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Form 990

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)

OMB No 1545-0047 2009

Department of the Treasury

Open to Public Inspection

Form 990 (2009

TEEA0101 07/20/09

inter		enue Service	<u>-</u>	ve to use a copy of this return to			IEI113	1-1-	
	For th	ne 2009 calendar yea	ar, or tax year beginning	, 2	2009, and endir	ng ,			1
В	Check (f applicable	C Name of organization				D Employ	er Ident	afication Number
	Ad	Idress change Please		UMBUS # 5399			23-	7137	278
	Na Na	or pro	e. Number and Street (or P.C.	box if mail is not delivered to sti	reet addr) Room/s	uite	E Telepho	ne num	ber
	In	tial return See	nc 21505 AUGUSTA .	AVENUE			(94:	L) 6	29-3429
	\vdash	rmination linstru	C- Coho desired		State ZIP code + 4				
	\vdash	nended return	PORT CHARLOTTE		FL 33952		G Gross re	eceipts	s 66,440.
	=		ne and address of principal officer			H(a) Is this a			
	□~	P	IAM CRAIG 21505 AUGUST	א אעד די פוא פון איני א	r FT. 33952	H(b) Are all	-		Yes No
_	Tou	-exempt status X				If 'No,'	attach a list	(see ins	structions)
<u> </u>			501(c) (8) ◀ (insert	(110) [[4547(a)(1) (1 327				•
<u>1</u>		osite: ► N/A		П.,	1	H(c) Group 6			
K			poration Trust Associ	ation Other -	L Year of Forma	tion 1936) INIS	tate of	legal domicile FL
Pa	rt I	Summary			DD 3 MDD 113	T MEMO	DOUTD		
	1		organization's mission or n				EKZHIP		
9			ACTIVITIES ARE I		KEZOOKCEZ				
a			S BASED CHARITAB TIONS ARE TO CHU		5 AND VOC	ATT ONE			
Ver	_								
Ĝ			if the organization disco embers of the governing bo		aisposea of mo	re than 25	% or its a		0
≪ಶ			lent voting members of the		line 1b)		}		0
ţį		•	ployees (Part V, line 2a)	goronmig doug (care en			ì	5	
Activities & Governance			unteers (estimate if necess	ary)				_	20
¥	7a	Total gross unrelate	d business revenue from P	art VIII, Icolumn (C), ine	12			7a	0.
	b	Net unrelated busine	ess taxable income from Fo	orm 990-T, line 34				7b	
		•				Pı	rior Year		Current Year
	8	Contributions and gr	rants (Part VIII, line 1h)				17,1	97.	48,458.
Revenue		-	renue (Part VIII, line 2g)						<u> </u>
Ş		-	(Part VIII, column (A), lines	s 3, 4, and 7d)			29,1	26.	17,982.
æ			VIII, column (A), lines 5, 6						
			lines 8 through 11 (must		7, ffige 12)		46,3	23.	66,440.
	13	Grants and similar a	mounts paid (Part IX, cott	20		61,6	30.	28,852.	
	14	Benefits paid to or fe	or members (Part IX, colur			Ī			
	15	Salaries, other comp	pensation, employee benef	its (Part IX, column (A)) I	in e 93-10)		5	86.	
Expenses	16a	Professional fundrai							
Бе			penses (Part IX, column (23.1					· · · · · · · · · · · · · · · · · · ·
Ω					7	ļ			
	17	Other expenses (Pa	rt IX, column (A), lines 11	-110, OF SADISTVO	de la constitución de la constit	-	20,6	_	56,361.
		•	I lines 13-17 (must equal P	• •	o)		82,8		85,213.
	19	Revenue less expen	ses Subtract line 18 from	line 12			-36,5	20.	<u>-18,773.</u>
Net Assets or Fund Balancos						Begin	ning of Y		End of Year
Bala		Total assets (Part X	•			ļ	601,2	80.	582,506.
at A	21	Total liabilities (Part	X, line 26)			ļ			
			alances. Subtract line 21 f	rom line 20			601,2	80.	582,506.
Pa	rt II	Signature Bl	ock						.
		Under penalties of perju	ary, I declare that I have examined the Declaration of preparer (other	this return, including accompanying	g schedules and sta	tements, and	to the best o	f my kn	owledge and belief, it is
	K	2	· @ 19	\	and the first				1.60
Sig	ın 🕢		uan C. U	arg			<u> </u>	<u>_</u> \ <u>\</u> \\	-10
He	re 🥆	Signature of officer	- A	. 0		Dat	е		
	\mathcal{O}	Will Will		aig					
		Type or print name	and title	\Box				- ,	
_			$C \setminus C \setminus A$	1 0	Date	Ch	eck if	Pr (s	eparer's identifying number ee instructions)
Pai		Preparer's	・アルイル	1			ployed ►	$\sqcup \mid$ \angle	25-30-1905
Pre	:- rer's	signature		777	04/13/1	0			
Us		Firm's name (or BE	EST ACCOUNTING SE	RVICES LIC				٠	C109 20 G
On		yours if self- employed),	0020 VETERANS BLV	D. #10		EII	v ► 3	LO	-5499099
		address, and ZIP + 4 P1	C. CHARLOTTE	FL 3:	3954-2113	Ph	one no	(941	L) 764-1144
May	the II	RS discuss this retur	n with the preparer shown	above? (see instructions)					X Yes No _∆

