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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)

		the Treasury ue Service The organization may have to use a copy of this return to satisfy state	reporting requ	uirements.	Inspection
A	For the	e 2009 calendar year, or tax year beginning July / , 2009, and endi	ng Ju	NE 3	0, 20 /0
В	Check if a	pplicable Please C Name of organization Knights of Columbus 3061 Caringt	ON COUNCIL		yer identification number
	Address	change label or Doing Business As			7542301
	Name ch	print or Number and street (or P.O box if mail is not delivered to street address) Room/s	urte	٠.	one number
	nitial ret			7785)	892-9350
ים	rermınat	ed Instruc-			1-7-01-
	Amende	F. Alama and address of appropriate files The state of th			eceipts \$ 607,540
L.J #	Application	n pending 73535 RIVER Rd- Covington LA 7043			n for affiliates? Yes X No
	Tax-exe	empt status: 501(c) (8)			included? Yes No
	Websit				list. (see instructions) mber ► 0 / 8 8
		organization: ☐ Corporation ☐ Trust 🗷 Association ☐ Other ► L Year of forma			f legal domicile: $\angle A$
	art I	Summary	·		
	1	Briefly describe the organization's mission or most significant activities:	old for	LNd	RAISING
•					d YARIOUS
an Ce		charitable institutions and org	ANIZAL	tien:	5
Governance	-	·			
Š	1	Check this box $\blacktriangleright \square$ if the organization discontinued its operations or disposed of more than 25%	% of its net asse		
<u>مح</u>	1	Number of voting members of the governing body (Part VI, line 1a)		. 3	12
īţ.		Number of independent voting members of the governing body (Part VI, line 1	b)	. 4	0
Activities &	1	Total number of employees (Part V, line 2a)		. 6	80
⋖	1	Total number of volunteers (estimate if necessary)		7a	0
		Net unrelated business taxable income from Form 990-T, line 34		. 7b	
Revenue			Prior Ye	ar	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	7,9	66	4.785
	1	Program service revenue (Part VIII, line 2g)			
8	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		07	2,433
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89.0		5386
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		202	12.604
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	101,	403	22,984
Š		Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e)			
Š		Total fundraising expenses (Part IX, column (D), line 25) ▶			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Other expenses (Part IX, column (A), lines 11a 11d, 13 24) EIX (FD:	10,	317	5.794
	18	Total expenses. Add lines 13-17 (must equal Part-IX column (A) line 25).	111,	5a2	28.778
	19	Revenue less expenses. Subtract line 18 from line 12	(10	520)	(16,174)
Assets or A		FEB 2 2 2011 O	Beginning of Cu		End of Year
sset Bala	20	Total assets (Fart A, line 10)		,044	102870
Net A		Total liabilities (Part X, line 26)	119	0.444	100 5070
	122	Net assets or fund balances. Subtract line 21 from line(20.) FN: LIT	/17	044	102870
	(111	Under penalties of penury, Ideolare that I have examined this return, including accompanying sche-	dules and statem	nents, and t	o the best of my knowledge
	_	and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based or	all information	of which pro	eparer has any knowledge
Sig	an 🖳	be be		2-14	-11
He		Signature of officer	Date)	
		DANIEL J. OKOURKE - TRUSTE	E		
_		Type or print name and title			
		Preparer's S	heck if	Preparer's in	dentifying number tions)
Paid	d	signature	mployed ▶ 🔲	,	- ,
Pre	parer's	Firm's name (or yours)	7		
Use	Only	if self-employed), address, and ZIP + 4	Phone no	<u> </u>)
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			. Yes No
					

om !	990 (2009) 23-754230/	Page 2
Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	SEE PART I - Itam /	
		,
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes 🔀 No
	If "Yes," describe these new services on Schedule O.	i res pa no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	☐ Yes 🗷 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$	
		••••
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	/(// // // // // // // //	/
		
4d	Other program services. (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶	

Par	Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		h	
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	4		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	44.	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	4		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	X X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		メ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	<u>√</u>

