See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $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*

OMB No 1545-1150

2009

Open to Public Inspection

SCANNED JUL 22 2010

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Knights of Columbus 553 Santa Maria Council

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P.O. Box 1753

City, town, or country | State | ZIP + 4
South Bend | IN | 46634-1753

D Employer identification number
23-7142569

E Telephone number
(574) 360-7269

F Group Exemption Number ▶ 0188

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

G Accounting Method [X] Cash [ ] Accrual
Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ http://kofc553.com/

J Tax-exempt status (check only one)— [X] 501(c) (8) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 76,654

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	1,505
	2	Program service revenue including government fees and contracts		2	5,466
	3	Membership dues and assessments		3	5,908
	4	Investment income		4	25,145
	5a	Gross amount from sale of assets other than inventory	5a 13,865		
	b	Less: cost or other basis and sales expenses	5b 43,492		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-29,627
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [X]			
	a	Gross revenue (not including $ 1,505 of contributions reported on line 1)	6a 23,467		
	b	Less direct expenses other than fundraising expenses	6b 16,413		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	7,054
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ See Attached Statement)		8	1,298
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	16,749
Expenses	10	Grants and similar amounts paid (attach schedule)		10	25,255
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	542
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	26,550
	15	Printing, publications, postage, and shipping		15	3,482
	16	Other expenses (describe ▶ See Attached Statement)		16	21,126
	17	**Total expenses.** Add lines 10 through 16 ▶		17	76,955
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-60,206
	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	770,524
	20	Other changes in net assets or fund balances (attach explanation)		20	148,168
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	858,486

RECEIVED
JUN 28 2010
OGDEN, UT
IRS-OSC

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	574,151	22	671,850
23	Land and buildings		23	
24	Other assets (describe ▶ See Attached Statement)	200,496	24	191,232
25	**Total assets**	774,647	25	863,082
26	**Total liabilities** (describe ▶ Unpaid Approved Vouchers)	4,123	26	4,596
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	770,524	27	858,486

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

Form **990-EZ** (2009)

(HTA)

25

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

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

What is the organization's primary exempt purpose? The Knights was formed to render financia; aid to membe

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, and other relevant information for each program title.

28	Charitable & Community Service See Attached (Grants $ 5,259) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	Relgious & Care for the Ill See Attched (Grants $ 5,465) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	Fraternal & Educational See Attached (Grants $ 13,905) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 3,123) If this amount includes foreign grants, check here ▶ ☐	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
See Attached	Title Hr/WK .00	542	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T			
a	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		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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		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 outstanding at the end 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			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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 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		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ _____			
42 a	The organization's books are in care of ▶ Brian T Masterson Telephone no. ▶ (574) 360-7269			
	Located at ▶ 2106 E Jefferson Blvd City South Bend ST IN ZIP + 4 ▶ 46617			
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)?	42b		X
	If "Yes," enter the name of the foreign country. ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b 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 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		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Signature of officer — Date: 6/22/2010

▶ Brian T Masterson — Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ SELF-PREPARED RETURN | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
National & State Dues See Attached	
(Grants and allocations $ 2,497) If this amount includes foreign grants, check here ☐	0
Community See Attached	
(Grants and allocations $ 626) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 3,123 Total	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization	Employer identification number
Knights of Columbus 553 Santa Maria Council	23-7142569

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a [ ] Mail solicitations
- b [ ] Internet and email solicitations
- c [ ] Phone solicitations
- d [X] In-person solicitations
- e [ ] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

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 [X] 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total ▶				0	0	0

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 ame Football Previev (event type)	(b) Event #2 ourdes Dinner Danc (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	8,675	4,610	11,687	24,972
	2 Less: Charitable contributions	0	1,505	0	1,505
	3 Gross income (line 1 minus line 2)	8,675	3,105	11,687	23,467
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	1,472	1,472
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	6,332	2,110	6,499	14,941
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(16,413)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				7,054

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 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: IN			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," explain: Gaming consisted of a raffle where mostly mebers participated and little or no income generated. For 2010 Licenses have been applied for and approved.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11	X	
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?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter 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 of the third party			
	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Knights of Columbus 553 Santa Maria Council

Employer identification number

23-7142569

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
			0	0						
Total . . . . . ▶ $				0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
		0			
		0			
		0			
		0			
		0			
		0			

Form **8868**
(Rev Apnl 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-*file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	Knights of Columbus 553 Santa Maria Council	23-7142569
	Number, street, and room or suite no. If a P.O box, see instructions P.O. Box 1753	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. South Bend IN 46634-1753	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ Brian T Masterson 2106 E Jefferson Blvd South Bend IN 46617

Telephone No. ▶ (574) 360-7269 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0188 . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part I, Line 8 (990-EZ) - Other Revenue

1,298

	Description		Amount
1	Refunds	1	776
2	Miscellaneous	2	522
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Charitable & Community	See Attached						
2	Religious	See Attached						
3	Fraternal & Community	See Attached						
4	Fraternal & Educational	See Attached						
5								
6								
7								
8								
9								
10								

