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Form **990-EZ**

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 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

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| A For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u> | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL Number and street (or P O box, if mail is not delivered to street address) Room/suite 3400 OLD ALABAMA ROAD City, town, or country State ZIP + 4 JOHNS CREEK GA 30022 |
| D Employer identification number <u>52-2382357</u> | |
| E Telephone number <u>0188</u> | |
| F Group Exemption Number <u>0188</u> | |
| G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► | |

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

| | |
|---|---|
| I Website: ► <u>WWW.KOCSB.COM</u> | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 ► \$ 44,180

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

| | | | |
|--|--|---------------|---------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | <u>325</u> |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | <u>7,035</u> |
| | 4 Investment income | 4 | <u>0</u> |
| | 5a Gross amount from sale of assets other than inventory | 5a | <u>0</u> |
| | b Less cost or other basis and sales expenses | 5b | <u>0</u> |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | <u>0</u> |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) | 6a | <u>33,444</u> |
| | b Less direct expenses other than fundraising expenses | 6b | <u>23,987</u> |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | <u>9,457</u> | |
| 7a Gross sales of inventory, less returns and allowances | 7a | <u>3,376</u> | |
| b Less cost of goods sold | 7b | <u>2,366</u> | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | <u>1,010</u> | |
| 8 Other revenue (describe ►) | 8 | <u>0</u> | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | <u>17,827</u> | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | <u>0</u> |
| | 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 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | <u>116</u> |
| | 16 Other expenses (describe ► See attached statement) | 16 | <u>9,826</u> |
| | 17 Total expenses. Add lines 10 through 16 | 17 | <u>9,942</u> |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | <u>7,885</u> | |
| 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 | <u>7,530</u> | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | <u>0</u> | |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | <u>15,415</u> | |

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)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | <u>7,530</u> | <u>15,415</u> |
| 23 Land and buildings | | |
| 24 Other assets (describe ►) | <u>0</u> | <u>0</u> |
| 25 Total assets | <u>7,530</u> | <u>15,415</u> |
| 26 Total liabilities (describe ►) | <u>0</u> | <u>0</u> |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | <u>7,530</u> | <u>15,415</u> |

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

Form **990-EZ** (2008)

SCANNED DEC 17 2009

(HTA)

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

What is the organization's primary exempt purpose?

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

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.

| | | |
|--|------------|---|
| 28 | | |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 0 |
| 29 | | |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 0 |
| 30 | | |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 0 |
| 31 Other program services (attach schedule) | | |
| (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 0 |
| 32 Total program service expenses. (add lines 28a through 31a) | 32 | 0 |

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

| (a) Name and address | | | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|-----------------------|-----------------------|--|--|--|---|--|
| Name DICK HOLCOMB | Str 9580 RED BIRD LAN | | Title PRES | | | |
| City ALPHARETTA | ST GA ZIP 30022 | | Hr/WK 5 00 | 0 | 0 | 0 |
| Name DICK KOBYLSKI | Str 10015 HAYNES BRID | | Title VP | | | |
| City JOHNS CREEKS | ST GA ZIP 30022 | | Hr/WK 5.00 | 0 | 0 | 0 |
| Name JAMES WOLF | Str 9495 RIVER LAKE D | | Title SEC | | | |
| City ROSWELL | ST GA ZIP 30075 | | Hr/WK 5 00 | 0 | 0 | 0 |
| Name STEVE WINKELJOHI | Str 710 OLD MEADOW | | Title TREAS | | | |
| City JOHNS CREEK | ST GA ZIP 30022 | | Hr/WK 5 00 | 0 | 0 | 0 |
| Name JOHN VELTRE | Str | | Title TRUSTEE | | | |
| City | ST ZIP | | Hr/WK 1 00 | 0 | 0 | 0 |
| Name MICHAEL CAPIZZI | Str 400 LAMMEE CHASE | | Title TRUSTEE | | | |
| City DULUTH | ST GA ZIP 30097 | | Hr/WK 1 00 | 0 | 0 | 0 |
| Name DAN PEZZOTTI | Str 10970 CHANDON W | | Title TRUSTEE | | | |
| City DULUTH | ST GA ZIP 30097 | | Hr/WK 1 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK .00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |
| Name | Str | | Title | | | |
| City | ST ZIP | | Hr/WK 00 | 0 | 0 | 0 |

