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990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Open to Public Inspection

Department 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)

▶ Sponsonng 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 \$500,000 and total assets less than \$1,250,000 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.

A Forth	ne 2009 calend <u>ar yea</u>	r, or tax year beginning	July 1 2008	, 2009, an	d ending	June	30	, 20	09		
B Check r	f applicable Please					D Employer	identifica	rtion numb	er		
Addres	s change use IRS		il 9708 St. Clare of Assis	i			42-1765	300			
=	change print or	**************************************						E Telephone number			
_i Initial re ☐ Termini	2.	15706 Pinewood Cove Dr				,	81-461-	4897			
╡	Specific	City or town, state or country, and	d ZIP + 4			F Group Ex					
₹	tions.	Houston TX 77062				Number	-	•			
		izations and 4947(a)(1) nonexe	and charitable truets mu	est attach	G Accou	Inting Method		ach \square A	consol		
• 36		ompleted Schedule A (Form 99		ist attacn		(specify) ►		asii 🗀 A	CCIuai		
						If the					
Webs	sita. N					ed to attach	_				
		only one) — ☐ 501(c) (8) ◀	(insert no.) 4947(a)(1)	or 527	1	Z, or 990-PF		е в (гопп	330,		
								- 405 000			
Check	-	nization is not a section 509(a)(3)		_	-	=		n \$25,000.	. А		
		eturn is not required, but if the					eturn.				
		ne 9 to determine gross receipts; if					\$	Oort I \			
Part I		penses, and Changes in					IS TOT I	art I.)			
1		ifts, grants, and similar amou					<u> </u>		500		
2	•	revenue including governme					 		15450		
3	Membership due	es and assessments				3	<u> </u>		2650		
4	Investment incor	me		4.5		4					
56		om sale of assets other than	-	5a			1				
t	b Less: cost or oth	er basis and sales expenses		5b			1				
_		m sale of assets other than I					<u> </u>				
	Special events and a	ctivities (complete applicable parts o	f Schedule G). If any amount is	s from gamin g	, check here l						
<u> </u>	a Gross revenue (r	not including \$	of contribution	s .		[1				
		1)		6a		,	1				
-, .	Less: direct expe	enses other than fundraising	expenses	6b			1				
1	c Net income or (k	oss) from special events and	activities (Subtract line	6b from line	e 6a)	6c	1				
78	•	ventory, less returns and allo	•	7a	•						
1		• •		7b			1				
		oss) from sales of inventory (ne 7a)		7c	}				
8	Other revenue (d	•) 8	 				
9		Add lines 1, 2, 3, 4, 5c, 6c, 70	c and 8	RE	CEIVE		 		18600		
10		ar amounts paid (attach sche	adula)		- iv	- Oho	 		.000.		
11		or for members	·	<u>ත්</u>		1/81	 				
	•	ompensation, and employee	T T	K WW. 18	1 5 20	10 19112	+				
12 2 13 2 14	-	s and other payments to inde		L		S 13	+				
	Occupancy rent	, utilities, and maintenance	sperident contractors	OCI	VEN I	7 14	 				
14	Drinting publication	tions posters and chiening		. 00	JEIV, U	15	}				
1.0		tions, postage, and shipping					 		11650		
16		(describe Scholarships, C) 16	 		11658		
17		Add lines 10 through 16 .					┼		11658		
18		t) for the year (Subtract line 1									
19		nd balances at beginning of re reported on prior year's ref				i i					
Ž		• •	•			<u> </u>	 				
18 19 20 21		net assets or fund balances					 				
		nd balances at end of year. C					1		6942		
Part I	Balance She	ets. If Total assets on line 2		0,000 or mo							
	(See the instructions for Part II.)				<u> </u>	inning of year	+) End of year	ar		
	Cash, savings, and i	nvestments				589	22		6942		
23 L	and and buildings .				<u> </u>		23				
24 (Other assets (descri) <u> </u>		24				
25 1	Fotal assets					589	25		6942		
26 T	lotal liabilities (des	cribe ►)		26				
27 N	Net assets or fund	balances (line 27 of column	(B) must agree with line	21)		5899	27		6942		