Par	Statements Regarding Other INS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable		r	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		/ 1 /	
	Statements, filed for the calendar year ending with or within the year covered by this return	- Ch	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
20	instructions)			
Sa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		T,
	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			X
_	·	4a	362	
IJ	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.		,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		ス
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	2	SE	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u>_</u>		
	required to file Form 8282?	7c	e in	
	in roo, indicate the hamber of round earling the year			1 84
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_,	l	
٥	required?	7h		سترا
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	i i	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	-AAA		
b	Enter the number of voting members that are independent	i ali		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	The Fe	, vil. de.	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a				
. –	of the governing body?	7a	X	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1.20
_	the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Χ_
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ľ	J	
	form?	11	Δ.	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- J.	- Marie	· There
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14	0414	
15	Did the process for determining compensation of the following persons include a review and approval by	1	:4	*
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			A. L.
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	ari. Surair	7.8
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	2	THE.	399F
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		3FK	4.8.
	with a taxable entity during the year?	16a	7 to .	 -
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	A		* * **
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	. 2**	120	ælr.d
<u></u>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > NoxE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website 🗵 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
•	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: DANIEL J. OROWRKE - 73525 KIVER Kd - COVINGTON	rds of	the	112
	organization: DINNIEL N. WILDHIKE 17783 KIYER KO - GOVINGTON	6.11.	[6	.79

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any o	cum	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)			ply)	Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KENNY EBERTS GRAND KNIGHT	15	/		~				-0-	-0-	-0 -
GRAND KNIGHT KERRY GASPARD DEPUTY GRAND KNIGHT CLARENCE ARMAND	5	~		/				-0 -	-0-	-0-
_ Charcellor _	5	/		/				÷0-	0-	-0-
MICHAEL BORISKIE RECORDER	10	/		/	_			-0-	-0-	-0-
HARRY FABRE WARDEN	5	/		/				-o-	-0-	
Anthony IngRASSIA TREASURER	10	/		/				-0-	-0-	-0-
JOSEPH TAMET AdvocATE JOHN DESILVA	5	/		/				-0-	-0-	-0-
JOHN DESILVA GWARD	5	✓		1				100	-0-	-0-
JOSEPH GAGLIANO GUARD	5	/		1				-0-	-o-	-0-
DANIEL O'ROURKE TRUSTEE	15	Y		1				~ O =	10	-0-
Adrian Hedgson TrustEE	10	1		1				-0-	-0-	-0-
John MENdou TRustEE	5	1		Y				0	-0-	-0-
						l				

Pa	1 VII Section A. Officers, Directors, Tru		Emp	loy			d Hig	hest	Compensate	d Employees (co	ontinued)
	(A)	(B)	l		•	C)			(D)	(E)	(F)
Name and title		Average hours per week	Individual trustee	nstitutional trustee	Officer	Rey employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
<u>1b</u>	Total						<u> </u>	▶	-0-	_0-	0
2	Total number of individuals (including but reportable compensation from the organization)	not limited t	to the	se	liste	ed a	_) wh	o received mo	ore than \$100,00	00 in
3	Did the organization list any former office	r. director	or tru	ıste	e. k	ev	emplo	vee	or highest c	ompensated	Yes No
	employee on line 1a? If "Yes," complete Se	chedule J f	or su	ch i	indi	vidu	ıal .			·	3 X
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue es," comp	comp lete S	ens Sch	satio edu	on f le J	rom a	any uch	unrelated orga	anization for	5 X
Se	ction B. Independent Contractors								-		
1	Complete this table for your five highest compensation from the organization.	mpensated	d inde	epe	nde	nt c	ontra	ctor	s that received	more than \$10	0,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
_	"NONEY										
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bu	ıt not	limi n ►	ited	to t	hose	liste	d above) who	received : //	
	The state of the s	J. G. Guil						<u> </u>	7 V C	<u></u>	

