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990-EZForm
Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009**Open to Public
Inspection**

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	January 1	, 2009, and ending	December 31	, 2009
B Check if applicable	C Name of organization			D Employer identification number
<input type="checkbox"/> Address change	Knights of Columbus, Our Lady of the Rosary Council 9039			56-1490392
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return				910-575-6806
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				
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

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

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 ► \$ 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 \$ 5 2010) 0 of contributions reported on line 4	6a	36936.87
Expenses	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
	10 Grants and similar amounts paid (attach schedule)	10	13217.91
	11 Benefits paid to or for members	11	0
Net Assets	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
	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)

199

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

Charitable activities in support of Church & Community

What is the organization's primary exempt purpose? _____
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 Annual Golf Tournament to raise money for charitable donations generated a net of \$6399.73 which was used to fund charitable donations.

0) If this amount includes foreign grants, check here ►

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

0) If this amount includes foreign grants, check here

29a 0

30

(Grants \$ **) If this amount includes foreign grants, check here . . . ►**

30a 0

31 Other program services (attach schedule)

(Grants \$ **) If this amount includes foreign grants, check here . . . ►**

31a 0

32 Total program service expenses (add lines 28a through 31a) ►

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the next page for definitions.)

See instructions for Part IV.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

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.	35a	✓
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?	35b	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	
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	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:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40b	✓
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		
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. ► <u>N/A</u>		
42a The organization's books are in care of ► <u>Richard Connolly</u> Located at ► <u>6847 Weeping Willow PI, OIB NC</u>	Telephone no. ► <u>910-575-6806</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 .	42c	✓
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: ► <u>N/A</u>		
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 ► <u>43</u>		□
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

Line 6 Events Detail

	Golf Tournament (1)	Raffle	All Other Activities
Gross Receipts	\$ 15,030.00	\$ 3,240.00	\$ 18,666.87
Less Contributions	\$ -	\$ -	\$ -
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 Dosher 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	LaSalle 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 PO Box 32059, Boone 28608	\$ 500.00	Seminarian Support
Leticia Torres @ Appalachian State College	2409 Ferguson Rd , Raleigh NC 27612	\$ 1,000.00	Scholarship
Payments to NC State K of C Council			
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
Culture of Life Assessment		\$ 413.00
Catholic Advertising		\$ 162.00
Line 10 Total		\$ 13,217.91