



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



Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning <u>7/01</u> , 2008, and ending <u>6/30</u> , 2009							
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C KNIGHTS OF COLUMBUS DECATUR COUNCIL #577 P.O. BOX 1303 DECATUR, IL 62525 </td> <td style="width:15%; vertical-align: top;"> D Employer identification number 37-0242115 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> E Telephone number 217-422-2624 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> F Group Exemption Number 0188 </td> </tr> </table>	C KNIGHTS OF COLUMBUS DECATUR COUNCIL #577 P.O. BOX 1303 DECATUR, IL 62525	D Employer identification number 37-0242115		E Telephone number 217-422-2624		F Group Exemption Number 0188
C KNIGHTS OF COLUMBUS DECATUR COUNCIL #577 P.O. BOX 1303 DECATUR, IL 62525	D Employer identification number 37-0242115						
	E Telephone number 217-422-2624						
	F Group Exemption Number 0188						
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> G Accounting method ☐ Cash ☒ Accrual Other (specify) ► </td> <td style="width:40%;"> H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). </td> </tr> </table>		G Accounting method ☐ Cash ☒ Accrual Other (specify) ►	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).				
G Accounting method ☐ Cash ☒ Accrual Other (specify) ►	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).						
I Website: ► <u>N/A</u>							
J Organization type (check only one) — ☒ 501(c) (<u>8</u>) (insert no) ☐ 4947(a)(1) or ☐ 527							
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <u>91,239.</u>							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																																	
REVENUE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1 Contributions, gifts, grants, and similar amounts received</td><td>10,561.</td></tr> <tr><td>2 Program service revenue including government fees and contracts</td><td></td></tr> <tr><td>3 Membership dues and assessments</td><td>15,943.</td></tr> <tr><td>4 Investment income</td><td>799.</td></tr> <tr><td>5a Gross amount from sale of assets other than inventory</td><td>63,896.</td></tr> <tr><td>5b Less: cost or other basis and sales expenses</td><td>67,211.</td></tr> <tr><td>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)</td><td>-3,315.</td></tr> <tr><td>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐</td><td></td></tr> <tr><td>6a Gross revenue (not including \$ of contributions reported on line 1)</td><td></td></tr> <tr><td>6b Less: direct expenses other than fundraising expenses</td><td></td></tr> <tr><td>6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td></td></tr> <tr><td>7a Gross sales of inventory, less returns and allowances</td><td></td></tr> <tr><td>7b Less: cost of goods sold</td><td></td></tr> <tr><td>7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td></td></tr> <tr><td>8 Other revenue (describe ► <u>SEE STATEMENT 2</u>)</td><td>40.</td></tr> <tr><td>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</td><td>24,028.</td></tr> </table>	1 Contributions, gifts, grants, and similar amounts received	10,561.	2 Program service revenue including government fees and contracts		3 Membership dues and assessments	15,943.	4 Investment income	799.	5a Gross amount from sale of assets other than inventory	63,896.	5b Less: cost or other basis and sales expenses	67,211.	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	-3,315.	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		6a Gross revenue (not including \$ of contributions reported on line 1)		6b Less: direct expenses other than fundraising expenses		6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		7a Gross sales of inventory, less returns and allowances		7b Less: cost of goods sold		7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		8 Other revenue (describe ► <u>SEE STATEMENT 2</u>)	40.	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	24,028.
1 Contributions, gifts, grants, and similar amounts received	10,561.																																
2 Program service revenue including government fees and contracts																																	
3 Membership dues and assessments	15,943.																																
4 Investment income	799.																																
5a Gross amount from sale of assets other than inventory	63,896.																																
5b Less: cost or other basis and sales expenses	67,211.																																
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	-3,315.																																
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐																																	
6a Gross revenue (not including \$ of contributions reported on line 1)																																	
6b Less: direct expenses other than fundraising expenses																																	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																	
7a Gross sales of inventory, less returns and allowances																																	
7b Less: cost of goods sold																																	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																	
8 Other revenue (describe ► <u>SEE STATEMENT 2</u>)	40.																																
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	24,028.																																
EXPENSES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>10 Grants and similar amounts paid (attach schedule)</td><td>18,660.</td></tr> <tr><td>11 Benefits paid to or for members</td><td></td></tr> <tr><td>12 Salaries, other compensation, and employee benefits</td><td>1,641.</td></tr> <tr><td>13 Professional fees and other payments to independent contractors</td><td></td></tr> <tr><td>14 Occupancy, rent, utilities, and maintenance</td><td></td></tr> <tr><td>15 Printing, publications, postage, and shipping</td><td>2,168.</td></tr> <tr><td>16 Other expenses (describe ► <u>SEE STATEMENT 4</u>)</td><td>19,655.</td></tr> <tr><td>17 Total expenses (add lines 10 through 16)</td><td>42,124.</td></tr> <tr><td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>-18,096.</td></tr> <tr><td>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)</td><td>234,480.</td></tr> <tr><td>20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 5</u></td><td>-12,818.</td></tr> <tr><td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td><td>203,566.</td></tr> </table>	10 Grants and similar amounts paid (attach schedule)	18,660.	11 Benefits paid to or for members		12 Salaries, other compensation, and employee benefits	1,641.	13 Professional fees and other payments to independent contractors		14 Occupancy, rent, utilities, and maintenance		15 Printing, publications, postage, and shipping	2,168.	16 Other expenses (describe ► <u>SEE STATEMENT 4</u>)	19,655.	17 Total expenses (add lines 10 through 16)	42,124.	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-18,096.	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)	234,480.	20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 5</u>	-12,818.	21 Net assets or fund balances at end of year Combine lines 18 through 20	203,566.								
10 Grants and similar amounts paid (attach schedule)	18,660.																																
11 Benefits paid to or for members																																	
12 Salaries, other compensation, and employee benefits	1,641.																																
13 Professional fees and other payments to independent contractors																																	
14 Occupancy, rent, utilities, and maintenance																																	
15 Printing, publications, postage, and shipping	2,168.																																
16 Other expenses (describe ► <u>SEE STATEMENT 4</u>)	19,655.																																
17 Total expenses (add lines 10 through 16)	42,124.																																
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-18,096.																																
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)	234,480.																																
20 Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 5</u>	-12,818.																																
21 Net assets or fund balances at end of year Combine lines 18 through 20	203,566.																																