Part V Other Information (Note the statement requirements in the instructions for Part VI)

| | | 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 section 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 |
| 37 a | 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? | 37b | X |
| 38 a | 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? | 38a | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | 0 |
| 39 | Section 501(c)(7) organizations Enter | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | 0 |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | 0 |
| 40 a | 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 (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. | 40b | |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | 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 | 40e | X |
| 41 | List the states with which a copy of this return is filed | | |
| 42 a | The books are in care of Name STEVE WINKELJOHN Telephone no 770-246-9363 Located at 710 Old Meadow Glen City Johns Creek ST GA ZIP + 4 30022 | | |
| 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. | 42b | X |
| 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 | X |
| 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 |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. | 44 | 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 | 45 | X |

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 | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| 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 & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| Name <u>None</u> Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ .00 | 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ .00 | 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ 00 | 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ 00 | 0 | 0 | 0 |
| Name _____ Str _____ | Title _____ | | | |
| City _____ ST _____ ZIP _____ | Hr/WK _____ 00 | 0 | 0 | 0 |
| Total number of other employees paid over \$100,000 ▶ | 0 | 0 | 0 | 0 |

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 |
|---|---------------------|------------------|
| Name <u>None</u> Str _____ | | |
| City _____ ST _____ ZIP _____ | | 0 |
| Name _____ Str _____ | | |
| City _____ ST _____ ZIP _____ | | 0 |
| Name _____ Str _____ | | |
| City _____ ST _____ ZIP _____ | | 0 |
| Name _____ Str _____ | | |
| City _____ ST _____ ZIP _____ | | 0 |
| Name _____ Str _____ | | |
| City _____ ST _____ ZIP _____ | | 0 |
| Total number of other independent contractors each receiving over \$100,000 . ▶ | 0 | 0 |

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

Signature of officer [Signature] Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature [Signature] Date 9/20/2010 Check if self-employed ☐ Preparer's Identifying Number (See instructions) P00512818

Firm's name (or yours if self-employed), address, and ZIP +4 GARD LAFRENIERE LLC EIN 20-8872660

5755 NORTH POINT PKWY, #22, ALPHARETTA, GA 30022 Phone no 770-913-0210

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

▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL

Employer identification number

52-2382357

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☒ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|----------------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| KNIGHTS OF COLUMBUS | FALL HARVEST | X | | 2,000 | 0 | 2,000 |
| KNIGHTS OF COLUMBUS | BREAKFAST WITH SANTA | X | | 1,630 | 0 | 1,630 |
| KNIGHTS OF COLUMBUS | WEEDING VOWS | X | | 737 | 0 | 737 |
| KNIGHTS OF COLUMBUS | ST PATRICK DINNER | X | | 7,836 | 0 | 7,836 |
| KNIGHTS OF COLUMBUS | LENTEN FISH DINNER | X | | 16,918 | 0 | 16,918 |
| KNIGHTS OF COLUMBUS | DISABLED CHILDREN | X | | 3,300 | 0 | 3,300 |
| KNIGHTS OF COLUMBUS | ONION SALE | X | | 3,000 | 0 | 3,000 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| Total | | | | 35,421 | 0 | 35,421 |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 <u>LENTEN FISH FRY</u> (event type) | (b) Event #2 <u>T PATRICKS DINNE</u> (event type) | (c) Other Events <u>3</u> (total number) | (d) Total Events (Add col (a) through col (c)) |
|-----------------|--|--|---|--|--|
| | | | | | |
| Revenue | 1 Gross receipts | 17,184 | 6,262 | 9,998 | 33,444 |
| | 2 Less Charitable contributions | 0 | 0 | 0 | 0 |
| | 3 Gross revenue (line 1 minus line 2) | 17,184 | 6,262 | 9,998 | 33,444 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Non-cash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 0 | 0 | 0 | 0 |
| | 7 Other direct expenses | 11,938 | 5,441 | 6,608 | 23,987 |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) | | | | (23,987) |
| | 9 Net income summary Combine lines 3 and 8 in column (d) | | | | 9,457 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | 0 |
| Direct Expenses | 2 Cash prizes | | | | 0 |
| | 3 Non-cash prizes | | | | 0 |
| | 4 Rent/facility costs | | | | 0 |
| | 5 Other direct expenses | | | | 0 |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | (0) |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) | | | | 0 |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| | Yes | No |
|-----|-----|----|
| 9a | | |
| 10a | | |
| 11 | | |
| 12 | | |

