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## Department of the Treasury

## Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Under section 601(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.

Open to Public Inspection

Ā	For the	the 2009 calendar year, or tax year beginning January 1 , 2009, and ending Dec				Decei	nber 31	, 20	09			
В	Check if	applicable.				D Employ	mployer identification number					
	Address	change	and the					38-3446753				
	Name c	-	ge print or Number and street (or P.O. box, if mall is not delivered to street address) Room/suite E Tele			E Telepho	ne numl	ber				
H	Initial re Termina		16 (2201 \$ Old U \$ 23					810-360-0110				
H		ed return	Specific Instruc-	City or town, state or country, a	nd ZIP + 4	t		F Group	Exemp	tion		
Ħ		tion pending	tions.	Brighton, MI 48114				Numb	•			
=	• Sec	ction 501(c)(3)	organiz	ations and 4947(a)(1) nonex	empt charitable trusts n	nust attach	G Accou	nting Met	hod. 🔽	Cash A	ccrual	
				npleted Schedule A (Form 9				(specify)				
		-					H Check	<b>▶             </b>	the orga	anization is no	ot .	
, ,	Webs	ite: ▶					1		_	dule B (Form		
J.	Tax-ex	cempt status (	check o	nly one) — 🗹 501(c) ( ) 🔩	¶ (insert no ) ☐ 4947(a)(	1) or 🔲 52	7 990-E	Z, or 990-	PF).			
ĸ	Check	▶ ☐ if the	e organi	ration is not a section 509(a)(3	) supporting organization	and its gross	receipts are r	ormally ne	ot more	than \$25,000	. <b>A</b>	
	Form 9	990-EZ or Form	n 990 re	urn is not required, but if the	organization chooses to	file a retum, l	be sure to file	a complet	e returr	n.		
L	Add lin	es 5b, 6b, and 7	b, to line	9 to determine gross receipts;	if \$500,000 or more, file Fo	rm 990 instea	d of Form 990	-EZ ►	\$			
F	art I	Revenu	е, Ехр	enses, and Changes i	n Net Assets or Fun	d Balance	es (See the	instruct	ions f	or Part I.)		
	1	Contributio	ons, giff	s, grants, and similar amo	unts received				1			
	2	Program se	ervice r	evenue including governm	ent fees and contracts			[	2			
	3	Membersh	ip dues	and assessments	RECEIVED.	7		[	3		3,449	
	4	Investment				<u> </u>		[	4			
	5a			n sale of assets other than		ဟ္တု <u>5a</u>						
	Ь	Less: cost	or othe	r basis and sales expense	BWAY. 17.2010 .	이 <b>5b</b>						
_	C	Gain or (los	ss) fron	n sale of assets other than	inventory (Subtract line	5 from li	ne 5a)		5c			
Revenue	6	Special event	s and act	vities (complete applicable parts	et Schedule G), If any amoun	t is from gami	ng, check here	<b>▶</b> □ [	*			
9	a	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$										
æ	. I	reported o	n line 1	)		. 6a		36,732				
	b	Less: direc	t expe	ises other than fundraising	g expenses	. 6b	<del></del>	13,968				
	C	a Gross sales of inventory, less returns and allowances						🗀	6c		22,764	
	7a											
	b	Less: cost	of goo	ds sold		. 7b			1			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					· · L	7c				
	8	Other revenue (describe ▶)						>	8			
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7	7c, and 8	<u> </u>	<u> </u>	. ▶	9		26,213	
	10	Grants and	i simila	amounts paid (attach sch	nedule)			]_	10	<del> </del>	32,174	
	11	Benefits paid to or for members						· · 崖	11			
S S	12	Salaries, other compensation, and employee benefits						· · · —	12			
Expenses	13	Profession	Professional fees and other payments to independent contractors						13			
Š	14	Occupancy, rent, utilities, and maintenance						<del>-</del>	14			
ш	1.5	Printing, publications, postage, and shipping						<del>-</del>	15			
	16	•	•	lescribe council gener		<del></del>			16		5,519	
	17	Total expe	enses.	Add lines 10 through 16 .	· · · · · · · ·	<u> </u>	<u> </u>	. •	17		37,693	
ş	18			for the year (Subtract line					18	(1	11,480)	
Net Assets	19			d balances at beginning			-	1	<u>.</u> 1		07.450	
Ş	end-of-year figure reported on prior year's return)						— <u>—</u>	19		27,158		
2	20		~		•			<b>—</b>	20		45.070	
_	21								21		15,678	
نا	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 (See the instructions for Part II.)  (A) Beginning of the instructions for Part II.)											
_								(B) End of ye				
	22 Cash, savings, and investments					26,	308 22	<del></del>	17,374			
							` <del> </del>		23 850 24		1 700	
2				e misc. and accts. rece			-'		158 <b>2</b> 5		1,700	
2		'otal assets . 'otal liabilitio		dhe Noutstanding chec			; <del> </del>		26		3,400	
2		Total liabilities (describe ▶ outstanding checks  Net assets or fund balances (line 27 of column (B) must agree with line 21)					27	158 27		15,678		
~			E		,_,		- 1	,	12/		-,-,-	