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	n 490 (2009) KNIGHTS OF COLUMBOS # 5399	23-11312	0		Page Z
Pa	rt III Statement of Program Service Accomplishments				
٠ '1	Briefly describe the organization's mission:				
	FRATERNAL MEMBERSHIP-				
	FUND RAISING ACTIVITIES ARE HELD TO PROVIDE RESOURCES	 _		- -	
	See Form 990, Page 2, Part III, Line 1 (continued)				
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior		<u></u>	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses. Se	ction 50)1 <i>(</i> c)(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	locations to oth	ers, th	e tota	Ĭ
	expenses, and revenue, if any, for each program service reported				
	(Only) / The course of the country				
4:	a (Code:) (Expenses \$ including grants of \$) (Re-	venue \$)
			-		
			- - -	<u>_</u>	
41	o (Code:) (Expenses \$ including grants of \$) (Rev	venue Ş)
40	(Code) (Expenses \$ including grants of \$) (Rev	/enue \$)
					-
			. – – –		 -
			. 		 -
			. _		
40	Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$			`	
Λ.	Total program service expenses ►				
	Total program service expenses				

	1930 (2007) Reference of Control			
P a	rt IV Checklist of Required Schedules	_		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
(• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		_x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

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X

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Forn	n 990 (2009) KNIGHTS OF COLUMBUS # 5399 23-71372	78	F	age
	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
i	b is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	ļ	Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV) 28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		x

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 **Note.** All Form 990 filers are required to complete Schedule O