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ															
(See the instructions for Part II.)															
ASSETS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">(A) Beginning of year</th> <th style="width:40%;">(B) End of year</th> </tr> <tr><td>22 Cash, savings, and investments</td><td>97,609.</td></tr> <tr><td>23 Land and buildings</td><td></td></tr> <tr><td>24 Other assets (describe ► <u>SEE STATEMENT 6</u>)</td><td>136,871.</td></tr> <tr><td>25 Total assets</td><td>234,480.</td></tr> <tr><td>26 Total liabilities (describe ►)</td><td>0.</td></tr> <tr><td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td><td>234,480.</td></tr> </table>	(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	97,609.	23 Land and buildings		24 Other assets (describe ► <u>SEE STATEMENT 6</u>)	136,871.	25 Total assets	234,480.	26 Total liabilities (describe ►)	0.	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	234,480.
(A) Beginning of year	(B) End of year														
22 Cash, savings, and investments	97,609.														
23 Land and buildings															
24 Other assets (describe ► <u>SEE STATEMENT 6</u>)	136,871.														
25 Total assets	234,480.														
26 Total liabilities (describe ►)	0.														
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	234,480.														
LIABILITIES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">(A) Beginning of year</th> <th style="width:40%;">(B) End of year</th> </tr> <tr><td>22 Cash, savings, and investments</td><td>19,756.</td></tr> <tr><td>23 Land and buildings</td><td></td></tr> <tr><td>24 Other assets (describe ► <u>SEE STATEMENT 6</u>)</td><td>183,810.</td></tr> <tr><td>25 Total assets</td><td>203,566.</td></tr> <tr><td>26 Total liabilities (describe ►)</td><td>0.</td></tr> <tr><td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td><td>203,566.</td></tr> </table>	(A) Beginning of year	(B) End of year	22 Cash, savings, and investments	19,756.	23 Land and buildings		24 Other assets (describe ► <u>SEE STATEMENT 6</u>)	183,810.	25 Total assets	203,566.	26 Total liabilities (describe ►)	0.	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	203,566.
(A) Beginning of year	(B) End of year														
22 Cash, savings, and investments	19,756.														
23 Land and buildings															
24 Other assets (describe ► <u>SEE STATEMENT 6</u>)	183,810.														
25 Total assets	203,566.														
26 Total liabilities (describe ►)	0.														
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	203,566.														

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part III	Statement of Program Service Accomplishments (See the instructions.)
-----------------	---

Expenses

What is the organization's primary exempt purpose? **PROVIDING ACTIVITIES AND ENTERTAINMENT.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

28 CHARITABLE CONTRIBUTIONS

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

28a	18,660.
-----	---------

29 CHRISTMAS PARTY, ICE CREAM SOCIAL

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

29a	3,602.
-----	--------

30

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

30 a

31 Other program services (attach schedule)

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

31 a

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

32	22,262.
----	---------

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs)
----------------	--

[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
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?		X
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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The books are in care of ▶ JOHN PIRAINO Telephone no ▶ 217-422-2624
 Located at ▶ 520 E. NORTH, DECATUR, IL ZIP + 4 ▶ 62523

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 ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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 ▶ ☐ N/A

43 ▶ ☐ N/A

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

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization operating 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?	49a	
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the 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.'