Part	. VIII	Statement of Re	venue					
4.3					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
- Ω Ω I	<u>~</u>					revenue	1everide	512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1			图4 5.4级		
<u> </u>	b	Membership dues	<u> 11</u>			La Maria		。
a, ts	С	Fundraising events .	10					一定国際エンタ
ig gi	d	Related organizations	<u>10</u>	1			深着一个	
Ş.E	е	Government grants (contri	ibutions). 10			国工工业		
혈	f	All other contributions, gifts, g						
혈휲		and similar amounts not inclu			The discounting and a single	ki Wiliakh	and the companion of th	
투원	g	Noncash contributions include						
မှ ငိ		Total. Add lines 1a-1f			4.785		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-		··· -		Business Code	MEETING MAYS	43 2 42 42 b		
Program Service Revenue					1449575 53		233444.32	271.00
ě	2a							
e	b			}	 			<u> </u>
울	С							
တီ	d							
Ę	е							
ъ	f	All other program servi						
_ &_	g	Total. Add lines 2a-2f	<u> </u>	<u></u> . ▶			2014年第四十二	经等种思想的
	3	Investment income (incother similar amounts) Income from investment of		🕨	2,433	2433		
	5	Royalties	 	<u> </u>				
			(i) Real	(iı) Personal	全人是200万年	art to	23.57.75	graphic districts
	6a	Gross Rents						
1		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (lo	oss)	•				
	_	` ;	(i) Securities	(ii) Other				15-200-4-45-2100s
	7a	Gross amount from sales of	(1) 0000111100	(ii) Gailei				
		assets other than inventory					到好办	
	b	Less. cost or other basis			学生的联系是			
		and sales expenses .					第274 年4	
	С	Gain or (loss)						
	d	Net gain or (loss)		<u>, , , , </u>				
<u>o</u>	Ra	Gross income from	fundraising		Mark Mark		5% 经分类的	
evenue	🚾	events (not including \$			Marie Lang			
Š		of contributions reported			44 X Sara-54-4			
Č.		See Part IV, line 18	· · · · · · · · · · · · · · · · · · ·	a				
ē	h	Less: direct expenses		b	按数据的数			
Other		Net income or (loss) from						
	1		_	CVOILS P	Self 21- 7-17-1-1-1-18-1		PAPE SIESTANI	
	9a	Gross income from garr	ing activities.	CONSUL	四、下水 20			
		See Part IV, line 19		a 594,846	5. C. B. W. J. Jan.			
		Less: direct expenses		b 590,146	/A	15 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1 5 7 <u>Cur</u>	, 1-, 12-, 1
	С	Net income or (loss) from	om gaming act	tivities >	4,700	4,700		
	10a	Gross sales of inve	entory, less		1 .	, ,		
		returns and allowances		a <u>5,476</u>		Ì	•	
	ь	Less: cost of goods so	ld	b 4.790		,	,	* -
	C	Net income or (loss) from	n sales of inver	ntory ►	686	686		
		Miscellaneous Reve	enue	Business Code				
	11a					1		
	b							
	C	All _Ab						
	d			<u> </u>	 			- 1
		Total Payanua Saa na		💺	10 / = !!	7810		
	12	Total revenue. See ins	uctions. ,	<u> </u>	12,604	7,819		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 50 All other organizations must complete col				(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	18.132			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,852			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<u> </u>	<u> </u>	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	<u> </u>	 	ļ	
11	Fees for services (non-employees):				
	Management		 	ļ	
	Legal	300	 	<u> </u>	
_	Accounting	<u> ۵۵۵</u>		 	
	Lobbying		TRANSMEN I		
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	267	 		
g	Other				
12 13	Advertising and promotion	1569			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.		<u> </u>		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BER CAPITA	1,303			
b	Monthly MEETINGS	1,206			
С	MONTHLY MEETINGS FUNCTIONS	946	<u> </u>		
d	MASSES	203			
e			ļ	ļ	
f	All other expenses	18770	 	 	
25_ 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	28,778	 	 	
<u></u> _	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	37,044	1	20870
	2	Savings and temporary cash investments	82,000	2	82,000
	3	Pledges and grants receivable, net	<u> </u>	3	<u> </u>
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	₹ 2•46	5	ें के
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	. · · · ·
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	119,044	16	102,870
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	·	19	
	20	Tax-exempt bond liabilities		20	
ë	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	 	25	
	26	Total liabilities. Add lines 17 through 25		26	
seo		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	8,068	27	9426
Ba	28	Temporarily restricted net assets	•	28	·
5	29	Permanently restricted net assets	110,976	29	93.444
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ž	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	119044	34	102870
			•		Form 990 (2009)