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Cat. No 106421

Form **990-EZ** (2009)

	990-EZ (2009)	·				Page 2
Vha Desc nani	till Statement of Program Service According to the organization's primary exempt purpose? The what was achieved in carrying out the orner, describe the services provided, the number a program title.	ganization's exempt purpos	ses. In a clear a	nd concise	501(c) organ	Expenses ired for section (3) and 501(c)(4) izations and section a)(1) trusts; optional iers)
28						
29	(Grants \$ ) If this amoun	t includes foreign grants, ch	eck here	, <b>&gt;</b> 🗆	28a	<del></del>
	(Grants \$ ) If this amoun				29a	·
30						
31	(Grants \$ ) If this amount Other program services (attach schedule)			· · · ·_	30a	
	(Grants \$ ) If this amoun				31a	<del> </del>
	Total program service expenses (add lines 28a				32	tions for Dort IV
Pair	t IV List of Officers, Directors, Trustees, and Ke (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0)	(d) Contributio employee benefit deferred compet	ns to plans &	(e) Expense account and other allowances
	Eisenhut	Grand Knight (10)				
_	20 Cartier, Brighton, MI 48114		<u> </u>			
	B Baypointe, Brighton, MI 48114	Financial Secretary (10)				
	n Affatati 15 Arbour, Brighton, MI 48114	Deputy Grand Knight (6)				
	g Daniels 3 Split Rall, Brighton, ₩I 48114	Secretary (6)				
	s Kottke 95 Arbour, Brighton, WI 48114	Trustee (2)				
	Anderer Sunshine Trl, Brighton, ₩I 48114	Trustee (2)				
1739	tt Price ) Woodhill, Brighton, № 48114	Treasurer (4)				
	Welngartz 7 Greenfield, Brighton, MI 48114	Trustee (2)		<u> </u>		
		···				
···						

Part '	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					
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.					
а	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 <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		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved					
39	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on line 9	enter: utions included on line 9				
b Gross receipts, included on line 9, for public use of club facilities		]				
40a						
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		1		
С	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					
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
0	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		1		
41	List the states with which a copy of this return is filed. ▶					
42a	The organization's books are in care of ▶ Telephone no. ▶					
	Located at ► ZIP + 4 ►					
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		Yes	No		
	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.			l		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	1		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □		
- <del>-</del>	and enter the amount of tax-exempt interest received or accrued during the tax year					
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		-55	<del></del>		
	Form 990-EZ	44		1		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u> </u>		

Page	4

					<del></del>			
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) no 17(a)(1) nonexempt of 1d 51.	nexempt charitable trust	aritab s mus	le trusts only. A t answer questio	II sec Ins 40	tion 5–491	o 
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete standards are supported to the complete standards and the complete standards are supported to the complete standards.		ivities on beha	If of or	in opposition to	40	Yes	No
	•					46		
47	Did the organization engage in lobbying activities					47		<b></b> -
48	Is the organization a school as described in section					48		<b></b> -
49a	Did the organization make any transfers to an ex		_			49a		
b	If "Yes," was the related organization a section 5					49b		<u>√</u>
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated en 000 of compensation fr	om the organiz	ation.	f there is none, en	truste ter "N	es an lone."	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	nsation	(d) Contributions to employee benefit plans & deferred compensation	ac	Experiount a allowa	and
	<u> </u>					<u> </u>		
						ļ		
								-
	(a) Name and address of each independent contractor	paid more than \$100,000		<b>(b)</b> Ty	pe of service	(c) Co	mpens	ation
<u>d</u>	Total number of other independent contractors of	each receiving over \$10	00,000 ▶					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including according to the control of the control	npanying schedule:	s and sta	atements, and to the bear	st of m	know	ledge e.
Sign	and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has a							
Here	John Keenle 5/12/20						<u>ر</u>	
	Signature of officer				Date			
	John Reineke, Financial Secretary  Type or print name and title							
Paid	Preparer's	Date	Check i	f	Preparer's identifying nui	mber (Se	e instru	ctions)
Paid Prepar	signature	l	self- employed					
Use Or	Only yours if self-employed),							
	address, and ZIP + 4			P	on enor	1		
May th	ne IRS discuss this return with the preparer show	n above? See instruction	ons	• • •	<u> P</u> L	Yes		No (2009)
					r-	00		(DUUG)