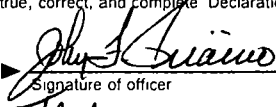
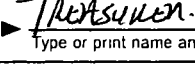
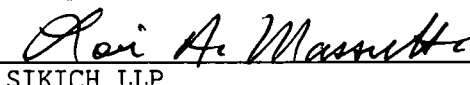
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

51 Complete this table for the 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

Total number of other independent contractors receiving over \$100,000		

Sign Here	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.		
	 Signature of officer  Type or print name and title	Date <u>October 05, 2010</u>	
Paid Preparer's Use Only	Preparer's signature	 Date <u>10/3/10</u>	Check if self-employed ☐ Preparer's Identifying Number (See instructions) <u>N/A</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>SIKICH LLP</u> <u>132 SOUTH WATER STREET STE 300</u> <u>DECATUR, IL 62523</u>	EIN <u>N/A</u> Phone no <u>(217) 423-6000</u>	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

2008

FEDERAL STATEMENTS

PAGE 1

CLIENT 9790

KNIGHTS OF COLUMBUS DECATUR COUNCIL #577

37-0242115

9/30/10

03 19PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 63,896.
COST OR OTHER BASIS: 67,211.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -3,315.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -3,315.**STATEMENT 2**
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS INCOME

TOTAL \$ 40.
\$ 40.

STATEMENT 3
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: NON-PROFIT CHARITABLE
DONEE'S NAME: IL STATE COUNCIL K OF C CHARITIES INC
DONEE'S ADDRESS: PO BOX 681
KANKAKEE, IL 60901

CASH AMOUNT GIVEN: \$ 18,660.

STATEMENT 4
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 562.
BANK SERVICE CHARGES	213.
CHARITABLE DONATIONS	1,975.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,333.
COPIER RENTAL	131.
DUES	861.
EQUIPMENT REPAIR	60.
FINANCE CHARGES	59.
FUNDRAISER EXPENSE	1,250.
MISCELLANEOUS	547.
NEWSLETTER	827.
OFFICE EXPENSES	621.
PENALTIES AND INTEREST	874.
PER CAPITA TAX	3,890.
SPECIAL EVENT EXPENSE	3,602.
SPECIAL OLYMPICS EXPENSE	1,761.
SUPPLIES	330.
TELEPHONE	759.

TOTAL \$ 19,655.

2008

FEDERAL STATEMENTS

PAGE 2

CLIENT 9790

KNIGHTS OF COLUMBUS DECATUR COUNCIL #577

37-0242115

9/30/10

04 05PM

STATEMENT 5
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

MARKET CHANGE ON INVESTMENTS

	\$	-12,818.
TOTAL	\$	<u>-12,818.</u>

STATEMENT 6
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

NOTES AND LOANS RECEIVABLE

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 136,871.	\$ 183,810.
TOTAL	<u>\$ 136,871.</u>	<u>\$ 183,810.</u>

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JAMES HENDREN JR	GRAND KNIGHT 0	\$ 0.	\$ 0.	\$ 0.
,				
GARY BENNETT	DEP GRND KNIGHT 0	0.	0.	0.
,				
FR JEFFREY GRANT	CHAPLIN 0	0.	0.	0.
,				
FRED LOHSTORFER	CHANCELLOR 0	0.	0.	0.
,				
GARY BRADLEY	RECORDER 0	0.	0.	0.
,				
JOHN DISNEY	FIN'L SECRETARY 0	1,641.	0.	0.
,				
JOHN PIRAINO	TREASURER 0	0.	0.	0.
,				

2008

FEDERAL STATEMENTS

PAGE 3

CLIENT 9790

KNIGHTS OF COLUMBUS DECATUR COUNCIL #577

37-0242115

9/30/10

03 19PM

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DONALD BRILLEY	ADVOCATE 0	\$ 0.	\$ 0.	\$ 0.
'				
JAMES STAPLES	WARDEN 0	0.	0.	0.
'				
TOM DURBIN	INSIDE GUARD 0	0.	0.	0.
'				
JASON CLARK	OUTSIDE GUARD 0	0.	0.	0.
'				
MURRAY DICKERSON	TRUSTEE 0	0.	0.	0.
'				
STEVE RICHARDSON	TRUSTEE 0	0.	0.	0.
'				
JACK DOUGHERTY	TRUSTEE 0	0.	0.	0.
'				
	TOTAL	\$ 1,641.	\$ 0.	\$ 0.