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Short Form
Return of Organization Exempt From Income TaxUnder 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 (see instructions). 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

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Inspection

A For the 2011 calendar year, or tax year beginning		July 1	, 2011, and ending	June 30	, 2012
B Check if applicable:		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Knights of Columbus - St. Croix Council #1762		23-7142717	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		1500 Vine St.		715 386-8371	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ► 0188	
<input type="checkbox"/> Amended return		Hudson, WI 54016			
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► http://user.spacestar.net/hudsonkc/					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(8) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> 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				► \$ 84826.00	

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	78592.00
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	6234.00
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less: direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	84826.00
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	39177.00
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	623.00
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	2682.00
	16 Other expenses (describe in Schedule O)	16	39943.00
	17 Total expenses. Add lines 10 through 16 ►	17	82425.00
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2401.00
	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	25591.00
	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	27792.00

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	10591.00	22 12792.00
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	15000.00	24 15000.00
25 Total assets	25591.00	25 27792.00
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)	25591.00	27 27792.00

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, religious, and social 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.

8
ction
(c)(4)
d section
optional

28		
29		
30		
31	Other program services (describe in Schedule O)		
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 Q 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 P. Knutson 1535 Northridge Dr. Hudson, WI 54016	Grand Knight 5 Hours	0	0	0
John A. Trieb 423 Lost Rock Ln. Hudson, WI 54016	Financial Secretary 10 Hours	\$623.00	0	0
John M. Gushue 607 Twelve Oaks Ln. Hudson, WI 54016	Dep. Grand Knight 1 Hour	0	0	0
Michael J. Weseli 460 Coulee Trl. Hudson, WI 54016	Chancellor 1 Hour	0	0	0
Larry S. Hebert 497 Lassie Cir. Hudson, WI 54016	Recorder 2 Hours	0	0	0
Timothy J. Shafer 1423 Grandview Dr. Hudson, WI 54016	Treasurer 5 Hours	0	0	0
James R. Michaelson 1180 42nd St. Hudson, WI 54016	Advocate 1 Hour	0	0	0
Daniel D. Schwab 423 Deer Haven Dr. Hudson, WI 54016	Warden 1 Hour	0	0	0
Christopher R. Michaelson 1180 42nd St. Hudson, WI 54016	Inside Guard 1 Hour	0	0	0
Raymond F. Fronczak 543 Spruce Dr. Hudson, WI 54016	Outside Guard 1 Hour	0	0	0
Paul J. Krenik Sr. 787 Gherty Ln. Hudson, WI 54016	First Trustee 1 Hour	0	0	0
Michael R. Frase 711 Crosby Dr. Hudson, WI 54016	Second Trustee 1 Hour	0	0	0

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 Schedule 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
- 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)
- 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)?
- 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
- 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
- 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
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0
- 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?
- b If "Yes," complete Schedule L, Part II and enter the total amount involved
- 39 Section 501(c)(7) organizations. Enter:
- 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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____
- 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. ► None
- 42a The organization's books are in care of ► John A. Trieb Telephone no. ► 715 386-8371
Located at ► 423 Lost Rock Ln. Hudson, WI ZIP + 4 ► 54016-8061
- 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 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
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
- 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
- c Did the organization receive any payments for indoor tanning services during the year?
- 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
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 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)

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	
37b	✓	
38a	✓	
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		

	Yes	No
42b	✓	
42c	✓	

	Yes	No
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b	✓	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	46	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>				
47	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes <input type="checkbox"/> No	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	49b	<input type="checkbox"/>
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."			
(a) Name and address of each employee paid more than \$100,000		(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
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."			
(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 ► <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Signature of officer Date <input type="checkbox"/> John A. Trieb - Financial Secretary <input type="checkbox"/> 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
	Firm's name ►	Firm's EIN ►		
	Firm's address ►	Phone no.		
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

Knights of Columbus - St. Croix Council #1762

Employer identification number

23-7142717

Attachment #1: 900-EZ / Part 1 / Page1 / Line 10

Youth Donations - \$12,678.00

Community Donations - \$12,039.00

Church Donations - \$6,031.00

Pro-Life Donations - \$4,872.00

Family Donations - \$604.00

*** Sub Total - Donations - \$36,224.00

*** Sub Total - Per Capita to State and National Councils- \$2,953.00

Total Line 10 - \$39,177.00

Attachment #1: 900-EZ / Part 1 / Page1 / Line 16

Misc. Expenses to Produce Revenue (concession product, insurance, convention expense) - \$39,943.00

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

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?

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	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	31
32	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	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 A. Booth	Third Trustee			
710 Dundee Ave. River Falls, WI 54022	1 Hour	0	0	0
Rev. John R. Gerritts	Chaplain			
1500 Vine St. Hudson, WI 54016	1 Hour	0	0	0
Larry J. Huiras	Lecturer			
443 Park Ln. Hudson, WI 54016	1 Hour	0	0	0