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## 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

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS-BISHOP GUNN COUNCIL #1583</b> <b>Doing Business As</b> <b>Number and street (or P O box if mail is not delivered to street address)</b> <b>P. O. BOX 1583</b> <b>Room/suite</b> <b>City or town, state or country, and ZIP + 4</b> <b>GULFPORT, MS 39502-1583</b>		<b>D</b> Employer identification number  <b>23-7543236</b>  <b>E</b> Telephone number  <b>228-864-7861</b>  <b>G</b> Gross receipts \$ <b>5,594.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	<b>F</b> Name and address of principal officer <b>MICHAEL E GUEL</b> <b>SAME AS C ABOVE</b>		
	<b>I</b> Tax-exempt status. <input checked="" type="checkbox"/> 501(c) (8) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	<b>J</b> Website: ► NA		
	<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		

## Part I Summary

<b>Activities &amp; Governance</b>  <b>1</b> Briefly describe the organization's mission or most significant activities <b>THE KNIGHTS OF COLUMBUS IS A CATHOLIC ORGANIZATION THROUGHOUT THE UNITED STATES. IT RAISES MONEY</b>  <b>2</b> Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>0</b> <b>5</b> Total number of employees (Part V, line 2a) <b>0</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>0</b> <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>0.</b>	
	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>165.</b> <b>9</b> Program service revenue (Part VIII, line 2d) <b>6,005.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3-7 and 10) <b>1,099.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 14) <b>7,269.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>5,594.</b>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 2-3-10) <b>0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 16) <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>5,223.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>5,223.</b> <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,046.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>3,174.</b>	
	<b>Beginning of Current Year</b> <b>5,947.</b> <b>End of Year</b> <b>9,122.</b>	
	<b>20</b> Total assets (Part X, line 16) <b>5,947.</b> <b>21</b> Total liabilities (Part X, line 26) <b>5,947.</b> <b>22</b> Net assets or fund balances Subtract line 21 from line 20 <b>9,122.</b>	

## Part II Signature Block

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.					
<b>Sign Here</b>  <b>►</b> Signature of officer <b>►</b> MICHAEL E GUEL, TREASURER <b>►</b> Type or print name and title	<b>2-15-10</b> <b>Date</b>				
<b>Paid Preparer's Use Only</b>  <b>►</b> Preparer's signature <b>►</b> Firm's name (or yours if self-employed, address, and ZIP + 4) <b>►</b> P.O. BOX 129 <b>►</b> GULFPORT, MS 39502	<b>Date</b> <b>2-15-10</b>	<b>Check if self-employed</b> <input type="checkbox"/>	<b>Preparer's identifying number (see instructions)</b> <b>EIN</b> ►	<b>Phone no</b> ► <b>228-863-6501</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

### Part III Statement of Program Service Accomplishments

**1 Briefly describe the organization's mission**

THE KNIGHTS OF COLUMBUS PROVIDES CONTRIBUTIONS TO ST JOHN ELEMENTARY AND ST. JOHN CATHOLIC CHURCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

3. Did the organization assess conductors, or make significant changes in how it conducts, any program services?  Yes  No

Did the organization cease conducting, or make significant changes to its operations?

1. Describe the exempt purpose achievements for each of the organization's three largest program services by expense.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and

allocations to others, the total expenses, and revenue, if any, for each program service reported

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4a (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )  
THE KNIGHTS OF COLUMBUS PROVIDES CONTRIBUTIONS TO ST. JOHN ELEMENTARY

THE KNIGHTS OF COLUMBUS PROVIDES CONTRIBUTIONS TO ST. JOHN ELEMENTARY AND ST. JOHN CATHOLIC CHURCH.

**4b** (Code ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d Other program services (Describe in Schedule O)**

(Expenses \$ including grants of \$

) (Revenue \$

**4e Total program service expenses ► \$**

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**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 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*

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*

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*

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*

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*

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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? *If "Yes," complete Schedule D, Part IV*

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*

11 Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*

- 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 of other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Parts 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*

12 Did the organization obtain a separate, independent audited financial statement for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*

12A Was the organization included in a consolidated, independent audited financial statement for the tax year?  
*If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*

13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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*

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*

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*

17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*

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*

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*

20 Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*

	<b>Yes</b>	<b>No</b>
1	X	
2	X	
3	X	
4		
5		
6	X	
7	X	
8		
9	X	
10	X	
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		
35		
36		
37		X
38		X

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 1? If "Yes," complete Schedule I, Parts I and II

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

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? If "Yes," complete Schedule J

24a 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **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

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

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

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c 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 owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

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

36 **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

37 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

38 Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

**1a** Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a | 0  
1b | 0

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c |

**2a** 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 2a | 0

**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)

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a | X  
3b |

**b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

**4a** 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 | X

**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

**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | X  
5b | X

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

**c** If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

**6a** 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 | X

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**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? 7d |

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided?

