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

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	15,429.48	22	10,192.45
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	15,429.48	25	10,192.45
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	15,429.48	27	10,192.45

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? EDUCATIONAL, CHARITABLE, WELFARE

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 INTELLECTUAL DISABILITIES FUNDS

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 DISASTER FUNDS

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 SEMINARY FUNDS

(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
JOHN LANDERS 1725 W. ETHANS GLEN DR. PALATINE, IL. 60067-0925	GRAND KNIGHT	-0-	-0-	-0-
STEWART TESNOW SR. 711 W. PALATINE RD. PALATINE, IL 60067	FINANCIAL SECRETARY	-0-	-0-	-0-
JAMES CICIORA 1146 CLEARWATER CT. PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-
JAMES KILLIGREW 1350 N. CRABTREE DR. PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-
DAN KLIARSKY 873 N. HAMILTON CT PALATINE, IL. 60067	TRUSTEE	-0-	-0-	-0-

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KNIGHTS OF COLUMBUS
HOLY GHOST COUNCIL #4977
455 N BENTON ST
PALATINE IL 60067

014596

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee — Date: 1-23-13

FINANCIAL SECRETARY
Title