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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning July 1 , 2009, and ending June 30 , 20 10

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 #6153

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O. Box 2042

City or town, state or country, and ZIP + 4
Springfield, VA 22152-2042

D Employer identification number
23-7110122

E Telephone number
703-451-7163

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) ▶

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

I Website: ▶ wwwKnights6153.net

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 ▶ $ 79,449.94

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	3,197.00
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	9,094.05
	4	Investment income		4	15,067.88
	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	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☑			
	a	Gross revenue (not including $ 3,197.00 of contributions reported on line 1)	6a 52,012.01		
	b	Less: direct expenses other than fundraising expenses	6b 27,935.74		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	24,076.27
	7a	Gross sales of inventory, less returns and allowances	7a 3.00		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	3
	8	Other revenue (describe ▶ 50/50 Drawing at meeting)		8	453.15
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	51,891.35
Expenses	10	Grants and similar amounts paid (attach schedule)		10	22,177.18
	11	Benefits paid to or for members		11	2,983.42
	12	Salaries, other compensation, and employee benefits		12	1,133.10
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,687.30
	16	Other expenses (describe ▶ Supplies & insurance)		16	2,010.95
	17	**Total expenses.** Add lines 10 through 16 ▶		17	29,991.95
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	21,899.40
	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	133,8271.21
	20	Other changes in net assets or fund balances (attach explanation)		20	671.29
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	156,397.90

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	133,379.93	22	155,279.33
23	Land and buildings	0	23	0
24	Other assets (describe ▶ Life Insurance Policy Cash Value)	447.28	24	1,118.57
25	**Total assets**	133,827.21	25	156,397.90
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	133,827.21	27	156,397.90

9-5R

15

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

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	**Handicapped· Our members spent many hours supporting Northern VA. Training Center and raising funds for KOVAR** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	**YOuth: Sponsored sports, scouting, summer theater, scholarships & safe graduation parties** (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	**Community: sponsored blood drives, provided fuel to needy & funds to orphaned** (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	

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
Donald P. Loren 6504 John THomas Drive, Alexandria, VA 22315-5931	Grand Knight (12)	0	0	0
Michael L. McNulty 8840 Seacraft Ct., Springfield, VA 22153-2113	Dep. Gr. Knight (8 hrs)	0	0	0
Michael B. Candalor 8227 Running Creek Ct, Springfield, VA 22153-2634	Financial Sec. (15 hrs)	1133	0	0
Joseph S. McDonnell 8193 Pohick Stream Pl, Springfield, VA 22153-1936	Chancellor (8 hrs)	0	0	0
Joseph C. Krupp 7806 Ballston Ct., Springfield, VA 22153-2301	Treasurer (4 hrs)	0	0	0
Raymundo Aguilar 6498 Milva Lane, Springfield, VA 22150-4272	Warden (6 hrs)	0	0	0
Antoine P. Issa 6429 Castlefin Way, Alexandria, VA 22315-5548	Recorder (2 hrs)	0	0	0
Matthew W. McGarvey 6613 Huntsman Blvd, Springfield, VA 22152-2621	Inside Guard (2 hrs)	0	0	0
Thomas E Lynch 5629 Kemp Ln, Burke, VA 22015-2041	Outside Guard (2 hrs)	0	0	0
Joseph P. Hanson 6817 Carawood Court, Springfield, VA 22150-4613	Trustee (3 hrs)	0	0	0
Frank B Guest, III 6403 Bridge Creek Court, Springfield, VA 22152-2241	Trustee (3 hrs)	0	0	0
Mark R. Price 7914 St George Ct, Springfield, VA 22153-2740	Trustee (3 hrs)	0	0	0
William J McCarron 8300 Wythe Lane, Springfield, VA 22152-3355	Lecturer (2 hrs)	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		✓
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			
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			
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	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 ▶ _____			
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **Michael B. Candalor, Financial Secretary** Telephone no. ▶ **703-451-7163**			
	Located at ▶ **8227 Running Creek Ct, Springfield, VA** ZIP + 4 ▶ **22153-2634**			
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: ▶ _____ 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: ▶ _____			
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			
			Yes	**No**
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

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: 10/31/10

▶ **Michael B. Candalor, Financial Secretary**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	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

Form 990EZ 2009-2010 -- Explanation of line amounts EIN: 23-7110122

Line 1 - Contributions, gifts, grants and similar amounts received

	1,071 65
	0 00
	2,027 00
	0 00
	98 35
	3,197.00

Membership Dues	11,308 50
Initiation/Readmission Fees	217 50
Supreme Assesment (Per Capita)	(803 46)
Supreme Assessment (Cath Advertising)	(187 41)
Culture of Life Assessment	(269 00)
State Assessment (Per Capita)	(1,172 08)
Total Line 3	9,094 05
Investment Income (Line 4)	15,067 88

