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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ 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 460 ALTON

Number and street (or P O box, if mail is not delivered to street address) Room/suite
405 EAST 4TH STREET

City or town, state or country, and ZIP + 4
ALTON, IL 62002-2414

D Employer identification number
37-0369055

E Telephone number
618 465-6913

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 ☑ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☑ 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 ▶ $ 36,328

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	11,889
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	7,394
	4	Investment income		4	7,946
	5a	Gross amount from sale of assets other than inventory	5a		
	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 ▶ ☑			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 9,099		
	b	Less: direct expenses other than fundraising expenses	6b 4,240		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	4,859
	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	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	32,088
Expenses	10	Grants and similar amounts paid (attach schedule)		10	28,743
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	874
	13	Professional fees and other payments to independent contractors		13	500
	14	Occupancy, rent, utilities, and maintenance		14	3,600
	15	Printing, publications, postage, and shipping		15	991
	16	Other expenses (describe ▶ SEE STATEMENT 2)		16	3,331
	17	**Total expenses.** Add lines 10 through 16 ▶		17	38,039
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(5,951)
	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	238,314
	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	232,363

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	238,314	22	232,363
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	238,314	25	232,363
26	**Total liabilities** (describe ▶ _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	238,314	27	232,363

15P

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

What is the organization's primary exempt purpose? SEE STATEMENT 3

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.

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

28	SEE STATEMENT 4 (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	15,683
29	SEE STATEMENT 5 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	7,261
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	22,944

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
JOSEPH KUHNLINE 209 HY VISTA ALTON, IL 62002	GRAND KNIGHT 12	0		
THOMAS W GROVE 812 Mc KINLEY BLVD ALTON IL 62002	FINANCIAL SECY. 12	800		
LOUIS S TIMAR 504 MILDREY AVE. WOODRIVER, IL 62095	FINANCIAL SECY. 8	74		
WAYNE E THOMAS 4904BLU FOUNTAIN DR. GODFREY, IL 62035	TREASURER 8	0		
NEIL J GODAR 2800 RIDGEDALE DR. GODFREY, IL 62035	TRUSTEE 1	0		
LARRY KULP 434 E 4TH ST. ALTON, IL 62002	TRUSTEE 1	0		
DAVID STAFFORD 514 SUMMIT ST. ALTON, IL 62002	TRUSTEE 1	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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		✓

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ WAYNE THOMAS Telephone no ▶ 618 465-6913

Located at ▶ 405 EAST 4TH ST ALTON IL ZIP + 4 ▶ 62002

			Yes	No
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		✓
	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		✓
	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		✓
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		✓

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		✓
49a	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

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

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

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

Sign Here

▶ Joseph H. Kuhnline — Signature of officer — Date 3/15/10

▶ Joseph H. Kuhnline — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
▶ Wayne E Thomas - Treasurer	3/15/2002		
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

KNIGHTS OF COLUN BUS 460 ALTON

STATEMENT 1
FORM 990-EZ, PART 1 LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME	MENTAL HEALTH TOOTSIE ROLL DRIVE	
CASH AMOUNT GIVEN		$ 9,903
DONEE'S NAME	IL ST COUNCIL & SUPREME CHARITIES	
CASH AMOUNT GIVEN		$ 3,196
DONEE'S NAME	LOCAL CHURCHES & VOCATIONS	
CASH AMOUNT GIVEN		$ 1,067
DONEE'S NAME	ARMS OF LOVE PREGNANCY CENTER	
CASH AMOUNT GIVEN		$ 729
DONEE'S NAME	MARQUETTE CATHOLIC HIGH SCHOOL	
CASH AMOUNT GIVEN		$ 625
DONEE'S NAME	IL & SUPREME CAPITAL DUES	
CASH AMOUNT GIVEN		$ 5,675
DONEE'S NAME	ALL GOD'S CHILDREN WILL HAVE SHOES	
CASH AMOUNT GIVEN		$ 200
CLASS OF ACTIVITY	501 (C) (7)	
DONE'S NAME	SPAULDING CLUB ASSOCIATION	
DONEE'S ADDRESS.	405 EAST 4TH STREET ALTON, IL 62002	
RELATIONSHIP OF DONEE	RELATED OWNERS OF KC BLDG	
CASH AMOUNT GIVEN:		$ 7,348
		$ 28,743

STATEMENT 2
FORM 990-EZ PART 1 LINE 16
OTHER EXPENSES

ILLINOIS K C CONVENTION	$ 1,032
ADVERTISING AND PROMOTION	$ 473
CHILDREN'S PARTIES	$ 503
DEGREE'S & DINNERS	$ 509
FREE THROW CONTEST	$ 118
AMERICAN FLAGS	$ 89
GOLF HOLE SPONSOR	$ 85
FOOD FOR RED CROSS BLOOD DRIVE	$ 30
HOLLOWEEN PARADE	$ 50
TO ADJUST FOR 2008 90-EZ ERRORS & ROUNDING.	$ 442
	$ 3,331

KNIGHTS OF COLUMB BUS 460 ALTON

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE KNIGHTS OF COLUMBUS IS A CATHOLIC FAMILY SERVICE FRATERNAL ORGANIZATION

STATEMENT 4
FORM 990-EZ PART III LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONTRIBUTIONS TO 501 (C) 3'S

MENTALHEALTH	$ 9,903 00
ST MARY'S & STS PETER & PAUL CHURCI	$ 300.00
SPECIAL EDUCATION RELIGION CLASS	$ 85.00
ARMS OF LOVE PREGANCY CENTER	$ 729.00
VOCATIONS TO RELIGIOUS LIFE	$ 645.00
MARQUETTE CATHOLIC HIGH SCHOOL	$ 625.00
IL ST & SUPREME COUNCILS CHARITIES	$ 3,196 00
ALL GOD'S CHILDREN SHOES	$ 200.00
TOTAL GRANTS	$ 15,683.00

STATEMENT 5
FORM 990-EZ, PART III LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

	EXPENSES
ILLINOIS & SUPREME PER CAPITA DUES	$ 5,676 00
ILLINOIS CONVENTION	$ 1,032.00
CHILDREN'S EASTER, CHRISTMAS & HALLOWEEN PARTIES	$ 553.00
	$ 7,261 00

FEDERAL SUPPORTING DETAIL

KNIGHTS OF COLUMBUS 460 ALTON

CONTRIBUTATIONS, GIFTS, AND GRANTS PART I PAGE 1

DONATIONS FOR MENTAL HEALTH	$	9,946
DONATIONS FOR VOCATIONS	$	645
DONATIONS FOR CHARITY WORK	$	594
DONATIONS FROM AUXIALLIARY	$	704
	$	11,889

PART I LINE 6a

ST LOUIS CARDINAL BASEBALL GAME	$	2,470
GOLF TOURNAMENT FUNDS	$	3,970
PULL TABS	$	2,659
	$	9,099

PART I LINE 6b

ST LOUIS CARDINAL BASEBALL GAME	$	2,558
PULL TABS	$	1,682
	$	4,240