









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Form <b>990-EZ</b>  Department of the Treasury Internal Revenue Service	<b>Short Form</b> <b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b> <b>(except black lung benefit trust or private foundation)</b>	OMB No 1545-1150 <b>2009</b>
	<p>▶ 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.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	<b>Open to Public Inspection</b>

A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KNIGHTS OF COLUMBUS MARTOMA COUNCIL NUMBER 10981 CHARITY ACCOUNT		D Employer identification number 33-0537109
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 1856 FUERTE VALLEY DRIVE		E Telephone number (760) 597-7933
Name change				F Group Exemption Number
Initial return		City or town, state or country, and ZIP + 4 EL CAJON, CA 92019		
Terminated				
Amended return				
Application pending				

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ **Accounting method** ☒ Cash ☐ Accrual  
 Other (specify) ▶

<b>I Website:</b>  N/A		<b>H Check</b>  <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 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.

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	63,238
	2	Program service revenue including government fees and contracts . . . . .								2	
	3	Membership dues and assessments . . . . .								3	5,635
	4	Investment income . . . . .								4	723
	5a	Gross amount from sale of assets other than inventory . . . . .						5a		0	
	b	Less cost or other basis and sales expenses . . . . .						5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .								5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>								6c	0
	a	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .						6a	0		
	b	Less direct expenses other than fundraising expenses . . . . .						6b	0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .									
	7a	Gross sales of inventory, less returns and allowances . . . . .						7a		7c	
b	Less cost of goods sold . . . . .						7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .										
8	Other revenue (describe <input type="checkbox"/> _____)								8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .								9	69,596	
Expenses	10	Grants and similar amounts paid (attach schedule) <input type="checkbox"/> . . . . .								10	49,100
	11	Benefits paid to or for members . . . . .								11	
	12	Salaries, other compensation, and employee benefits . . . . .								12	
	13	Professional fees and other payments to independent contractors . . . . .								13	400
	14	Occupancy, rent, utilities, and maintenance . . . . .								14	
	15	Printing, publications, postage, and shipping . . . . .								15	3,270
	16	Other expenses (describe <input type="checkbox"/> _____)								16	15,896
	17	Total expenses. Add lines 10 through 16 . . . . .								17	68,666
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .								18	930
	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	37,977
	20	Other changes in net assets or fund balances (attach explanation) . . . . .								20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .								21	38,907

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 . . . . .	26,476	27,811
23 Land and buildings . . . . .	11,501	11,096
24 Other assets (describe _____)		
25 Total assets . . . . .	37,977	38,907
26 Total liabilities (describe _____)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	37,977	38,907



Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>GARVIN GARMO</u> Telephone no ▶ <u>(619) 666-2323</u> 1627 JAMACHA WAY Located at ▶ <u>EL CAJON, CA</u> ZIP + 4 ▶ <u>92019</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43	
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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
NONE				

50(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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please 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		
Paid Preparer's Use Only	Preparer's signature		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
	Beck & Associates				(619) 440-7444
	850 Jamacha Rd Ste 201				
		El Cajon, CA 92019			
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

**TY 2009 Grants and Similar Amounts Paid Schedule**

**Name:** KNIGHTS OF COLUMBUS MARTOMA COUNCIL  
NUMBER 10981 CHARITY ACCOUNT

**EIN:** 33-0537109

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarship
<b>Donee's Name</b>	Yasmeen Esshaki
<b>Donee's Address</b>	3008 Lasven Ct El Cajon, CA 92019
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	Scholarship
Donee's Name	Stephanie Kattoula
Donee's Address	11731 Avenida Marcella El Cajon, CA 92019
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

<b>Item No.</b>	3
<b>Class of Activity</b>	Scholarship
<b>Donee's Name</b>	Shereen Georges
<b>Donee's Address</b>	2560 Brust Court El Cajon, CA 92019
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	



Item No.	4
Class of Activity	Scholarship
Donee's Name	Sarah Zetouna
Donee's Address	3150 Jamacha View Drive El Cajon, CA 92019
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	Scholarship
Donee's Name	Samir Al Sharrak
Donee's Address	10896 Calle Verde Apt 261 La Mesa, CA 91941
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	Scholarship
Donee's Name	Mary Naoom
Donee's Address	3073 Golf Crest Ridge Road El Cajon, CA 92019
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	Scholarship
Donee's Name	Liza Farida
Donee's Address	2455 Pointe Parkway Spring Valley, CA 91978
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	Scholarship
Donee's Name	Joseph Al-Eshaki
Donee's Address	3008 Lasven Ct El Cajon, CA 92019
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	Scholarship
Donee's Name	Jessica Talia
Donee's Address	2298 Crystal Clear Drive Spring Valley, CA 91978
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	Scholarship
Donee's Name	Jeena Esho
Donee's Address	1441 North Mollison Ave El Cajon CA El Cajon CA, CA 92021
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	Scholarship
Donee's Name	Fibronia Abdulmaseh
Donee's Address	946 South Anza St 39 El Cajon, CA 92020
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	



Item No.	12
Class of Activity	CHARITABLE CONTRIBUTION
Donee's Name	ST PETER CHALDEAN CATHOLIC CHURCH
Donee's Address	1627 JAMACHA WAY EL CAJON, CA 92019
Amount (FMV)	42,600
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

**TY 2009 Other Expenses Schedule****Name:** KNIGHTS OF COLUMBUS MARTOMA COUNCIL

NUMBER 10981 CHARITY ACCOUNT

**EIN:** 33-0537109**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
TRAVEL	260
TOOTIE ROLL	104
TELEPHONE	25
supplies	4,808
STATE FEE	10
MISC	35
Event supplies	950
DUES	3,146
Depreciation	405
Catering	5,750
BANK CHARGES	20