



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form  
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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
OF ITHACA, NY, INC.

D Employer identification number

15-0612481

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

PO BOX 609

Room/suite

City or town, state or country, and ZIP + 4

ITHACA, NY 14851

E Telephone number

607-255-4501

F Group Exemption  
Number ►G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(2) (insert no.)  4947(a)(1) or  527K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 65,500.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	47,508.
5a	Gross amount from sale of assets other than inventory	5a	17,992.
b	Less: cost or other basis and sales expenses	5b	13,642.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	of contributions	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,858.
10	Grants and similar amounts paid (list in Schedule O)	10	12,400.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	750.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	19,261.
17	Total expenses. Add lines 10 through 16	17	32,411.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,447.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	271,171.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	290,618.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
Form 990-EZ (2011) OF ITHACA, NY, INC.

15-0612481

Page 2

**Part II Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	271,171.	22 290,618.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	271,171.	25 290,618.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,171.	27 290,618.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

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

28 TO SUPPORT ITHACA COUNCIL 277, THE KNIGHTS OF COLUMBUS, A 501(C)3 ORGANIZATION.

(Grants \$ ) If this amount includes foreign grants, check here ►

28a

29

(Grants \$ ) If this amount includes foreign grants, check here ►

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ►

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a)

32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JACK MYATT P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
KERMAN GLASER P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
ROY ERB P.O. BOX 609, ITHACA, NY 14851	SECRETARY/TREASURER 2.00	0.	0.	0.
PAUL DANKO P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
TIM EMNETT P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
KEVIN JONES P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
FRANK SMITH P.O. BOX 609, ITHACA, NY 14851	VICE PRESIDENT 2.00	0.	0.	0.
BENJAMIN LAPIERRE P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
PETER POTORTI P.O. BOX 609, ITHACA, NY 14851	BOARD MEMBER 2.00	0.	0.	0.
PETER ROMANI P.O. BOX 609, ITHACA, NY 14851	PRESIDENT 2.00	0.	0.	0.

THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
OF ITHACA, NY, INC.

Form 990-EZ (2011)

15-0612481

Page 3

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

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

	Yes	No
33		X

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

34		X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a		X
35b	N/A	

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b	N/A	
35c		X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c		X
36		X

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

36		X
37b		X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

37b		X
38a		X

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

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

38b	N/A	
39a	N/A	

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

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

39b	N/A	
40b	N/A	

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A

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

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

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

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

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

42a The organization's books are in care of ► ROY ERB Telephone no. ► 607-272-5428

Located at ► 302 TAYLOR PLACE, ITHACA, NY ZIP + 4 ► 14850

42b		X
42c		X

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

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

43		
	N/A	

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

44a		X
44b		X

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

44b		X
44c		X

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

44c		X
44d		

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

44d		
45a		X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a		X
45b		X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 990-EZ (2011)

132173  
02-06-12

THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
OF ITHACA, NY, INC.

Form 990-EZ (2011)

15-0612481

Page 4

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I

Yes	No
46	X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization?	49a	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."	49b	

(a) Name and address of each employee paid more than \$100,000  N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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

Sign Here

Roy E. ERS

Signature of officer

10/24/2012

Date

Roy E. ERS Treasurer

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBBIE CONLEY JORDAN	Debbie Conley Jordan	10/17/12		P00011119
	Firm's name ► CDLM & COMPANY CPA'S, LLP				Firm's EIN ► 16-1171627
	Firm's address ► 401 E. STATE ST., SUITE 500 ITHACA, NY 14850				Phone no. 607-272-4444

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2011)

132174  
02-06-12

Depreciation and Amortization Detail COMMERCIAL PROPERTY, GREEN ST, ITHACA, RENT

1

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1 BUILDING								
	063089SL	25.00	16		63,700.		56,056.	2,548.
2 LAND					10,000.			0.
3 SHED								
	061589SL	10.00	16		142.		142.	0.
4 HEATING SYSTEM								
	071589SL	10.00	16		11,680.		11,680.	0.
6 THREE EXTERIOR STEEL DOORS								
	010105SL	7.00	16		3,685.		3,419.	263.
7 VENTING HOOD IN KITCHEN								
	010105SL	7.00	16		18,209.		16,907.	1,302.
* TOTAL 990-EZ RENTAL DEPR								
					107,416.	0.	88,204.	4,113.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization **THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
OF ITHACA, NY, INC.** Employer identification number **15-0612481**

FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:

<u>KIND AND LOCATION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>COMMERCIAL PROPERTY, GREEN ST, ITHACA, NY</u>	<u>42,800.</u>

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>INTEREST INCOME</u>	<u>2,206.</u>
<u>DIVIDEND INCOME</u>	<u>2,502.</u>
<u>TOTAL INCLUDED ON FORM 990-EZ, LINE 4</u>	<u>4,708.</u>

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: KNIGHTS OF COLUMBUS ITHACA COUNCIL 277

GRANTEE ADDRESS: ITHACA, NY 14850

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 12,400.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>INVESTMENT FEES</u>	<u>1,412.</u>
<u>MISCELLANEOUS</u>	<u>122.</u>
<u>DEPRECIATION</u>	<u>4,113.</u>
<u>INSURANCE</u>	<u>3,191.</u>
<u>PROPERTY TAX</u>	<u>10,207.</u>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization **THE KNIGHTS OF COLUMBUS HOME ASSOCIATION  
OF ITHACA, NY, INC.** Employer identification number **15-0612481**

R&M BUILDING **216.**

TOTAL TO FORM 990-EZ, LINE 16 **19,261.**

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROMOTE FRATERNAL,

CHARITABLE, CIVIC AND SOCIAL PURSUITS, AID AND ASSISTANCE TO MEMBERS

AND FAMILY THROUGH

SUPPORT TO ITHACA COUNCIL 277 THE KNIGHTS OF COLUMBUS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.