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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ΑI	For the	2009 calend	ar year,	or tax year beginning		7-01	, , 20	09, and	ending		<u>6 -</u>	<u>-30,20/</u>	<u>o_</u>		
B (Check if a	applicable	Please	C Name of organization	_	COL	, NCIL			D Emplo		ification number			
	Address	change	ange use IRS VIII use AC CALLANDUC 1977 HALL CA			1057	23	3-7142403							
	Name ch	ange	label or print or	Number and street (or P						Teleph	ephone number				
==	Initial retu		type.	1						847	7-358-0479				
닏	Terminate	ed	See Specific	City or town, state or con	Intry and ZIP ± 4	<u> </u>									
≂	Amended		Instruc-	l			_	,			Exemp	110n O 188	7		
닏		on pending	tions.		, IL, 6						oer ▶				
	Sec	tion 501(c)(3)		zations and 4947(a)(1)			its must atta	ach		-		🕻 Cash 🗌 Acc	crual		
			a coi	mpleted Schedule A (F	orm 990 or 990-	-EZ).			Other (s						
								Ì	H Check I	► Muf	the orga	anization is not			
									d to atta	tach Schedule B (Form 990,					
J 1	Гах-ех	empt status (check o	nly one) — 🔀 501(c) (8) ◀ (insert ne	o) 🗌 4 <u>94</u>	7(a)(1) or	527	990-EZ,	, or 990	-PF)				
K	Check	▶ ☐ ıf th	e organi	zation is not a section 5	09(a)(3) supportir	ng organizat	ion and its g	ross rec	eipts are no	rmally n	ot more	than \$25,000	Α		
	Form 9		_	turn is not required, bu											
L	Add line	es 5b, 6b, and 7	b, to line	e 9 to determine gross re	ceipts, if \$500,000	or more, fil	e Form 990 ır	nstead of	Form 990-E	z ►	\$				
	art I			enses, and Chan							tions fo	or Part I.)			
	⊺ 1			ts, grants, and simila							1 3	59.882.	7ス		
	2		_	revenue including go			acts				2	_ ', 			
	3	_		s and assessments.				·			3	5,028.	22		
	4	Investmen	•			•				·	4	50	2 L		
	5a			m sale of assets other	 or than invanta	 n.		5a		·	-		<u> </u>		
						•		5b			-				
	b			er basis and sales ex	•		· L_								
Φ	C			n sale of assets othe							5c				
Š	6	•		tivities (complete applicabl	·-			yanınıy, c	Stieck fiere	-1					
Revenue	a					of contrib	I .	_ 1							
æ		reported o	n line 1)				Sa L		\longrightarrow	1				
	b			nses other than fund				6b							
	C		-	ss) from special ever		-		om line	6a)	.	6с				
₽	7a	Gross sale	s of Inv	ventory, less returns	and allowances	3		7a							
2010	b		_					7b				-0-	•		
10	_	Gross prof	fit or (lo	ss) from sales of inve	entory (Subtrac	t line 7b fr	om line 7a)		· _	. }	7c				
_	8	Other reve	•				DEA!	11/5			8	<u> </u>			
\geq	. 9			dd lines 1, 2, 3, 4, 5c			KEN	, V 1,-	<u>ان - ســـــــــــــــــــــــــــــــــــ</u>	. ▶ ↓	9	64, 969	<u>.60</u>		
NON	10			ır amounts paid (atta	ch schedule) .		district to the second	· ·	in 181	. -	10	<i>44, 364.</i>	<u>, 27</u>		
	11					افخ ا	. gct 2	5 20	10 191	-	11	<u>-0-</u>			
Till I	12			empensation, and em		٠ - ١١-			<u>≅</u>	· -	12	-0-			
SANGO	13			and other payments	•		OF9		H+		13	-0-	·		
\$. 14			utilities, and mainter			-060	CIV,	السناي	٠ ٠	14				
の原	15			ions, postage, and sh	nipping	ا		_	•	·	15		,02		
Ø	16	•		describe ►							16	17,230			
Net Assets	17			Add lines 10 through			<u> </u>	<u> </u>	<u> </u>	. ▶	17	63,760	<u>. 49</u>		
	18) for the year (Subtra) <u> </u>	18	1,200	7.11		
	19			nd balances at begin						T I	ļ				
As		end-of-yea	ar figur	e reported on prior ye	ear's return) .					· ·	19	10, 43	<u> 2.65</u>		
et	20	Other char	nges in	net assets or fund b	alances (attach	n explanati	on)			L	20				
	21	Net assets	or fun	d balances at end of	year Combine	lines 18 t	hrough 20	<u> </u>	<u> </u>	. ▶	21	11,641	.76		
F	art II	Balanc	e She	ets. If Total assets o		nn (B) are	\$1 <u>,250,000</u>	or mor							
				(See the instruction	ons for Part II)				(A) Begir			(B) End of year	r		
2	2 C	ash, savings	, and ir	nvestments					10,4	32.6	5 22	11.641	76		
2	3 La	and and buil	dings .							<u> </u>	23	-0-			
2		ther assets (_)	- 0	,	24		-		
2		otal assets		De ▶					10,1	132,	65 25	11.64	1.76		
2		otal liabilitie	s (des	cribe ▶)	-0	<u> </u>	26	-0-			
2				balances (line 27 of o	column (B) mu s	st agree w	ith line 21)		10,1	132.	65 27	11,64	<u> </u>		

