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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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*

OMB No 1545-1150

2009

Open to Public Inspection

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

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
IMMACULATE HEART OF MARY COUNCIL #12845

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1343 CENTERVILLE LANE

City or town, state or country, and ZIP + 4
GARDNERVILLE, NV 89410

D Employer identification number
88-0498247

E Telephone number
775-782-2852

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 ▶ $ 106,980.

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	265.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	3,131.
	4	Investment income		4	
	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	103,584.	
	b	Less: direct expenses other than fundraising expenses	6b	57,841.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	45,743.
	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	49,139.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 3		10	18,433.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	534.
	15	Printing, publications, postage, and shipping		15	498.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	6,515.
	17	**Total expenses** Add lines 10 through 16 ▶		17	25,980.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	23,159.
	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	142,344.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20	<155,875.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	9,628.

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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	108,073.	22	8,827.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	34,271.	24	801.
25	**Total assets**	142,344.	25	9,628.
26	**Total liabilities** (describe ▶ ____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	142,344.	27	9,628.

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

What is the organization's primary exempt purpose? SEE STATEMENT 8

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 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 3,149.

29 THE KNIGHTS OF COLUMBUS PROVIDED FINANCIAL AID AND VOLUNTEER SERVICES FOR NEEDY MEMBERS AND THEIR FAMILIES.

(Grants $ 15,787.) If this amount includes foreign grants, check here ▶ ☐ 29a 15,787.

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 18,936.

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
PHIL KERRIGAN, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	GRAND KNIGHT 0.00	0.	0.	0.
JOHN RUFFO, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	DEPUTY GRAND KNIGHT 0.00	0.	0.	0.
RAFAEL GARCIA, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	FINANCIAL SECRETARY 0.00	0.	0.	0.
MIKE MULLINS, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	TREASURER 0.00	0.	0.	0.
JOHN SOLT, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	TRUSTEE 0.00	0.	0.	0.
BILL REHM, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	TRUSTEE 0.00	0.	0.	0.
CHUCK RIPOLI, 1343 CENTERVILLE LANE, GARDNERVILLE, NV 89410	TRUSTEE 0.00	0.	0.	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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
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		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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		X
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	N/A	
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		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ MIKE MULLINS, TREASURER Telephone no. ▶ 775 762-1588 Located at ▶ 1343 CENTERVILLE LANE, GARDNERVILLE, NV ZIP + 4 ▶ 89410			
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)? 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**	42b		X
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: ▶	42c		X
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			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

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
N/A				

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."

N/A

(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 11/10/2010

▶ Type or print name and title

PLEASE SIGN, DATE & MAIL

Paid Preparer's Use Only

Preparer's signature ▶ Bill W Johnson	Date 11/02/10	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DAVID & JOHNSON, LTD. P.O. BOX 1968 ZEPHYR COVE, NV 89448			EIN ▶	
			Phone no. ▶ (775) 588-5672	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: KNIGHTS OF COLUMBUS IMMACULATE HEART OF MARY COUNCIL #12845

Employer identification number: 88-0498247

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

Revenue / Direct Expenses		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 BINGO FOOD SALES (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18,580.	6,936.	4,234.	29,750.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	18,580.	6,936.	4,234.	29,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		8,113.	129.	8,242.
	8 Entertainment				
	9 Other direct expenses	5,681.		1,775.	7,456.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(15,698.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	14,052.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue	73,834.			73,834.
Direct Expenses	2 Cash prizes	37,431.			37,431.
	3 Noncash prizes				
	4 Rent/facility costs	1,900.			1,900.
	5 Other direct expenses	2,812.			2,812.
	6 Volunteer labor	[X] Yes 100.00 % [ ] No	[ ] Yes ____ % [ ] No	[ ] Yes ____ % [ ] No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	(42,143.)
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	31,691.

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities NV			
a Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b If "No," explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b If "Yes," explain			
11 Does the organization operate gaming activities with nonmembers?	11	X	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	.00 %		
b An outside facility	13b	100.00 %		

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ CHUCK RIPOLI AND BINGO COMMITTEE

Address ▶ 1343 CENTERVILLE LANE - GARDNERVILLE, NV 89410

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ CHUCK RIPOLI AND BINGO COMMITTEE

Gaming manager compensation ▶ $ 0.