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4	a 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)?	4a		х
	b 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.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
1	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ļ	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
;	a Did the organization make any taxable distributions under section 4966?	9a		
- 1	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	Ţ		_ _
i	a Initiation fees and capital contributions included on Part VIII, line 12			
I	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	- 1		
	a Gross income from other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Go	overning	Body a	nd Ma	nage	emen	nt							-				-		
<u> </u>	don A. G	Overming	Douy a	1116			•												Yes	No
1 a	Enter the nur	ımber of votı	ng memb	ers of t	the gov	verninc	g body	У						1 a	0					
	Enter the nur		-		-	_								1 b						
2	Did any office officer, direct	er, director, tor, trustee	trustee, or key em	or key e aployee	employ	/ee hav	ve a fa	amıly ı	relati	onship	or a b	usines	s rela	ations	ship wi	h any c	ther	2		x
3	Did the organ	nization dele	egate con	trol ove	er mana	ageme	ent du	ities cu	ustom nent (narily p	erform	ned by	or un	ider t	he dire	ct supe	rvision	3		x
4	Did the organ			-														4		Х
	since the price		-			_		_												
5	Did the organ	nızatıon bec	ome awa	re durır	ng the	year o	of a ma	aterial	dive	rsion o	of the o	rganız	atıon'	's ass	sets?			5		<u> </u>
6	Does the org	•																6		<u> </u>
7 a	Does the org- governing bo		eve meml	oers, st	ockhol	ders, c	or oth	er per	sons	who m	ay ele	ct one	or mo	ore n	nembe	s of the	•	7a		<u>x</u>
t	Are any deci	isions of the	governin	g body	subjec	ct to ap	pprova	al by n	nemb	oers, st	tockhol	lders, d	or oth	er pe	rsons			7b		_X_
8	Did the organ the following:	nization con J.	temporar	eously	docum	nent th	ne me	etıngs	held	or writ	lten ac	tions u	ındert	taken	during	the ye	ar by			
а	The governin	ng body?																8a		<u> </u>
t	Each commit	ittee with aut	hority to	act on 1	behalf	of the	gove	rning l	body?	7								8Ь		Х
9	Is there any organization	's mailing ac	idress? /	f 'Yes,'	provide	le the r	names	s and a	addre	esses i	n Sche	edule C	<u> </u>					9		x
Sec	tion B. Po	olicies (This Se	ection	B req	quest	's info	orma	tion	abou	ıt poli	cies i	not r	equ	red b	y the	Interna	I		
Reve	enue Code.)	_								-							_		<u> </u>	
10.	D 45		[]					د د د د د د د د د د د د د د د د د د د	. 7									10a	Yes	No X
	Does the org	•		•	•							44 .	6		-11			iva		
	olf 'Yes,' does and branches	s to ensure	their ope	rations	are co	onsister	nt with	h thos	e of t	the org	anızatı	ion?						10b		
	Has the orga													etore	filing t	he torm	?	11		<u>x</u>
	Describe in S Does the org		-		-	-		_					990.					12a		х
	Are officers,	_											ests th	hat co	ould ar	/e rise		120		
	to conflicts?					-	-				_							12b	_	
C	Does the org Schedule O I	ganization re how this is d	gulariy al done	na cons	astenti	y mon	illor ai	na eni	orce	compi	iance v	WILL THE	e pon	cy: n	res,	uescrit	e III	12c		
	Does the org	•					-											13		<u>X</u>
14	Does the org	ganization ha	ave a writ	ten doc	:ument	t retent	ition a	nd des	struct	tion po	licy?							14		<u> </u>
15	Did the proce persons, com	ess for deter nparability d	mining c ata, and	ompens contem	sation o iporane	of the eous s	follow substa	ving pe ntiatio	erson on of t	is inclu the del	de a re iberati	eview a on and	and a	pprov sion?	al by	ndepen	dent			
	The organiza					-	anage	ement	offici	ıal								15a		<u>X</u>
t	Other officers		•		-			0 "	_									15b		<u> </u>
	If 'Yes' to line			•				•			,									
	Did the organ entity during	the year?																16a		_x_
b	If 'Yes,' has to in joint ventu status with re	ure arrangen	nents und	ler appl	licable	policy federa	or pral	ocedu law, a	re red and ta	quiring aken st	the or eps to	rganıza safegi	ition t uard t	to eva he or	aluate ganiza	ts parti tion's e	cipation xempt	16b		
Sec	tion C. Di			,												·			·	
	List the state			of this F	orm 9	90 is r	require	ed to t	be file	ed ►										
	Section 6104 inspection. Ir	4 requires ar ndicate how	organiza you mak	ation to e these	make availa	its For able. Cl		023 (d all tha	or 102 It app	24 if ap		le), 99	0, and	d 990)-T (50	1(c)(3)s	only) av	aılable	e for p	ublic
	Own web			other's				_		reque									J &	1
	Describe in S statements a	available to t	he public																	icial
	State the nar	· -				ne nun /ETER									and red 3395			nizatio 41) 7		1144

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average		tion ((checl		hat app				
	hours per week	adivid all forger or director	anshtutronæl krustee	Offi er	Key employee	Hig) est coiत्वकाड्यक्ति employee	FORME	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JOHN LIVECCHI										
FIN'L. SECTY	5.00			Х			<u> </u>	0.	0.	459.
									· - · · · · · · · · · · · · · · · · · · ·	

(A)	(B)	l			c)	es,	all	(D)	(E)	Pioyee	(F)
Name and Title	Average					hat a	pply)	Reportable	Reportable	Es	timated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	com fr org. an	int of other pensation om the anization d related inizations
		:									
									. <u>.</u>		
					_						
					_						
									-		-
									0		459.
Total Total number of individuals (including but not limited)	t to thos	م اید	tod.	aba		who		0.	0 000 on report		
from the organization	i to thos	e iis	steu	abu		WHO	rec		Too,ooo iii teport	able com	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	ee, k	еу (emp	loye	e, o	r hig	ghest compensate	d employee	3	Yes No
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual.	oortable	con	nper 0? <i>I</i>	nsat f 'Ye	ion :	and comp	othe	er compensation for Schedule J for Schedule	rom uch	4	x
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch.	ompens	ation	n fro	m a	ny ι	ınre	lated	d organization for	services	5	x
Section B. Independent Contractors	icaano o	,,,	-	, 20	. 50,	·	_				
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of		
(A) Name and business addres	s							(B) Description (((Compe	nsation
			_								
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	liste	ed al	oove) who receive	d more than		
\$100,000 in compensation from the organization											