Form **990** (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🔲 Other	沙 森		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b_		<u>X</u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

· SCHEDULE G (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number COUNDI COVINGTON 0 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants е Internet and email solicitations Solicitation of government grants ☐ Phone solicitations 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? 2 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 (ii) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) fundraiser listed in col (i) custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity No Yes 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

Pa	art li	Fundraising Events. Comore than \$15,000 on F										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through						
a)			(event type)	(event type)	(total number)	col (c))						
Revenue		Cross rescents										
Re	1 2	Gross receipts				 						
		contributions				<u> </u>						
	3	Gross income (line 1 minus line 2)										
	4	Cash prizes										
	_	November annua										
	5	Noncash prizes										
nses	6	Rent/facility costs				 						
Direct Expenses	7	Food and beverages		I.								
rect	8	Entertainment										
Ω	9	Other direct expenses										
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		()						
	11	Net income summary. Comb	oine line 3, column (d), a	nd line 10								
	art II	Gaming. Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19	, or reported more						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))						
Reve	1	Gross revenue	185,431	409.415		594,846						
ses	2	Cash prizes	187,626	316,928		594,846						
Direct Expenses	3	Noncash prizes										
rect 1	4	Rent/facility costs	24,000	24,000		48,000						
Ω	5	Other direct expenses .	17.743	19,849		37.592						
	6	Volunteer labor	X Yes _/o○ % □ No	☐ No /Ø	☐ Yes% ☐ No							
	7	(590,146)										
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		4700						
				,		Yes No						
9		Enter the state(s) in which the organization operates gaming activities: Lew 151 ANA Is the organization licensed to operate gaming activities in each of these states?										
i		www.manusers.com										
		ere any of the organization's	gaming licenses revoke	d, suspended or termin	ated during the tax ye	ar? 10a X						
t	o If	"Yes," explain:										
				•••••								
11 12		oes the organization operate of the organization a grantor, be			a partnership or other	entity 11						
	fo	rmed to administer charitable	gaming?	· · · · · · · · · · · · · · · · · · ·	_ : · · <u>· ·</u> · · · · · _							

Is the organization required under state law to make charitable distributions from the gaming proceeds to

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 > \$ 20,984

Mandatory distributions:

retain the state gaming license?

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

ŝ (h) Purpose of grant or assistance X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 23:7542301 □ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) . (e) Amount of non-cash the selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Counci assistance ▶ Attach to Form 990. (d) Amount of cash grant Covington Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 1908 Columbus (b) EIN Enter total number of other organizations 1 (a) Name and address of organization or government 40 Name of the organization Xx atts Part I 8

Schedule I (Form 990) 2009

Cat. No. 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 980.

Schedule I (Form 990) 2009 23-75423-/
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)				part to provide the information required in Part I, line 2, and any other additional information.						
(e) Method o FMV, api				l, line 2, a	; ; ; ; ; ; ;			, , , , , , , , , ,		
(d) Amount of non-cash assistance				in required in Part						
(c) Amount of cash grant				vide the informatio						
(b) Number of recipients										
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990. Employer identification number Name of the organization PART VI - SECTION B-LINE 11: PRESENTED by GRAND KNIGHT to All OFFICERS AND directors for detailed REVIEW AND discussion prior to filing. PART VI - SECTION B - LINE 19, "The ORGANIZATION DES NOT MAKE ITS GOVERNING documents, conflict of interest policy and Financial STATEMENTS AVAILABLE to the public. However, the ORGANIZATIONS GAMING RECORD ARE ALWAYS AVAILABLE FOR REVIEW by the LOUISIANA CHARITABLE GAMING COMMISSION.

Schedule O (Form 990) 2009								Page 2
Name of the organizat	of.	Colum	bus	3061	Corington	Connei	Employer 23:7	identification number 54230/	r
									
				*********	•••••				
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