Description of services provided ▶ OVERSIGHT OF BINGO OPERATIONS

☒ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization KNIGHTS OF COLUMBUS
IMMACULATE HEART OF MARY COUNCIL #12845

Employer identification number 88-0498247

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Use Schedule N-1 if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d	
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶		

Part I **Liquidation, Termination, or Dissolution** (continued)

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?	4a		
b	If "Yes," provide the date of the letter ▶ _____ Attach a copy of the letter and, if applicable, the organization's request for the letter			
5a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	5a		
b	If "Yes," did the organization provide such notice?	5b		
6	Did the organization discharge or pay all liabilities in accordance with state laws?	6		
7a	Did the organization have any tax-exempt bonds outstanding during the year?	7a		
b	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	7b		
c	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36 Use Schedule N-1 if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CASH IN BUILDING ACCOUNT	11/19/09	52,849.	CASH VALUE IS EQUAL TO FAIR MARKET VALUE	27-0790765	COLUMBUS HALL OF IMMACULATE HE 1343 CENTERVILLE RD GARDNERVILLE, NV 89410	PUB. CHARITY PER IRC 501(C)(3)
CASH IN BUILDING CD	11/19/09	70,090.	CASH VALUE IS EQUAL TO FAIR MARKET VALUE	27-0790765	COLUMBUS HALL OF IMMACULATE HE 1343 CENTERVILLE RD GARDNERVILLE, NV 89410	PUB. CHARITY PER IRC 501(C)(3)
CONSTRUCTION IN PROCESS-"HALL" BUILDING	08/05/09	32,936.	HISTORICAL COST BASIS OF CONSTRUCTION COSTS	27-0790765	COLUMBUS HALL OF IMMACULATE HE 1343 CENTERVILLE RD GARDNERVILLE, NV 89410	PUB. CHARITY PER IRC 501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization			
a	Become a director or trustee of a successor or transferee organization?	2a	X	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		X
c	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III			

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c, Part II, line 2e, and any additional information

PART II, LINE 2E: VARIOUS OFFICERS AND/OR DIRECTORS

PART II, LINE 2E: OFFICERS AND/OR DIRECTORS MAY BE ELECTED TO BOTH THE KNIGHTS OF COLUMBUS IMMACULATE HEART OF MARY COUNCIL #12845 AND THE COLUMBUS HALL OF IMMACULATE HEART OF MARY CONCURRENTLY OR SUBSEQUENTLY.

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK CHARGES	145.
SUPPLIES	2,353.
STATE CONVENTION AND CONFERENCE EXPENSES	868.
YOUTH AND COMMUNITY ACTIVITIES	3,149.
TOTAL TO FORM 990-EZ, LINE 16	6,515.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
BUILDING IN PROGRESS	32,936.	0.
OTHER DEPRECIABLE ASSETS	1,335.	801.
TOTAL TO FORM 990-EZ, LINE 24	34,271.	801.

FORM 990-EZ PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATES ADDRESS	PURPOSE OF PAYMENT	AMOUNT
KNIGHTS OF COLUMBUS SUPREME COUNCIL	1 COLUMBUS PLAZA NEW HAVEN, CT 06510	MEMBERSHIP DUES	773.
KNIGHTS OF COLUMBUS NV STATE COUNCIL	2332 QUARTZ PEAK ST LAS VEGAS, NV 89134	MEMBERSHIP DUES	1,873.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,646.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
TRNSFR ASSETS TO COLUMBUS HALL OF IMMACULATE HEART OF MARY E.I.N. 27-0790765	<155,875.>
TOTAL TO FORM 990-EZ, LINE 20	<155,875.>

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	534.
TOTAL TO FORM 990-EZ, LINE 14	534.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

THE KNIGHTS OF COLUMBUS CONDUCTED VARIOUS FUND RAISING ACTIVITIES, COMMUNITY AWARENESS ACTIVITIES, AND PROVIDED VOLUNTEER SERVICES FOR VARIOUS LOCAL CATHOLIC YOUTH SERVICE GROUPS AND CHARITIES.

TO PROVIDE MUTUAL AID AND ASSISTANCE TO SICK, DISABLED, AND NEEDY MEMBERS AND THEIR FAMILIES. TO PROMOTE SOCIAL AND INTELLECTUAL FELLOWSHIP AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
	KNIGHTS OF COLUMBUS IMMACULATE HEART OF MARY COUNCIL #12845	88-0498247
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O box, see instructions. 1343 CENTERVILLE LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARDNERVILLE, NV 89410	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MIKE MULLINS, TREASURER
  1343 CENTERVILLE LANE - GARDNERVILLE, NV 89410
  Telephone No. ▶ 775 762-1588 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	**3c**	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	KNIGHTS OF COLUMBUS IMMACULATE HEART OF MARY COUNCIL #12845	88-0498247
	Number, street, and room or suite no. If a P.O. box, see instructions. 1343 CENTERVILLE LANE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GARDNERVILLE, NV 89410	

Check type of return to be filed (File a separate application for each return):

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MIKE MULLINS, TREASURER
  1343 CENTERVILLE LANE - GARDNERVILLE, NV 89410
  Telephone No ▶ 775 762-1588 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
SEE STATEMENT 10

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Bill W Johnson Title ▶ ~~FINANCIAL SECRETARY~~ CPA Date ▶ 8/10/10

Form **8868** (Rev 4-2009)

923832
05-26-09

FORM 8688 EXPLANATION FOR EXTENSION STATEMENT 10

EXPLANATION

THE INFORMATION NECESSARY TO COMPLETE THE RETURN HAS NOT YET BEEN PROVIDED. WE, THEREFORE RESPECTFULLY REQUEST AN ADDITIONAL EXTENSION OF TIME TO FILE THE RETURN.