Pa	rt viii Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
·0	1 a Federated campaigns 1a			· · · · · · · · · · · · · · · · · · ·	
IN STA					
S S	· · · · · · · · · · · · · · · · · · ·				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c 41,962.				
	d Related organizations 1d				
	e Government grants (contributions) 1 e				
S S	f All other contributions gifts grants and				
돌	f All other contributions, gifts, grants, and similar amounts not included above 1f 912.				
₩.	g Noncash contribus included in Ins 1a-1f \$				
ANG	h Total. Add lines 1a-1f	48,458.			
	n Total. Add lines 1a-11 Business Code	40,430.			
Ž					
Š	2a				
교	b				
Σ	c				
Ä	d				
ξ	e				
GR/	f All other program service revenue				
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f				
	 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 	17,982.	17,982.	0.	0.
	5 Royalties	- .			
	(i) Real (ii) Personal				
	6a Gross Rents				
	 		· .		
	b Less rental expenses		·		
	c Rental income or (loss)		·		
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$ 41,962.				
REV	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18				
H.	b Less direct expenses b				
_	c Net income or (loss) from fundraising events				
٠	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less: direct expenses b		-		
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns				
	and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	· · · · ·			<u> </u>
	11a			 	
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	66,440.	17,982.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

•	All other organizations must comp	plete column (A) but are	e not required to comple	ete columns (B), (C), and	d (D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV,	22.252	00.050		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	28,852.	28,852.		***************************************
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management			l	
Ł	Legal				
(Accounting				
(d Lobbying				<u> </u>
•	Prof fundraising svcs. See Part IV, In 17	··	i , ' <u>'</u> à,	~ ^ * * * * * * *	
f	Investment management fees			······	
Ġ	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			<u></u>	
22	Depreciation, depletion, and amortization	69.	69.		
23		1.7			590 : miniter
24	Other expenses. Itemize expenses not covered above (Expenses grouped together	, , , , , , , , , , , , , , , , , , ,	***		
	and labeled miscellaneous may not exceed			2 %	
	5% of total expenses shown on line 25 below.)	;*, *	* , * ;	.	. Y *?*
á	a COUNCIL EXPS.	8,969.	8,969.		
	FUNCTION EXPS.	40,052.	40,052.		
	POSTAGE/SHIPPING	1,287.	1,287.		
	d PRINTING	3,759.	3,759.		
•	TELEPHONE EXP.	1,185.	1,185.		
	f All other expenses	1,040.	581.	459.	
	Total functional expenses. Add lines 1 through 24f	85,213.	84,754.	459.	
26			•		
BAA		<u> </u>	·		Form 990 (2009)

[Kg	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		36,040.	1	17,335.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	olete Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use		8		
Š	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis	10a 560.			
		Complete Part VI of Schedule D				
	t	Less. accumulated depreciation.	10b 389.	240.	10 c	171.
	11	Investments - publicly-traded securities			11	
	12	Investments - other securities. See Part IV, line 11		565,000.	12	565,000
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0.	15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	601,280.	16	582,506
		Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
Ļ	20	Tax-exempt bond liabilities		20		
A B I	21	Escrow or custodial account liability. Complete Part I'	,	21		
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons. Complete Part II			
- 1		of Schedule L			22	
Š	23	Secured mortgages and notes payable to unrelated th	ırd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	- <u></u>
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117, check here ►	X and complete lines			
		27 through 29 and lines 33 and 34.				
Ş	27	Unrestricted net assets		601,280.	27	582,506.
Ē	28	Temporarily restricted net assets			28	-
	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check he	re ► and complete			
FUZD		lines 30 through 34.				
Ď	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, and equip			31	
Ä	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALAZOES	33	Total net assets or fund balances		601,280.	33	582,506.
Š	34	Total liabilities and net assets/fund balances.		601,280.	34	582,506.

