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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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 2009 calendar year, or tax year beginning 12-1-09, 2009, and ending 6/30, 2010

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 ST CROIX COUNCIL # 1762

Number & street (or P.O. box, if mail is not delivered to street addr.)

1500 VINE ST

City or town, state or country, and ZIP + 4

Hudson WI 54016

D Employer identification number

23-7142717

E Telephone number

(715) 386-8371

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

J Tax-exempt status (check only one) -- ☒ 501(c)(8) (insert no.) 4947(a)(1) or 527H Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).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... ▶ \$ 68,725

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	3,523
	2	Program service revenue including government fees and contracts	2	58,737
	3	Membership dues and assessments	3	4,469
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 <input type="checkbox"/>)		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ See attachment #1)	8	1,996	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68,725	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	598
	13	Professional fees and other payments to independent contractors	13	792
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,820
	16	Other expenses (describe ▶ See attachment #2)	16	61,435
17	Total expenses. Add lines 10 through 16	17	65,645	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,080
	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	16,124
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	19,204

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	16,124	22 9,204
23 Land and buildings		23
24 Other assets (describe ▶ See attachment #3)		24 10,000
25 Total assets	16,124	25 19,204
26 Total liabilities (describe ▶)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,124	27 19,204

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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What is the organization's primary exempt purpose? See attachment #4

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, & other relevant information for each program title.

28	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	_____		

	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	0

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

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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		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?		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?		X
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 40a ; section 4912 40a ; section 4955 40a		
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		X
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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. 41		
42a The organization's books are in care of 42a Telephone no. 42a Located at 42a ZIP + 4 42a		
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: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
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: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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.

- 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** ☐ Yes ☒ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☒ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 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."

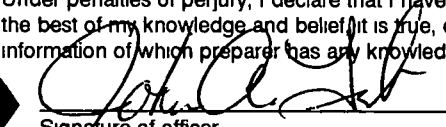
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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		11-10-10 Date	
Paid Preparer's Use Only	JOHN A TRIEB Type or print name and title			
	FINANCIAL SECRETARY			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4			

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

SCHEDULE OF OTHER REVENUE

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762	Employer Identification Number 23-7142717

Description of Other Revenue	Amount
Re-Imbursements	1,996
Total	1,996

SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762	Employer Identification Number 23-7142717

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Concessions Trailer		10,000	
Totals		10,000	

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning

, and ending

KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762

23-7142717

Total

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762	Employer Identification Number 23-7142717

Primary Purpose

EDUCATIONAL, CHARITABLE, RELIGIOUS, AND SOCIAL WELFARE

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2009 or tax period beginning , and ending		
Name of Organization KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762			Employer Identification Number 23-7142717	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
PAUL J KRENIK SR 787 GHERTY LANE Hudson, WI 54016	GRAND KNIGHT 5.00	0	0	0
JOHN A TRIEB 423 LOST ROCK LANE Hudson, WI 54016	FINANCIAL SECRETARY 10.00	598	0	0
JOHN P KNUTSON 1535 NORTHRIDGE DR Hudson, WI 54016	DEPUTY GRAND KNIGHT 1.00	0	0	0
DAVID J MCDONALD 364 KRATTLEY LANE Hudson, WI 54016	CHANCELLOR 1.00	0	0	0
LARRY S HEBERT 497 LASSIE CIRCLE Hudson, WI 54016	RECORDER 2.00	0	0	0
TIMOTHY J SHAFER 1423 GRANDVIEW DR Hudson, WI 54016	TREASURER 5.00	0	0	0
MICHAEL J WESELI 460 COULEE TRAIL Hudson, WI 54016	ADVOCATE 1.00	0	0	0
DANIEL D SCHWAB 423 DEER HAVEN DR Hudson, WI 54016	WARDEN 1.00	0	0	0
CHRISTOPHER R MICHAELSON 1180 42ND ST Hudson, WI 54016	INSIDE GUARD 1.00	0	0	0
RAYMOND F FRANCAZAK 543 SPRUCE DR Hudson, WI 54016	OUTSIDE GUARD 1.00	0	0	0
MICHAEL R FRASE 711 CROSBY DR Hudson, WI 54016	ONE YEAR TRUSTEE 1.00	0	0	0
JOHN A BOOTH 710 DUNDEE AVE River Falls, WI 54022	TWO YEAR TRUSTEE 1.00	0	0	0
EUGENE J TSCHUMPERLIN 361 DEER VALLEY DR Hudson, WI 54016	THREE YEAR TRUSTEE 1.00	0	0	0
VIRGIL HEINEN 1336 CARRIAGE DR UNIT A Hudson, WI 54016	CHAPLAIN 2.00	0	0	0
GARY W MAIER 1015 80TH AVE Roberts, WI 54023	LECTURER 1.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization KNIGHTS OF COLUMBUS ST CROIX COUNCIL # 1762	Employer Identification Number 23-7142717
Part V - Line 42a	

Individual Name JOHN A TRIEB
or
Business Name:

Street Address 423 LOST ROCK LANE

U.S. Address:

Zip code 54016 City Hudson State WI
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (715) 386-8371

Fax Number