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Form **990-EZ****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**Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning** January 1, 2009, and ending December 31, 20 09**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, Our Lady of the Rosary Council 9039

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

PO Box 1641

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

Ocean Isle Beach, NC 28469

D Employer identification number

56-1490392

E Telephone number

910-575-6806

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) ▶**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. ▶ \$ 43603.35****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	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	6475.50
	4	Investment income	4	190.98
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including 501(c)(3) gaming) of contributions reported on line 4)	6a	36936.87
	b	Less: direct expenses other than fundraising expenses	6b	41099.10
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(4162.23)	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶ N/A)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	2504.25	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	13217.91
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	852.20
	16	Other expenses (describe ▶ N/A)	16	0
17	Total expenses. Add lines 10 through 16 ▶	17	14070.11	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(11565.86)
	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	9476.58
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	(2089.28)

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	9476.58	22 (2089.28)
23 Land and buildings	0	23 0
24 Other assets (describe ▶ 0)	0	24 0
25 Total assets	9476.58	25 (2089.28)
26 Total liabilities (describe ▶)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9476.58	27 (2089.28)

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED AUG 25 2010

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Expenses

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

28	Annual Golf Tournament to raise money for charitable donations generated a net of \$6399.73 which was used to fund charitable donations.		
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	0
29	The annual NC K of C State raffle was conducted. The Council sold tickets and sent 50% to the State Council, the rest was used to support annual charitable donations. The net raised was 1620.00		
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	0
30			
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) ►	32	0

[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	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 N/A		
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 ▶ N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
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. ▶ N/A		
42a The organization's books are in care of ▶ <u>Richard Connolly</u> Telephone no. ▶ <u>910-575-6806</u> Located at ▶ <u>6847 Weeping Willow Pl., OIB NC</u> ZIP + 4 ▶ <u>28469</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)?	42b	✓
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u> 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: ▶ <u>N/A</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input 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? 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.

- 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** ☐ **Yes** ☐ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 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."

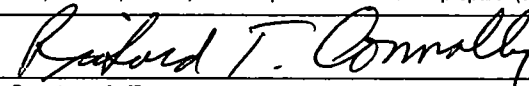
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f** _____

- 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 **d** _____

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		8/1/2010 Date	
Paid Preparer's Use Only	Richard T. Connolly, Financial Secretary, Council 9039 Type or print name and title			
	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**

Line 6 Events Detail

Gross Receipts	Golf Tournament (1)	Raffle	All Other Activities
Less: Contributions	\$ 15,030.00	\$ 3,240.00	\$ 18,666.87
	\$ -	\$ -	\$ -
Gross Revenue	\$ 15,030.00	\$ 3,240.00	\$ 18,666.87
Less: Direct Expense	\$ 6,399.73	\$ 1,620.00	\$ 33,079.37
Net Income or (loss)	\$ 8,630.27	\$ 1,620.00	\$ (14,412.50)
Line 6a Total	\$ 36,936.87		
Line 6b Total	\$ 41,099.10		
Line 6c Total	\$ (4,162.23)		

Line 10 Detail

Local Charitable Organizations Annual Donations.

Name	Address	Amount	Notes
Shallotte Assisted Living	PO Box 1559, Shallotte 28459	\$ 250.00	Nursing Home
Autumn Care	237 Mulberry St, Shallotte 28459	\$ 250.00	Nursing Home
Brunswick Family Assistance	PO Box 333, Supply 28462	\$ 300.00	Social Services
American Red Cross	1102 South 16th St, Wilmington 28401	\$ 250.00	Disaster Services
Providence House	5310 Doshier Cutoff Rd, Supply 28461	\$ 300.00	Teen Shelter
Lower Cape Fear Hospice	725-A Wellington Ave., Wilmington 28401	\$ 500.00	Hospice
Hope Harbor Home	PO Box 230, Supply 28462	\$ 300.00	Battered Women
Brunswick County Literacy Council	PO Box 6, Supply 28462	\$ 100.00	Reading Help
Salvation Army	PO Box 90, Wilmington 28402	\$ 200.00	Social Services
South Brunswick Interchurch Council	PO Box 1461, Shallotte 28459	\$ 300.00	Social Services
Room at the Inn	PO Box 75384, Charlotte 28275	\$ 400.00	Pro Life Organization
Project Rachel	2510 Piney Plains Rd, Cary 27511	\$ 400.00	Pro Life Organization
Habitat for Humanity	736 Alyssum Ave, Caswell Beach NC 28465	\$ 250.00	Housing for Needy
SBIC Crop Walk	PO Box 1461, Shallotte 28459	\$ 200.00	Fight Hunger
Church of St Brendan the Navigator	PO Box 2984, Shallotte 28459	\$ 2,000.00	Church Bldg. Fund
Church of St Brendan the Navigator	PO Box 2984, Shallotte 28459	\$ 600.00	Christmas Gifts
Grand Strand Right to Life	PO Box 128, Myrtle Beach SC	\$ 100.00	Pro Life Organization
Charitable Donations to Individuals			
Joseph La Martine	LaSalette Formation Community 1243 Monroe St NE, Washington DC 20017	\$ 500.00	Seminarian Support
Jonathan Baggett	St Charles Borromeo Seminary 100 E. Wynnewood Rd., Wynnewood, PA	\$ 500.00	Seminarian Support
Leticia Torres @ Appalachian State College	PO Box 32059, Boone 28608	\$ 1,000.00	Scholarship
Payments to NC State K of C Council	2409 Ferguson Rd , Raleigh NC 27612		
Per Capita Payment based on membership		\$ 918.25	Assessment
Disaster Relief Assessment		\$ 483.00	Aid Fund
NC State Raffle Proceeds		\$ 1,620.00	State portion of sales
Diocese of Raleigh Donation		\$ 100.00	Priests Retirement
Right to Life Assessment		\$ 100.00	Pro Life Donation
Council Insurance		\$ 181.00	Annual Ins Payment

Payments to K of C Headquarters	1 Columbus Plaza, New Haven CT 06510		
Per Capita Payment based on membership		\$ 540.66	Assessment
Culture of Life Assessment		\$ 413.00	Assessment
Catholic Advertising		\$ 162.00	Assessment
Line 10 Total		\$ 13,217.91	