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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, 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 organizationKNIGHTS OF COLUMBUS - CHELSEA #3092

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

14200 EAST OLD U.S. HIGHWAY 12

Room/suite

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

CHELSEA, MI 48118-1124**D** Employer identification number23 7142754**E** Telephone number(734) 475-6484**F** Group ExemptionNumber ▶ 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 ☐ 527**H** Check ☒ if the organization is not required to attach Schedule 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 ▶ \$ 73,229.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		14,163.	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	14,163.
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	159.
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	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 \$ <u>14,163.</u> of contributions reported on line 1)	6a	58,534.
	b Less: direct expenses other than fundraising expenses	6b	27,907.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	30,627.	
7a Gross sales of inventory, less returns and allowances			
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ <u>REFUNDS AND REBATES</u>)	8	373.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,322.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	20,121.
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	3,600.
	15 Printing, publications, postage, and shipping	15	820.
	16 Other expenses (describe ▶ <u>CHARITABLE, GENERAL AND ADMINISTRATIVE</u>)	16	7,006.
	17 Total expenses. Add lines 10 through 16	17	31,547.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,775.
	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	50,923.
	20 Other changes in net assets or fund balances (attach explanation)	20	141.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,839.

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	48,608.	61,752.
23	Land and buildings	0	0
24	Other assets (describe ▶ <u>FURNITURE</u>)	3,500.	4,300.
25	Total assets	52,108.	66,052.
26	Total liabilities (describe ▶)	1,185.	1,213.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,923.	64,839.

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? SUPPORT RELIGIOUS AND UNDER PRIVILEGED INDIVIDUALS
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 MENTAL DISABILITIES DRIVE ~~FORWARD~~ PROVIDES FINANCIAL SUPPORT FOR MENTALLY & PHYSICALLY DISABLED INDIVIDUALS THRU K&C STATE COUNCIL SUPPORTS NUMEROUS PEOPLE & ORGANIZATIONS IN THE STATE OF MICHIGAN

(Grants \$ N/A) If this amount includes foreign grants, check here ☐

28a

N/A

29 CATHOLIC EDUCATION THRU NEWS LETTERS TO MEMBERSHIP
of OVER 200 FAMILIES AND FINANCIAL SUPPORT FOR
FUTURE PRIESTS

(Grants \$ N/A) If this amount includes foreign grants, check here ☐

29a

n/a

30 KNIGHTS OF COLUMBUS PER CAPITA, DUES AND TAKES PROGRAM
SUPPORTS HALLY CROSS CHILDRENS SERVICES, HOSPICES
FOR THE ILL AND OTHER SUPPORT SERVICES FOR NUMEROUS PEOPLE IN THE

(Grants \$ N/A) If this amount includes foreign grants, check here STATE ☐

30a

 n/A

31 Other program services (attach schedule)

(Grants \$ N/A) If this amount includes foreign grants, check here ☐

31a

N/A

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

32

11/2

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

[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		☒
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		☒
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?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions: ▶ 37a <u>N/A</u>		
b Did the organization file Form 1120-POL for this year?		
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?		☒
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 ▶ <u>N/A</u>		
42a The organization's books are in care of ▶ <u>ALFRED LETIZIO</u> Telephone no. ▶ <u>(734) 475-6484</u> Located at ▶ <u>6970 LINGANE, CHELSEA, MI 48118</u> ZIP + 4 ▶ <u>48118-9483</u>		
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)?	Yes	No
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 .		
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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	Yes	No
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.

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		
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."			

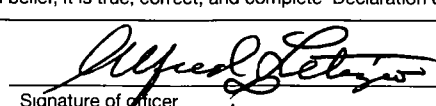
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

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		OCTOBER 6, 2010 Date	
Paid Preparer's Use Only	ALFREDO LETIZIO Type or print name and title		FINANCIAL SECRETARY	
	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 **990-EZ** (2009)

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 - CHELSEA #3092

Employer identification number

23 : 7142754

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 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
		Yes	No			
N/A						
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.

		(a) Event #1 <u>FISH DINNER</u> (event type)	(b) Event #2 <u>CHICKEN BBQ</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	37,552.	6,442.	5,594.	49,588.
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	37,552	6,442.	5,594.	49,588.
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	17,888.	2,894	2931.	23,713.
	8 Entertainment	0	0	0	0
	9 Other direct expenses	328.	496.	636.	1,460.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(25,173.)
	11 Net income summary. Combine line 3, column (d), and line 10				24,415

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	5,434.	N/A	N/A	5,434.
Direct Expenses	2 Cash prizes	3,189.			3,189.
	3 Noncash prizes	0			0
	4 Rent/facility costs	311.			311.
	5 Other direct expenses	342.			342.
	6 Volunteer labor	☒ Yes 1.00 % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					(3,842.)
8 Net gaming income summary. Combine line 1, column d, and line 7					1,592.

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a	☒	☐
10a	☐	☒
11	☐	☒
12	☐	☒

13 Indicate the percentage of gaming activity operated in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ MARK BECKERAddress ▶ 10630 COOPERFIELD, CHELSEA, MI 48118**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

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 ▶ _____

Address ▶ _____

16 Gaming manager information:Name ▶ MARK BECKERGaming manager compensation ▶ \$ 0Description of services provided ▶ APPLIED FOR LICENSE & FACILITATES BOOKS☒ 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

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 ▶ \$ _____



Knights of Columbus, Council #3092, Chelsea, Michigan
Employer ID# 23-7142754

Form 990 EZ Fiscal Year July 1, 2009--June 30, 2010

Line # 6 Gaming

Form 990-T is not required, in that, Bingo was the only gaming activity and the gaming did not involve an unrelated trade or business, since the gaming work is preformed by volunteers and the gaming is not regularly carried on.

Line # 10 --Grants and Similar Amounts

\$5,060.00

Mental Disabilities Drive Funds (support of under privileged individuals)

Knights of Columbus,

Michigan State Council

2184 Beech Daly

Dearborn Heights, Michigan

Line # 20--Other Changes in Net Assets or Fund Balances

\$141.00 is an unlocated discrepancy amount used to balance lines 21 and 27.