BAA Form 990 (2009)

Form 990 (2009) KNIGHTS OF COLUMBUS # 5399	<u>-7137278</u>	Pa	<u>ige 12</u>
Part XI Financial Statements and Reporting	_		
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit, 2c		_x_
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss consolidated basis, separate basis, or both	ued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single 3a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the recor audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit 3b		

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

KN:	IGHTS OF COLUMBUS # 5399				23-7137278	
Pa	Organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Othe to Form 990, Part IV, line	er Similar Fur e 6.	ids or Acco	ounts Complete	ıf
		(a) Donor advised	funds	(b) Fu	unds and other acc	ounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject			nor advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or done	ng that grant fund or advisor or for a	ls may be any other	Yes	☐ No
Pai	t II Conservation Easements Comple	ete if the organization an	swered 'Yes'	to Form 99	0, Part IV, line	7.
	Purpose(s) of conservation easements held by				<u></u>	
	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·	_	of an historical	lly important land a	area
	Protection of natural habitat	· · · ·	Preservation (of certified his	toric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation	n contribution in	the form of a	conservation easer	ment on the
				 	Held at the End of	the Year
	Total number of conservation easements			2a		
	Total acreage restricted by conservation easer			2b		
	Number of conservation easements on a certif		ın (a)	2c		
	Number of conservation easements included in	• • •		2d		-
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminate	ed by the orga	inization during the	e tax
4	Number of states where property subject to co	onservation easement is located	d ►	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring	g, inspection, har	idling of violat	ions, Yes	☐ No
	Staff and volunteer hours devoted to monitoring the year ►			_		_
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conse	rvation easemen	s <u> </u>		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of sec	ction	Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	to the organization's financial s	tatements that de	escribes the or	rganization's accou	e sheet, and unting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, o , Part IV, line	Other Sim	ilar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial stateme	lic exhibition, education, or res				
t	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items.	lic exhibition, education, or res	enue statement a earch in furtherai	ind balance shace of public s	service, provide the	following
	(i) Revenues included in Form 990, Part VIII,	line 1			►\$ ►\$	
_	(ii) Assets included in Form 990, Part X			_		
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	sımılar assets fo	or financial gai		
	Revenues included in Form 990, Part VIII, line	2.1			►\$	
t	Assets included in Form 990, Part X				► \$	

Schedule D (Form 990) 2009 KNIG							13/2/8		Page 2
Part III Organizations Mainta	ining Colle	ections	s of Art, Histo	orica	l Treasures, o	r Other Similar A	ssets (c	ontinu	<u>ed)</u>
3 Using the organization's acquisition (check all that apply).	ion accession	and oth	ner records, che	ck any	of the following t	that are a significant	use of its	collectio	'n
a Public exhibition			d Loan	or exc	change programs				
b Scholarly research			e 🗌 Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV	nization's coll	lections	and explain hov	w they	further the organ	ızatıon's exempt purp	ose in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mair	ntained as part of	of the	organization's col	lection?	Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen ount on For	nents m 990	Complete if o , Part X, line	organ 21.	iization answe	red 'Yes' to Form	990, Pa	art IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or otl	her intermediary	for co	ontributions or oth	er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	ınd com	plete the follows	ng tab	ole:				
							Amoun	<u>t</u>	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a		m 990,	Part X, line 21?				∐ Yes	L	No
b If 'Yes,' explain the arrangement			_1	1 154	/	20 Dart IV I.a. 3			
Part V Endowment Funds Co									
1 - Dan f hala	(a) Current	year	(b) Prior yea	ır	(c) Two years bac	k (d) Three years ba	ck (e)	Four year	s dack
1 a Beginning of year balance							_		
b Contributions									
c Net Investment earnings, gains, and losses				_					
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses			<u> </u>			-			
g End of year balance									
2 Provide the estimated percentage	-	end bala	ance held as.						
a Board designated or quasi-endov	vment ►		8						
b Permanent endowment ►	8								
c Term endowment ►	 &								
3a Are there endowment funds not a organization by.	n the possess	sion of t	he organization	that a	re held and admir	nistered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of							3b		
4 Describe in Part XIV the intended									
Part VI Investments-Land, B									
Description of investment	· · · · · · · · · · · · · · · · · · ·		t or other basis evestment)		Cost or other oasis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue
1a Land									
b Buildings									
c Leasehold improvements							<u> </u>		
d Equipment					560.	389	•		171.
e Other									
Total. Add lines 1a through 1e (Columi	n (d) must eq	ual Forn	n 990, Part X, co	olumn	(B), line 10(c).)		<u> </u>		171.