Line 6 - Special events and activities

	Gross	Expenses	Net
Christmas Tree Sales	26,401 53	15,196 06	11,205.47
Christmas Cards	826 50	377 50	449.00
Breakfast with Santa	846 00	586 44	259.56
Pancake Breakfast (4)	2,107 24	2,175 61	(68 37)
KOVAR Drive	7,445 74	207 00	7,238.74
Fishing Trip	50 00	650 00	(600.00)
Fish Fry	0 00	20 90	(20.90)
Spaghetti Dinner	0 00	0 00	0.00
Priests vs Knights Basketball game	131 00	0 00	131.00
St Charity Raffle - Football sweeps	430 00	336 00	94.00
5K Run	5,635 00	3,991 09	1,643 91
Project Manger	6,000 00	0 00	6,000.00
St Bernadette Fall Festival	599 00	377 34	221.66
Host 3rd Degree Exemplification	0 00	0 00	0.00
Dinner Dance	360 00	1,240 66	(880.66)
Wine & Cheese Social	0 00	212 10	(212.10)
Officer Priest Mixer	0 00	230 85	(230 85)
Bowling Tournaments (2)	570 00	1,470 00	(900.00)
Golf Tournament (2)	0 00	222 26	(222.26)
Bingo	610 00	641 93	(31.93)
Total Line 6	52,012 01	27,935 74	24,076 27

Line 7 - Gross sales of Inventory, less returns and allowances

	Gross Line 7a)	Expenses (Line 7b)	Net (Line 7c)
Council Shirts, mugs, hats	3 00	0 00	3 00
			0 00
Total Line 7	3 00	0 00	3.00

Line 8 - Other Revenue (Describe)

50/50 Drawings at Meetings	76 00	0 00	76 00
Miscelaneous (uncashed/bad checks, fees)	0 00	0 00	0.00
One Cause commission			0 00
Miscelaneous (other)	377 15		377.15
Total Line 8	453 15		453 15

Line 9 - Total Revenue

Total Revenue (Line 9)	51,891 35	79,827.09 << Line L, Gross

Line 10 - Grants and similar amounts paid

Donations	
St Bernadette's Church	2,000 00
Catholic Charities	
St Bernadette's School--Scholarship Fund	1,000 00
St Bernadette School improvements	89 24
Bishop Ireton HS - All night grad party	100 00
Bishop O'Connell HS - All night grad party	100 00
St Bernadette Church March for Life	0 00
Gabriel Homes (Mentally Retarded)	300 00
Project Manger	6,600 00
Religious appreciation dinner	
St Bernadette PTO Fall Festival	150 00
Christmas food baskets	
Thanksgiving food baskets	149 56
New Priest gift	498 48
Merril Children Trust	400 00
Vocations (Seminarian support)	0 00
NVTC Christmas Party and Picnic	100 00
Little League sponsor	325 00
Virginia K of C Charities, Inc	100 00
SYC Youth Football	170 00
Cub Pack 995 Support	150 00
BSA Eagle project	300 00
Other Youth Activities	499 16
KOVAR - Knights of VA Assisting Retarded	8,117 74
Tulane School of Med - Masai relief	0 00
Fr McKenna Center	0 00
Penny a Knight a Day	1,028 00
Total Line 10	22,177 18

Line 11 - Benefits paid to or for members

Fraternal functions (e g , degrees)	81 91
After Meeting Refreshments	1,152 52
Sympathy cards, flowers, obituaries	463 95
for illness and death of members	
Life Insurance prem for destitute member	294 40
Memorial brunch for widows	125 65
Officer installation reception	120 38
State Council Meetings / Convention	172 94
Sports	571 67

Less reimbursements by members	0 00	
Total Line 11	2,983 42	

Line 12 - Salaries, other compensation, and employee benefits

Financial Secretary Salary (10 % of collected dues)	1,133 10	
Total Line 12	1,133.10	

Line 15 - Printing, publications, postage, and shipping

Printing (Primarily Newsletter)	956 50	
Web Site	0 00	
Postage	730 80	
Total Line 15	1,687.30	

Line 16- Other expenses

Supplies	1,485 95	
Insurance	500 00	
Dues for Inter-Service Club of Springfld	25 00	
Total Line 16	2,010.95	

Line 17 and 18

Total Expenses (Line 17)	29,991 95	
Revenues - Expenses (Line 18)	21,899.40	
Excluding Investment Income		6,831.52
		(Above incl Misc line from Dec, June Audits)
		(With this excluded 6,831.52
Line 20 - Other changes in net assets		
Change in Life Insurance Cash Value	671 29	