Par	Expenses							
	What is the organization's primary exempt purpose? Charlty, fraternity, unity, patriotism Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
		c)(3) and 501(c)(4) nizations and section						
	ner, describe the services provide program title.	ed, the number of	of persons benefited, and o	other relevant info	ormation for	4947	(a)(1) trusts, optional hers.)	
28	Encouraging education of graduati	ng highschool se	niors, supporting seminarian	8				
					·			
			**				1	
	(Grants \$ 350	If this amount	includes foreign grants, ch	eck here	▶ □	28a	3500	
29								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	29a		
30						ł		
						}		
	(Grants \$	\ If this amount	includes foreign grants, ch	ook horo	. ▶ □	30a		
31	Other program services (attach so			eck nere	· • <u> </u>	Sua		
٠.	(Grants \$		includes foreign grants, ch	eck here	. ▶ □	31a		
32	Total program service expense:	s (add lines 28a	through 31a)	· · · · · ·	· · •	32		
Par			Employees. List each one e				tions for Part IV.)	
	(a) Name and address		(b) Title and average hours per week	(c) Compensation	(d) Contributio	ns to	(e) Expense	
	(a) Name and address		devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances	
Floyd	I Bartsch							
15822	2 Bougainvilla; Friendswood TX 775	46	Grand Knight hours 5		<u> </u>			
Denn	is Beckman						,	
3707	Lonnlewood Dr, Houston TX 77059		Deputy Grand Knight - 4		1		<u> </u>	
	de Flora				•			
15803	Mesa Verde Dr, Houston TX 77059		Treasurer - 5 hours		 			
	ick M Hall		10	•	1			
15706	Pinewood Cove Dr, Houston TX 77	062	Financial Secretary Hours		\			
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Part	Other Information (Note the statement requirements in the instructions for Part 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	33		~
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	1	
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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a	<u> </u>	~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			,
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities]		ľ
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a 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	40b		
С	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	1 1 794 1 5	Mr Page	
е	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	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Patrick M. Hall Telephone no. ▶	281-46	1-489	7
	Located at ► 15706 Pinewood Cove Dr ZIP + 4 ►	77062		
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		Yes	
	account)?	42b		~
	If "Yes," enter the name of the foreign country: ▶	j.		
	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:	42c	L	<u> </u>
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		. 1	▶ □
	· · · · · · · · · · · · · · · · · · ·			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		7	
	Form 990-EZ	44		V
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	45 m 990		
	East	uu	 /	ומחחמיו

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

Part \	501(c)	n 501(c)(3) organiza (3) organizations and omplete the tables for	section 49476	a)(1) nonexen	1) nonexer pt charitab	mpt charit de trusts m	able trusts only. Anust answer question	Ali sec ons 40	tion 6-49	b	
46		nization engage in direc				on behalf of	or in opposition to		Yes	No	
	candidates f	or public office? If "Yes,	," complete Sch	nedule C, Part I				46			
47	_	nization engage ın lobby	•					47			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								<u> </u>		
49a	_	nization make any trans		•		rganization?	?	49a	<u> </u>	<u> </u>	
		the related organization						49b	<u> </u>	<u> </u>	
50 		is table for the organiza who each received more			ion from the	organizatio	n. If there is none, er				
	(a) Name and address of each employee paid more than \$100,000		more	(b) Title and average hours per week devoted to position (c) Compens		c) Compensation	on (d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		and	
f	Total numbe	r of other employees pa	id over \$100,00	00	>						
	\$100,000 of	is table for the organiz- compensation from the	organization. I	f there is none,	enter "None)."	actors who each rec	eived (c) Cor	<u> </u>		
d	Total numbe	r of other independent o	contractors each	h receiving ove	r.\$100.000						
Sign Here	and belie	nalties of perjury, I declare that it, it is true, correct, and complete that it is true of officer itck M. Hall Financial Serrick M. Hall Financial Serrick	Hall	nis return, including reparer (other than	accompanying officer) is based	schedules and d on all informa	statements, and to the bestion of which preparer has	any kno	knowledge	edge).	
	_ _	or print name and title		··		1			<u> </u>		
Paid Proper	signature	Preparer's signature Date Check if self-employed					Preparer's identifying nui	mber (Se	e instruc	tions)	
Prepare Use On	i Firm Snar	i Firm S name (or L					EIN ►				
	yours if self-employed), address, and ZIP + 4 Phone no.						Phone no. ▶				

► ☐ Yes ☐ No