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 KNIGHTS OF COLUMBUS # 5399

23-7137278

Page 3

Sche	dule D (Form 990) 2009 KNIGHTS OF COLUMBUS # 5399	23-7137278	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments	-	
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens	ses per Return	
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
line 4	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; I, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete nation	Part IV, lines 1b and 2b, Pa this part to provide any ad	art V, Iditional
		-	
		- -	

Schedule D (Form 990) 2009 KNIGHTS OF COLUMBUS # 5399 Part XIV Supplemental Information (continued)	23-7137278	Page 5
Part XIV Supplemental Information (continued)		
		- -
		
	 	
		
	-	
		- - -
		-

SCHEDULE I

Department of the Treasury Internal Revenue Service

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0097

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≗ □ (h) Purpose of grant or assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 23-7137278 (g) Description of non-cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable Part I | General Information on Grants and Assistance (p) EIN KNIGHTS OF COLUMBUS # 5399 1 (a) Name and address of organization or government Name of the organization ŀ

2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Page 2 (Form 990) 2009 KNIGHTS OF COLUMBUS # 5399

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) FINANCIAL ASSISTANCE APPROVED BY BOARD PRIOR TO COMMITTMENT. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Part III 1 | 1 | 1 |

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Employer identification number Name of the organization 23-7137278 KNIGHTS OF COLUMBUS # 5399 Pt III, Line 2 NO Pt_V,_Line_3b___NO__ Pt_VI-A, Line 2 NO Pt_VI-A, Line 6 NO Pt VI-C, Line 19 PUBLIC INSPECTION ON REQUEST Pt_XI, Line 1 CASH_BASIS Pt_XI, Line 2c NO Pt XI, Line 3b N/A Sch E, Line 4d N/A Pt_VI-A, Line 8a NO Pt_VI-A, Line_8b_NO Pt VI-B, Line 11A N/A

· Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return. ► See separate instructions.

OMB No 1545-0172

2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service

KNIGHTS OF COLUMBUS # 5399

Identifying number 23-7137278

Busine	ess or activity to which this form rela	tes				•			
For	m 990 / Form 9901	ΞZ							
Par		pense Certain I	Property Under Sec complete Part V before	tion 179	art I	•			
1	Maximum amount. See the					-	1		\$250,000.
2	Total cost of section 179 p	roperty placed in s	service (see instructions)			2	2	
3	Threshold cost of section	179 property before	e reduction in limitation	see instructions	s)		3	3	\$800,000.
4	Reduction in limitation Su	· · · ·					4		
5	Dollar limitation for tax yea	ar Subtract line 4	from line 1. If zero or le	ss, enter -0 If i	married t	iling			
	separately, see instruction			·		-	_ 5	<u> </u>	
6	(a)	Description of property		(b) Cost (business	s use only)	(c) Elected of	ost	_	
								_	
				<u></u>				_	
	Listed property Enter the				7	_		_	
_	Total elected cost of section			c), lines 6 and 7			8		
9	Tentative deduction. Enter			·C0			10		
10	Carryover of disallowed de Business income limitation		•		a) or lino	5 (coo instra)	11	_	
11	Section 179 expense dedu				-	2 (266 112112)	12		
	Carryover of disallowed de				▶ 13	T		+	
	: Do not use Part II or Part				<u> </u>				
Par			ce and Other Depre		at include	listed property) (Se	e instruc	ctions)
							T	1	7.1.01.10 /
14	Special depreciation allow tax year (see instructions)		property (other than liste	ed property) plac	ced in se	rvice during the	14	ιl	
15	Property subject to section		•				15		
	Other depreciation (includi	, , , ,	I				16		• • • • • • • • • • • • • • • • • • • •
Par			nclude listed property.) (See instructions	·		1.0	<u></u>	
<u>ı uı</u>	till illitoito bepiet	SIGNOTI (BOTIOLI)	Sectio						
17	MACRS deductions for ass	ets placed in serv					17	,	69.
	MACRS deductions for ass	any assets place	ice in tax years beginning	ng before 2009	or more	general	17		69.
	If you are electing to group asset accounts, check here	o any assets place	ice in tax years beginning the t	ng before 2009 ax year into one		<u> </u>			69.
	If you are electing to group asset accounts, check here	o any assets place	ice in tax years beginning	ng before 2009 ax year into one		eral Depreciatio	n Sys	tem	(g) Depreciation deduction
18	If you are electing to group asset accounts, check here Section B	- Assets Placed (b) Month and year placed	in service during the to the service During 2009 (C) Basis for depreciation (business/investment use	ng before 2009 ax year into one Tax Year Using (d)	the Gene	eral Depreciatio	n Sys	tem	(g) Depreciation
18 19a	If you are electing to group asset accounts, check here Section B (a) Classification of property 3-year property	- Assets Placed (b) Month and year placed	in service during the to the service During 2009 (C) Basis for depreciation (business/investment use	ng before 2009 ax year into one Tax Year Using (d)	the Gene	eral Depreciatio	n Sys	tem	(g) Depreciation
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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

