B	ook valu	e
1a	Land	(maesu)		Vasit	o (outer)		preciation			
b	Buildings				2 274 405	3				
C	Leasehold improvements				2,371,405		2,371,405			
d	Carrie and and				145,450		145,450			
e e	Other	•							 -	
	I. Add lines 1a through 1e. (Column (d) must equal Form	000 Part V	colum	1/P) line 10/	(c))	•			
		y masi eyadi i billi	υσυ, ι αιι Λ,	ooiuiiii.	וווו כ ווו, נטן ו (טו	<i>911</i> .	1			

Page 3 Part VII 🎏 Investments—Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5)(6) (7)(8)(9)(10)Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3)(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) SCHOLARSHIP CORPUS 718,723 (3) (4) (5) (6)(7) (8) (9) _(10) (11)

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

718,723

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

Sched	ule D (Form 990) 2011		01-0200	007	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Financial S	Staten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments .			4	
5	Donated services and use of facilities			5	
6	Investment expenses .			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net). Add lines 4 through 8	•		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines			10	
	Reconciliation of Revenue per Audited Financial Statemen	its Wi	th Revenue p	<u>er Re</u>	turn
1	Total revenue, gains, and other support per audited financial statements			1	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1			
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		-	
C C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) Add lines 2a through 2d	_2d			
е 3	Subtract line 2e from line 1		•	1	e
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		508	3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV).	4a 4b			
c	Add lines 4a and 4b	_ 4 b_1	<u> </u>	4	Redia C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1			5
	Reconciliation of Expenses per Audited Financial Stateme		ith Eynansa	`	<u></u>
1	Total expenses and losses per audited financial statements .	iilo vv	itii Expenses	bei i	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			14	1 146
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2	e
3	Subtract line 2e from line 1				3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		2	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4	c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3)	<u> </u>		5
Par	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P	Part III,	lines 1a and 4,	Part IV	/, lines 1b
and:	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Pa	rt XIII, I	lines 2d and 4b	Also	complete
this	part to provide any additional information.				
					
					• • • • • • • • • • • • • • • • • • • •

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 2011 Open to Public

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

► Attach to Form 990.

Employer identification number

51-0203597

X Yes No

Α	sistance
KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA	General Information on Grants and Assista
MBUS FOUNDAT	Il Information o
HTS OF COLUI	III Genera
KNIG	Par

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 criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	can be duplicated if additional space is needed
--	---	---	---

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Center of Family Love P O Box 596 Okarche, OK 73762			114,690				operating expenses
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and rganizations lis	government organisted in the line 1 tab	zations listed in the line	e 1 table .			1

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

Schedule I (Form 990) (2011)

FOT Pap

Page 2

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

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

	(f) Description of non-cash assistance							onal information			Schedule I (Form 990) (2011)
	(e) Method of valuation (book, FMV, appraisal, other)							e 2, and any other additional information			
	(d) Amount of non-cash assistance							provide the information required in Part I, line 2,			
	(c) Amount of cash grant							vide the information			
nal space is needed	(b) Number of recipients										
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance							Supplemental Information. Complete this part to			
		-	2	e .	4	9	9	 Part IV			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011 Open to Public

Department of the Treasury Internal Revenue 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.

Inspection

Name of the organization Employer identification number KNIGHTS OF COLUMBUS FOUNDATION OF OKLAHOMA 51-0203597 Form 990 Part VI Section C Line 19 Thr organization makes it's governing documents, conflict of interest policy, and financial statements available to the public at its office during regular business hours, upon request Form 990 Part XI Line 5 Decrease in Net Assets due to transfers to Scholarship Corpus