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$**c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

| | | | |
|----|---|----|-----|
| 1 | Contributions | 1 | 325 |
| 2 | NonCash contributions | 2 | |
| 3 | Membership dues and assessments (contributions from the public) | 3 | |
| 4 | Government contributions (grants) | 4 | |
| 5 | Commercial co-venture | 5 | |
| 6 | Special events contributions (Line 6 - Special Events) | 6 | 0 |
| 7 | Associated organization contributions | 7 | |
| 8 | | 8 | |
| 9 | | 9 | |
| 10 | | 10 | |
| 11 | Total | 11 | 325 |

Part I, Line 16 (990-EZ) - Other Expenses

9,826

| | | | |
|----|--|----|-------|
| 1 | Travel, Meals and Entertainment | | |
| | a Travel | 1a | |
| | b Total meals and entertainment | 1b | |
| 2 | Fundraising | 2 | |
| 3 | From Form 4562 - Amortization | 3 | |
| 4 | Conferences, conventions, and meetings | 4 | 380 |
| 5 | Depreciation, depletion, etc | 5 | |
| 6 | Equipment rental and maintenance | 6 | |
| 7 | Interest | 7 | |
| 8 | Supplies | 8 | |
| 9 | Telephone | 9 | |
| 10 | Unrelated business income taxes | 10 | 0 |
| 11 | DUES | 11 | 2,202 |
| 12 | INSURANCE | 12 | 308 |
| 13 | OFFICE SUPPLIES | 13 | 4 |
| 14 | BANK FEES | 14 | 19 |
| 15 | MISCELLANEOUS | 15 | 150 |
| 16 | DONATIONS | 16 | 3,599 |
| 17 | COUNCIL FUNCTIONS | 17 | 3,063 |
| 18 | SMALL EQUIPMENT | 18 | 101 |
| 19 | | 19 | |
| 20 | | 20 | |
| 21 | | 21 | |
| 22 | | 22 | |
| 23 | | 23 | |
| 24 | | 24 | |
| 25 | | 25 | |
| 26 | | 26 | |

Part II (Sch G (990/990EZ)) - Events

| Part II (Sch G (990/990EZ)) - Events | | | | | | | | | |
|--------------------------------------|----------------------|--------|---|---|-----------------------|------------------------------|----------------------------------|------------------------------------|--------|
| Event Type | | Line 1 | Line 2 Less (Charitable contributions) | Line 3 Gross Revenue (line 1 minus line 2) | Line 4 Cash Prizes | Line 5 Non-cash Prizes | Line 6 Rent/Facility costs | Line 7 Other direct expenses | |
| 1 | LENTEN FISH FRY | 17,184 | | 17,184 | | | | 11,938 | 23,987 |
| 2 | ST PATRICKS DINNER | 6,262 | | 6,262 | | | | 5,441 | |
| 3 | UNION SALES | 4,273 | | 4,273 | | | | 1,305 | |
| 4 | BREAKFAST WITH SANTA | 3,420 | | 3,420 | | | | 1,030 | |
| 5 | TOOTSIE ROLLS | 2,305 | | 2,305 | | | | 4,273 | |
| 6 | | | | 0 | | | | | |
| 7 | | | | 0 | | | | | |
| 8 | | | | 0 | | | | | |
| 9 | | | | 0 | | | | | |
| 10 | | | | 0 | | | | | |
| 11 | | | | 0 | | | | | |
| 12 | | | | 0 | | | | | |
| 13 | | | | 0 | | | | | |
| 14 | | | | 0 | | | | | |
| 15 | | | | 0 | | | | | |
| 16 | | | | 0 | | | | | |
| 17 | | | | 0 | | | | | |
| 18 | | | | 0 | | | | | |
| 19 | | | | 0 | | | | | |
| 20 | | | | 0 | | | | | |