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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public  
InspectionDepartment 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

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

<b>B Check if applicable</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change	Knights of Columbus Norfolk Council No. 367	23-7142551
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	<b>E Telephone number</b>
<input type="checkbox"/> Initial return	5201 Kennebeck Ave.	(757)857-698
<input type="checkbox"/> Terminated	Room/suite	
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4	<b>F Group Exemption Number</b> ►
<input type="checkbox"/> Application pending	Norfolk, VA 23513	

• 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:** ► Facebook.com, search for "Knights of Columbus Council 367"

**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 ► \$ 347836.72**

**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 . . . . . 2 Program service revenue including government fees and contracts . . . . . 3 Membership dues and assessments . . . . . 4 Investment income . . . . . 5a Gross amount from sale of assets other than inventory . . . . . b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/> a Gross revenue (not including \$ 0.00 of contributions . . . . . <b>RECEIVED</b> (Referred on line 1) . . . . . b Less: direct expenses other than fundraising expenses . . . . . c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . <b>MAY 23 2011</b> 7a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . 8 Other revenue (describe ► Regional hospitality room at state meeting) . . . . . 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ► 10 Grants and similar amounts paid (attach schedule) . . . . . 11 Benefits paid to or for members . . . . . 12 Salaries, other compensation, and employee benefits . . . . . 13 Professional fees and other payments to independent contractors . . . . . 14 Occupancy, rent, utilities, and maintenance . . . . . 15 Printing, publications, postage, and shipping . . . . . 16 Other expenses (describe ► Supplies, socials, awards, hospitality room, meeting expenses) . . . . . 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ► 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 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) . . . . . 20 Other changes in net assets or fund balances (attach explanation) . . . . . 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ► 	1 19693.83 2 10064.10 3 8220.00 4 69.64 <b>5c</b> 0.00  6c 11790.82  7c 0.00 8 3794.15 9 53632.54 10 25812.00 11 0.00 12 0.00 13 200.00 14 6300.00 15 1610.83 16 11154.19 17 45077.02  18 8555.52 19 14292.53 20 0.00 21 22848.05
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<b>Part II Balance Sheets.</b> 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.)	
	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments . . . . .	14292.53	22 11788.05
23 Land and buildings . . . . .	0.00	23 0.00
24 Other assets (describe ► Dues receivable) . . . . .	0.00	24 11060.00
25 <b>Total assets</b> . . . . .	14292.53	25 22848.05
26 Total liabilities (describe ► . . . . .)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	14292.53	27 22848.05

65  
14

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

**What is the organization's primary exempt purpose?** **Educational, charitable, religious, and social welfare works**

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  
or others.)

28 **Sponsor annual end-of-school luncheon for Norfolk Public Schools special needs students and employers.**  
Hosted about 400 students, teachers, and employers. Recognized by Supreme Council with Annual Community Service Award.  
(Grants \$ ) If this amount includes foreign grants, check here . . . . ►

29 **Collected over \$8700 for KOVAR, statewide fund to support organizations assisting people with intellectual disabilities.**  
(Grants \$ ) If this amount includes foreign grants, check here . . . . ►

30 **Provided workers to support Special Olympics state roller skating championships. Approximately 100 Special Olympians participated.**  
(Grants \$ ) If this amount includes foreign grants, check here . . . . ►

31 **Other program services (attach schedule)** . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here . . . . ►

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

**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.		
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 <b>Form 990-T</b> 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. ► <b>37a</b> <span style="float: right;">0.00</span>		
b Did the organization file <b>Form 1120-POL</b> 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	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 ► <span style="float: right;">n/a</span> ; section 4912 ► <span style="float: right;">n/a</span> ; section 4955 ► <span style="float: right;">n/a</span>		
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 . . . . . ► <span style="float: right;">n/a</span>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► <span style="float: right;">n/a</span>		
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. ► <b>None</b>		
42a The organization's books are in care of ► <b>Edward A. Isajewicz, Jr.</b> Telephone no. ► <b>757-623-6348</b> Located at ► <b>608 New York Ave., Norfolk, VA</b> ZIP + 4 ► <b>23508-2727</b>		
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: ► <span style="float: right;">See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>.</span>		
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: ► <span style="float: right;">See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>.</span>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <span style="float: right;">► <input type="checkbox"/> <span style="float: right;">n/a</span></span>		
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.

<b>46</b>	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	<b>Yes</b>	<b>No</b>
<b>46</b>			
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b>	If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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
<b>None</b>			(d) Contributions to employee benefit plans & deferred compensation
			(e) Expense account and other allowances
<b>f</b>	Total number of other employees paid over \$100,000	►	<b>0</b>

**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
<b>None</b>		
<b>d</b> Total number of other independent contractors each receiving over \$100,000	►	<b>0</b>

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				
<b>Sign Here</b>	► <i>E. A. Isajewicz, Jr.</i>	16 MAY 2011		
	Signature of officer	Date		
	► <b>Edward A. Isajewicz, Jr., Financial Secretary</b>			
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	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

Form 990-EZ (2009)



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**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

**2010**  
Open to Public  
Inspection

Name of the organization

Knights of Columbus Norfolk Council No. 367

Employer identification number

23-7142551

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

2a 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
1 None		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

n/a

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 None (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .				
2 Less: Charitable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .				
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ► ( )				
11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ► ( )				

**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.

	(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 . . . . .	164464.00	141531.00	None	305995.00
Direct Expenses				
2 Cash prizes . . . . .	157075.00	98791.00		255866.00
3 Noncash prizes . . . . .	0.00	0.00		0.00
4 Rent/facility costs . . . . .	15137.99	0.00		15137.99
5 Other direct expenses . . . . .	23200.19	0.00		23200.19
6 Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No -----	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No -----	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ► ( )				294204.18
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ► ( )				11790.82

9 Enter the state(s) in which the organization operates gaming activities: Virginia

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	100 %
b An outside facility	13b	0 %

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

Name ► Daniel Owens

Address ► 5201 Kennebeck Ave., Norfolk, VA 23513

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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 ► n/a

Address ►

16 Gaming manager information:

Name ► Jorge Pousa

Gaming manager compensation ► \$ 0.00

Description of services provided ► Supervises operation of bingo sessions. Reconciles accounts of each session.

 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?  Yes  No

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 ► \$ 5013.00

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

None



**Schedule for line 10, Grants and similar amounts paid** 2009  
**(Form 990-EZ)**

<b>Name of organization</b>	<b>EIN</b>
<b>Knights of Columbus Norfolk Council No. 367</b>	<b>23-7142551</b>

**Line 10 of Form 990-EZ includes a contribution of \$15850.91 to KOVAR. KOVAR is a charity of the Virginia State Council of the Knights of Columbus. KOVAR provides grants to organizations that assist people with intellectual disabilities.**

**Note that Schedule B is the 2006 form and Schedule G is the 2010 form. The 2009 forms were not available.**