		(a) through (c)				_										
		n A — Deprecia				ution: S	_	ınstri						omobile:		П.,
24	a Do you have eviden			nt use claim	ed ⁷		Yes	<u> </u>	No j	24b If 'Y	T .		T .		Yes	No_
Ty	(a) rpe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) Recovery period		(g) Method/ Convention				Elected section 179 cost	
25	Special depreci	ation allowance	e for qualified	listed pro	perty pla	aced in s	service	durır	ng th	e tax ye	ar and	25				
26	Property used r				_											
													ļ		_	
							-				-				-	
27	Property used 5	in% or less in a	unalified hus	iness use		<u> </u>			J		<u> </u>		1			
	1 Toperty used a	10 70 OF 1033 III O	quannea bus	<u> </u>												
							,				<u> </u>					
			05.11			<u> </u>	01		<u> </u>			20			4	
	Add amounts in Add amounts in	• • •	-				ne 21, p	age	ļ			28		29	<u> </u>	
	Auu amounts in	Column (j), mie	e 20, Liller in	Section			on Use	e of \	/ehic	les				, 23		
Com to ye	plete this section our employees, fi	n for vehicles us	sed by a sole questions in S	proprietor Section C	, partne to see if	r, or oth you me	er 'mor et an e	e tha	an 5% Ition	% owner to comp	,' or rel	ated pe	rson. If y	you prov hose ve	ıded vel hıcles.	nicles
	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			(a)	(b)		(c)	(d)		(e)		(1	f)	
30	during the year	Total business/investment miles driven during the year (do not include commuting miles)		Vehi	cle 1	Vehi	cle 2	<u> </u>	Vehic	cle 3	Vehic	cle 4	Vehi	cle 5	Vehi	cle 6
31	Total commuting m	iles driven during t	he year					<u> </u>								
32	! Total other personal (noncommuting) miles driven														ļ -	
33	Total miles driv lines 30 through								· ,			,				
				Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?							\downarrow							
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?													
36 	Is another vehic personal use?															
			C – Questior	•	•						-				_	
	wer these question			an excep	tion to c	ompletir	ng Secti	on E	for '	vehicles	used b	y empl	oyees w ———	ho are n		
37	Do you maintain by your employ		cy statement	that prohit	oits all p	ersonal	use of v	vehic	les,	ıncludın	g comm	nuting,			Yes	No
38	B Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all	use of vehicles	by employee	es as pers	onal use	,7										
40	Do you provide vehicles, and re	more than five	vehicles to you	our emplo	yees, ob	taın ınfo	ormation	ı fror	n yo	ur empl	oyees a	bout th	e use of	the		
41	Do you meet the Note: If your ar															
Pa	rt VI Amorti	zation							_							•
	Desc	(a) cription of costs		Date an	(b) nortization egins		(c) Amortizat amount			Co sect	de	p∈	(e) ortization eriod or centage	,	(f) Amortizatio for this yea	n n
42	Amortization of	costs that begi	ıns during you	ır 2009 ta:	x year (s	ee instr	uctions).				1				
									\prod							
43		f costs that beg	-		•								43			
44	Total, Add amo	ounts in column	(t) See the	instruction	is for wh	iere to r	eport						44	I		

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

FOR RELIGIOUS BASED CHARITABLE DONATIONS.

TYPICAL DONATIONS ARE TO CHURCH, SCHOLARSHIPS AND VOCATIONS.