			<u>.</u>			Ob 1-#	
<u>No.</u>	<u>Date</u>	<u>Name</u>	Description	_	Amount	Check#	Out checks
830	-	Jeff Cerbie		\$ \$	120.00 100.00	A A	
		K of C - Council #2050 John Reineke		<b>.</b> \$	400.00	<del>D</del>	}
		St. Mary Magdalen		\$	2,000.00	D	
		K of C - Supreme	· · · · · · · · · · · · · · · · · · ·	\$	91.00	D	
824		SMA Fathers		\$	90.00	D	
		Ted Eisenhut		\$	15.00	О	
827	02/02/09	K of C - John R. Day Council	State Convention Ad	\$	42.00	D	
829	03/02/09	K of C - Council #3860	Megan's Fund	\$	100.00	D	
834	04/06/09	K of C - State Council	Take '5' Donation	\$	325.00	D	
838	04/06/09	K of C - State Council		\$	516.00	D	
839	04/06/09	SMA Fathers		\$	45.00	D	
841	04/06/09	Don Powell		\$	67.19	י ס	
		Ave Marie Press		\$	49.60	D	
		Liturgical Press		\$	40.90	D	1
	-	Jim Chevaller		\$ S	86.95	D	1
		K of C - State Council		-	5,385.90 9,085.00	D D	J
858		St. Mary Magdalen	Tabernacie, Tabernacie Piliar, Light Ctr Bala Vocations - Deaconate	* \$	500.00	D	
881		Nick George Boy Scout of America Troop 385		5	312.16	0	<b>\</b>
501		Holy Cross Children's Services	•	\$	1,900.00	D	]
		Lansing Lugnuts		\$	200.00	D	1
863		Eisenhut, Ted		\$	200.00	D	
		SMA Fathers		\$	45.00	ם	
869	07/07/09	Hospice Carshow	Hospice Donation	\$	500.00	D	1
870	07/07/09	St. Mary Magdalen	• • • • • • • • • • • • • • • • • • • •	\$	50.00	D	
874	08/03/09	K of C - State of MI Council	<b>,</b>	\$	573.00	D	
		K of C - Supreme	•	\$	94.00	D	
		SMA Fathers		\$	75.00	D	
885		SMA Fathers		\$	15.00	D	1
888		St. Mary Magdalen	·	\$ \$	5,000.00 500.00	D D	
889 892		Reineke, John Powell, Don		\$	100.00	D	
894		SMA Fathers		Š	30.00	D	
895		St. Mary Magdalen		\$	50.00	D	
897		St. Joseph Mercy Hospice & Home C		\$	2,000.00	D	
899		St. Mary Magdalen		\$	300.00	D	{
900	12/07/09	Fr. David Howell	Christmas Gift	\$	200.00	D	l
900	12/07/09	Sr. Joyce	Christmas Gift	\$	100.00	D	1
900		Sr. Maryetta	Christmas Gift	\$	100.00	D	1
901		K of C - State of MI Council		\$	300.00	D	1
902		Fr. John R. Day Council 2689	Community Dinner	\$	100.00	D	l
903		Holy Cross Childrens Services		\$ \$	100.00	D	i
904		Nick George John Affatati	<del></del>	S	500.00 68.68	<b>-</b>	
817 818		Dave Alfonos	Spaghetti Dinner expenses Spaghetti Dinner expenses	Š	57.13	E	
820		Instant Whip	Spaghetti Dinner expenses	Š	71.80	E	
821		John Affatati	Coney Night expenses	Š	358.00	Ē	
		Ken Anderer	Coney Night expenses	\$	37.09	E	
		John Reineke		\$	11.07	E	
831	03/02/09		Moolah Ball Expenses	\$	1,067.50	E	
833	04/06/09	Ken Anderer	Coney Night expenses	\$	37.09	E	
		Instant Whip		\$	73.50	E	
		Brian Susko		\$	66.17	E	
		Ron Weingartz	Golf Outing Flyers	\$	120.00	E	
		Brighton Chamber of Commerce	•	\$	418.80	E	
		Dan Schifko	Moolah Ball Expenses	\$ \$	50.00 193.60	E	
		K of C - 4th Degree Instant Whip	Moolah Ball Expenses Spaghetti Dinner expenses	3 5	193.60 53.60	E	
856		Mystic Creek		\$	8,440.00	E	
		Stan Osdras		\$	577.19	Ē	
			<b>yy</b>	-		_	