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

**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? 7a | X  
7b |  
7c | X  
7e |  
7f |  
7g |  
7h |  
8 |  
9a |  
9b |

**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

**g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

**h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

**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?

**9 Sponsoring organizations maintaining donor advised funds.**

**a** Did the organization make any taxable distributions under section 4966?

**b** Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations.** Enter 10a |  
10b |

**a** Initiation fees and capital contributions included on Part VIII, line 12

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**11 Section 501(c)(12) organizations.** Enter 11a |  
11b |

**a** Gross income from members or shareholders

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a |

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b |

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**Part VI 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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body  
1b Enter the number of voting members that are independent  
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
5 Did the organization become aware during the year of a material diversion of the organization's assets?  
6 Does the organization have members or stockholders?  
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.  
a The governing body?  
b Each committee with authority to act on behalf of the governing body?  
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	0	
1b	0	
2		X
3		X
4		X
5		X
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?  
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  
11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990  
12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
13 Does the organization have a written whistleblower policy?  
14 Does the organization have a written document retention and destruction policy?  
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision  
a The organization's CEO, Executive Director, or top management official?  
b Other officers or key employees of the organization?  
Describe the process in Schedule O (see instructions)  
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ►MS  
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website    Another's website    Upon request  
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
MICHAEL E. GUEL, CPA – 1-228-863-6501  
2500 – 14TH STREET, GULFPORT, MS 39501

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**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 organization'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 employee "
- 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 compensated employees, and former such persons.

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

(A) **100** (B) **1000** (C) **10000** (D) **100000**

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**1b Total**

0

0

0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

0

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

---

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization      **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

0

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**Part 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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>	►				
Program Service Revenue	2 a DUES	Business Code: 900099	2,170.		2,170.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	►	2,170.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	►	3,424.		3,424.	
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6 a Gross Rents	(i) Real	(ii) Personal			
	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)	►					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►					
12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	►	5,594.	0.	0.	5,594.	

KNIGHTS OF COLUMBUS-BISHOP GUNN  
COUNCIL #1583

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**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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)				
a Management				
b Legal	250.			
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	169.			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PER CAPITA	1,621.			
b POSTAGE	180.			
c MEMBERSHIP	160.			
d BANK CHARGES	40.			
e MISCELLANEOUS	0.			
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	2,420.			
26 Joint Costs Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

KNIGHTS OF COLUMBUS-BISHOP GUNN  
COUNCIL #1583

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,947.	1	9,122.
	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, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,947.	16	9,122.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	5,947.	32	9,122.
	33 Total net assets or fund balances	5,947.	33	9,122.
	34 Total liabilities and net assets/fund balances	5,947.	34	9,122.

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KNIGHTS OF COLUMBUS-BISHOP GUNN  
COUNCIL #1583

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

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 Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
2d		
3a		X
3b		

Form 990 (2009)



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS-BISHOP GUNN  
COUNCIL #1583

Employer identification number  
23-7543236

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR CHARITABLE PURPOSES.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A: ANNUAL ELECTIONS

FORM 990, PART VI, SECTION A, LINE 7B: MEMBER MEETINGS

FORM 990, PART VI, SECTION B, LINE 11: BOARD MEETING

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEETINGS

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

TERRY HURST - 5 HIGH POINT

GULFPORT, MS 39501

ROBERT BAILEY - 3421 35TH AVE

GULFPORT, MS 39507

LARRY EVERETT - P O BOX 1583

GULFPORT, MS 39502

MICHAEL GUEL - 22 COLONEL WINK DRIVE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS-BISHOP GUNN  
COUNCIL #1583

Employer identification number  
23-7543236

GULFPORT, MS 39507

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

**(A) NAME OF PERSON:** WRIGHT, WARD, HATTEN & GUEL, CPAS

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

ACCOUNTING & TAX SERVICES

**(D) DESCRIPTION OF TRANSACTION:** ACCOUNTING & TAX SERVICES



**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

## Part III Identification of Related Organizations Taxable as a Partnership

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note: Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a')	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships