



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****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

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
Instruc-
tions.**C** Name of organization

Knights of Columbus 556 Council

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

1556 East Fremont St.

City or town, state or country, and ZIP + 4

Galesburg, IL 61401

D Employer identification number*37-0369085***E** Telephone number*309-343-6415***F** Group ExemptionNumber ► *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) ►

I Website: ►*N/A***J** Tax-exempt status (check only one) — ☒ 501(c) (*8*) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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. ► \$

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	<i>16,230</i>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<i>7,510</i>
	4	Investment income	4	<i>387</i>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► <i>External Activities</i>)	8	<i>-1,449</i>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<i>26,678</i>	
Expenses	10	Grants and similar amounts paid (attach schedule) <i>mentally challenge donation</i>	10	<i>9,774</i>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	<i>1,103</i>
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<i>7,847</i>
	16	Other expenses (describe ► <i>conferences & misc.</i>)	16	<i>2,059</i>
	17	Total expenses. Add lines 10 through 16	17	<i>20,783</i>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<i>5,895</i>
	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	<i>33,610</i>
	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	<i>33,610</i>

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	<i>33,610</i>	
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	<i>33,610</i>	<i>0</i>
26 Total liabilities (describe ►)		<i>0</i>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<i>33,610</i>	<i>0</i>

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

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 07 2010

100

Expenses

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

28	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	

姓名	性别	年龄	民族	籍贯	学历	学位	职称	工作单位	联系电话	电子邮箱	备注
张明	男	35	汉族	江苏	本科		讲师	南京理工大学	13812345678	zhangm@nupt.edu.cn	
李华	女	28	汉族	浙江	硕士		助教	浙江大学	13567890123	lihua@zju.edu.cn	
王强	男	42	汉族	广东	本科		教授	华南理工大学	13901234567	wangqiang@scut.edu.cn	
陈伟	男	38	汉族	湖北	硕士		副教授	武汉大学	13678901234	chenwei@whu.edu.cn	
赵敏	女	30	汉族	四川	本科		讲师	四川大学	13789012345	zhaomin@scu.edu.cn	
周涛	男	33	汉族	湖南	硕士		副教授	湖南大学	13456789012	zhoutao@hnu.edu.cn	
吴迪	女	25	汉族	安徽	本科		助教	安徽大学	13234567890	wudi@ahu.edu.cn	
孙磊	男	31	汉族	山东	硕士		讲师	山东大学	13123456789	sunlei@sdu.edu.cn	
郑宇	男	29	汉族	福建	本科		助教	厦门大学	13012345678	zhengyu@xmu.edu.cn	
徐昊	男	36	汉族	江西	硕士		副教授	江西大学	12901234567	xuhao@jxu.edu.cn	
黄鑫	男	27	汉族	广西	本科		讲师	广西大学	12890123456	huangxin@gxu.edu.cn	
林峰	男	34	汉族	河南	硕士		副教授	河南大学	12789012345	linfeng@hnu.edu.cn	
马丽	女	26	汉族	山西	本科		助教	山西大学	12678901234	malili@sxu.edu.cn	
周凯	男	32	汉族	陕西	硕士		讲师	西北大学	12567890123	zhoukai@nwnu.edu.cn	
吴昊	男	29	汉族	甘肃	本科		助教	兰州大学	12456789012	wuhao@lzu.edu.cn	
孙悦	女	24	汉族	宁夏	本科		助教	宁夏大学	12345678901	sunyue@nwnu.edu.cn	
郑宇	男	30	汉族	青海	硕士		讲师	青海大学	12234567890	zhengyu@qhu.edu.cn	
徐昊	男	28	汉族	新疆	本科		助教	新疆大学	12123456789	xuhao@xju.edu.cn	
黄鑫	男	35	汉族	内蒙古	硕士		副教授	内蒙古大学	12012345678	huangxin@imnu.edu.cn	
林峰	男	27	汉族	吉林	本科		助教	吉林大学	11901234567	linfeng@jlu.edu.cn	
马丽	女	31	汉族	黑龙江	硕士		讲师	哈尔滨工业大学	11890123456	malili@hit.edu.cn	
周凯	男	26	汉族	辽宁	本科		助教	大连理工大学	11789012345	zhoukai@dlut.edu.cn	
吴昊	男	33	汉族	河北	硕士		副教授	燕山大学	11678901234	wuhao@ysu.edu.cn	
孙悦	女	25	汉族	天津	本科		助教	南开大学	11567890123	sunyue@nankai.edu.cn	
郑宇	男	32	汉族	北京	硕士		讲师	清华大学	11456789012	zhengyu@tsinghua.edu.cn	
徐昊	男	29	汉族	上海	本科		助教	复旦大学	11345678901	xuhao@fudan.edu.cn	
黄鑫	男	36	汉族	江苏	硕士		副教授	南京大学	11234567890	huangxin@nju.edu.cn	
林峰	男	27	汉族	浙江	本科		助教	浙江大学	11123456789	linfeng@zju.edu.cn	
马丽	女	31	汉族	安徽	硕士		讲师	安徽大学	11012345678	malili@ahu.edu.cn	
周凯	男	26	汉族	江西	本科		助教	江西大学	10901234567	zhoukai@jxu.edu.cn	
吴昊	男	33	汉族	广西	硕士		副教授	广西大学	10890123456	wuhao@gxu.edu.cn	
孙悦	女	25	汉族	湖南	本科		助教	湖南大学	10789012345	sunyue@hnu.edu.cn	
郑宇	男	32	汉族	湖北	硕士		讲师	武汉大学	10678901234	zhengyu@whu.edu.cn	
徐昊	男	29	汉族	四川	本科		助教	四川大学	10567890123	xuhao@scu.edu.cn	
黄鑫	男	36	汉族	广东	硕士		副教授	华南理工大学	10456789012	huangxin@scut.edu.cn	
林峰	男	27	汉族	江苏	本科		助教	南京理工大学	10345678901	linfeng@nupt.edu.cn	
马丽	女	31	汉族	浙江	硕士		讲师	浙江大学	10234567890	malili@zju.edu.cn	
周凯	男	26	汉族	安徽	本科		助教				

[illegible]

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		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		
b Gross receipts, included on line 9, for public use of club facilities 39b		
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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>None</u>		
42a The organization's books are in care of ▶ <u>Dewey L. Lytle</u> Telephone no. ▶ <u>309-342-2899</u> Located at ▶ <u>1375 N Seminary St #2 Galesburg IL</u> ZIP + 4 ▶ <u>61401-2006</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)?		<input checked="" type="checkbox"/>
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.?		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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	46	Yes	No
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."			

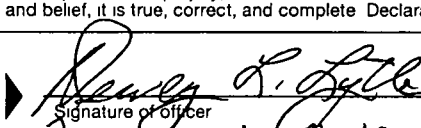
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 ▶ _____

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 August 14, 2010
	Type or print name and title Sewey L. Lytle, Financial Secretary	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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

37-0369085

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
DUES & FEES FROM MEMBERSHIP	\$ <u>7,510.25</u>
Total	\$ <u>7,510.25</u> ⁰

Federal Statements

**Statement 2 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments**

Description

DONATIONS TO VARIOUS CHARITABLE ORGANIZATIONS WITHIN
THE COMMUNITY.