Dort III Chatana at at Duamana Comica Accom	milinama amba (O - a bla a - a l			_	-, - age z
Part III Statement of Program Service Accom				1	Expenses ~~~
What is the organization's primary exempt purpose? E	1 ' '	uired for section '			
Describe what was achieved in carrying out the organization		e)(3) and 501(c)(4)			
manner, describe the services provided, the number		nizations and section (a)(1) trusts, optional			
each program title					hers)
28 INTELLECTUAL DISABIL	ITIES E.I.			-	<u> </u>
20 INTECLUCIONE DISABLE	- I I I SO FUND	<u></u>			
***************************************	· 			i	
(Grants \$) If this amount	t includes foreign grants, ch	eck here .	▶_⊔_	28a	
29 DISASTER FUNDS					
		1			
(Grants \$) If this amount	includes foreign grants, ch	eck here .	. ▶ □	29a	
30 SEMINARY FUNDS	<u> </u>		<u> </u>		
ov					
				1	
/O					
	t includes foreign grants, ch	eck nere	<u> </u>	30a	<u> </u>
31 Other program services (attach schedule)				1.	
	includes foreign grants, ch			31a	
32 Total program service expenses (add lines 28a				32	
Part IV List of Officers, Directors, Trustees, and Ke	y Employees. List each one e	ven if not compensa	ated (See the	ınstruc	ctions for Part IV)
/-> News and address	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
JAMES KILLIGREW	GRAND KNIGHT	 	,		
1350 N. CRABTREE DR. PALATINE, IL		-0-	_ u		-6-
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STEWART TESNOW SR.	71 -	~0-	-0-	-	037
711 W. PALATINE RD.	SECRETARY	<u> </u>	 		
PALATINE, IL. 60067					
DAN KLIARSKY	TRUSTEE	~ () ~			
873 N. HAMILTON CT.			-0-		-0-
PALATINE, IL. 60067					
	-1				
JOHN SCAPIN	TRUSTEE		 		
205 Marchen Pulse	1705122	-0-	-0-	-	-o-
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ная	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No 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.	<u> </u>		
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		X
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		X
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		人
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			
39	Section 501(c)(7) organizations Enter:		i	
a	Initiation fees and capital contributions included on line 9			
b 40-	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 ►			
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
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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. ▶			
42a	The organization's books are in care of ▶ RICHARD DEYHLE Telephone no. ▶ 84			1824
b	Located at \triangleright 257 N, \triangleright 8 ENTOU ST, \triangleright PALATINE, \vdash L. ZIP + 4 \triangleright 6000 At any time during the calendar year, did the organization have an interest in or a signature or other authority	<i>7:</i>		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	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.			
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		\checkmark
U	If "Yes," enter the name of the foreign country.	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		1	▶ 🗆
	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 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		X
		, age	\ <u></u>	

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and section 49 and complete the tables for lines 50 and complete the tables for lin	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charitab table trusts mus	ole trusts only. A st answer question	II sec ns 46	tion 3–49k	o'		
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of o	r in opposition to		Yes	No		
•	candidates for public office? If "Yes," complete	andidates for public office? If "Yes," complete Schedule C, Part I							
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an e		•		49a				
	If "Yes," was the related organization a section 527 organization?								
	Complete this table for the organization's five h employees) who each received more than \$100								
		(b) Title and average	(c) Compensation	(d) Contributions to		Expen			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	ļ ``	employee benefit plans & deferred compensation	àcc	ount a	and		
				deletted compensation	orrer	allowa	inces		
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		-			ļ				
									
	Total number of other employees paid over \$10	0,000 ▶	L	<u>l·, </u>					
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npensa	ation		
			;						
		· · · · · · · · · · · · · · · · · · ·							
				` -					
d	Total number of other independent contractors	each receiving over \$100,0	. ▶						
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompan n of preparer (other than officer) is b	ying schedules and sta pased on all information	atements, and to the bes	t of my any kno	knowle wledge	edge ∍ ———		
Sign Here	Signature of officer	now		Date 27	20	0/0	<u> </u>		
	STEWART TESNOW Type or print name and title	SR., FINA	NCIAL	SECRETAR	4				
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	iber (See	instruc	tions)		
Use Onl	I Firm s name for		El	N •					
	address, and ZIP + 4		Pr	none no 🕨					
May the	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>	<u> </u>	Yes		No_		
				Foi	rm 99 (ノーピム	(2009)		