25,255 0 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
5,259								
5,465								
626								
13,905								

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

			21,126
1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,274
6	Depreciation	6	14,464
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	790
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Fraternal Activities	13	1,474
14	Dues to National & State Organizations	14	2,497
15	Committe Expenses	15	571
16	Bank Fees	16	56
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances 148,168

	Description		Amount
1	Change in Unrealized Gain/Loss of Investments	1	148,168
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

		200,496	191,232
	Description	Beginning	End
1	Leasehold Improvements-net	200,496	188,032
2	Refunds Due	0	3,200
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

4,123 4,596

	Description	Beginning	End
1	Unpaid Approved Vouchers	4,123	4,596
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

1	Contributions	1	
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	1,505
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	1,505

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	
2	Dividends and interest from securities	2	25,145
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	25,145

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	13,865	43,492
Non-Public Securities	0	0
Other sales	0	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	Indiana Trust Securities	X				VAR	Purchase	7/1/2009	13,865	43,492				
2														
3														
4														
5														
6														
7														
8														
9														
10														

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

		24,972	1,505	23,467	0	1,472	0	0	0	14,941
	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Income (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Noncash Prizes	Line 6 Rent/Facility costs	Line 7 Food and beverages	Line 8 Entertainment	Line 9 Other direct expenses
1	Notre Dame Football Preview Nights	8,675		8,675						6,332
2	Lourdes Dinner Dance	4,610	1,505	3,105						2,110
3	Fish & Spaghetti Dinners	6,592		6,592						2,728
4	Other Events	5,095		5,095		1,472				3,771
5				0						
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						

Knights of Columbus 553 Santa Maria Council
South Bend, IN
Form 990
2009

23-7142569

PAGE 2 - PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

a. Charitable and Community Accomplishments Grants and Allocations:

Gibault Home for Boys (Home for problem youths)	$2,966
Youth Groups	$133
Mentally Handicapped	775
Ara Parsigian Foundation	700
Indiana Food Bank	500
Various	185
Total	5,259

b. Religious and caring for seriously ill

Right to Life	80
Religious Community and Seminarians	2,358
Religious Pilgrims to Lourdes	3,027
Total	5,465

c. Fraternal and Community

Masses for deceased members	106
City of South Bend Christmas Program	500
New Councils	20
Total	626

d. Fraternal and educational

Marian/St Joseph High Schools Scholarships	10,225
University of Notre Dame	1,000
Our Lady Of Hungry School	1,015
Grade School Spelling Bee Sponsor	1,665
	13,905

Total Pg 2 Line 22 - Grants and Allocations	$ 25,255

e. Other Program Services

National and State Dues	$2,497
Amounts paid to national and state organization , (group code 0188)	
	2,497

Total Program Service Expenses	$27,752

KNIGHTS OF COLUMBUS #553

BALANCE SHEET

December 31, 2009

Title	FirstName	LastName	HomeStreet	HomeCity	omeSta	HomePostalCod	Council Position	Hours	Compensation	Benefits	Expenses
Fr.	Charles	Lavely, CSC	P O Box 1048	Notre Dame	IN	46656-1048	Chaplin	2	None	None	None
Mr	Robert	Zielinski	57153 Pinewood Dr	South Bend	IN	46619-	Grand Knight	12	None	None	None
Mr	Tom	Marvel	2016 Berkley Place	South Bend	IN	46616-2005	Deputy Grand Knight	4	None	None	None
Mr	Edward J	Pilipow	53325 Catilina Ct	South Bend	IN	46635-	Warden	2	None	None	None
Mr	John	Ryal	1105 N St Peter St.	South Bend	IN	46617-1349	Chancellor	2	None	None	None
Dr	John	Toepp, PGK	63991 Miami Road	South Bend	IN	46614-9617	Financial Secretary	6	None	None	None
Mr	Brian	Masterson	2106 E Jefferson Blvd.	South Bend	IN	46617-3453	Treasurer	4	$ 542.00	None	None
Mr	Frederick	Everett	22160 White Spruce Ct	South Bend	IN	46628-8149	The Advocate	2	None	None	None
Mr.	George	Bali	3615 Cooper Ct	South Bend	IN	46614-2370	Recorder	2	None	None	None
Mr	Richard	Alexander	23075 Allerton Drive	South Bend	IN	46628-9047	Trustee 1st Year	2	None	None	None
Mr	John	Shanley	52046 Cloverleaf Dr East	South Bend	IN	46637-6028	Trustee 2nd Year	2	None	None	None
Mr	Gerald	Patrick	2130 Hollywood Pl	South Bend	IN	46616-2115	Trustee 3rd Year PGK	2	None	None	None
Mr.	Bernard	Taylor	16355 Hamilton Ct	South Bend	IN	46530-9191	Inside Guard	2	None	None	None
Mr	Marion	Pasierbowicz	51899 Whitestable Lane	South Bend	IN	46637-1371	Outside Guard	2	None	None	None