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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

| | | | |
|----|---|-----|--|
| 28 | Donated over \$17,000 to N.T. Catholic Club for distribution to various worthy causes. | | |
| | (Grants \$) If this amount includes foreign grants, check here | 28a | |
| 29 | Funds used to maintain facility that was provided to various organizations for fundraising and other worthy causes. | | |
| | (Grants \$) If this amount includes foreign grants, check here | 29a | |
| 30 | Provided facility for health monitoring and flu shot program. | | |
| | (Grants \$) If this amount includes foreign grants, check here | 30a | |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | |

[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 0 | | |
| 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 | | |
| 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 | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ New York | | |
| 42a | The organization's books are in care of ▶ Richard Vivian Alex Cunningham Telephone no. ▶ 716 693-5470 Located at ▶ 755 Erie Ave , N. Tonawanda, NY ZIP + 4 ▶ 14120-4406 | | |
| 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: ▶ | | ✓ |
| | 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.? | | ✓ |
| | 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 ▶ <input type="checkbox"/> 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 | | ✓ |
| 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 | | ✓ |

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.

| | Yes | No |
|--|------------|-------------------------------------|
| 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 | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> |

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."

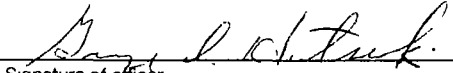
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None |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

f Total number of other employees paid over \$100,000 **0**

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 **0**

| | | | | |
|---------------------------------|---|------|---|--|
| 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 | | May 11, 2010 Date | |
| Paid Preparer's Use Only | George Hartsock - Grand Knight Type or print name and title | | | |
| | 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

Department of the Treasury
Internal Revenue Service

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.

2009

Open To Public Inspection

Knights of Columbus - Madonna Council

23 : 7544020

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> 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 | | | |
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| 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.

[illegible]

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 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) |
|-----------------|---|--------------|--------------|------------------|--|
| | | (event type) | (event type) | (total number) | |
| 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 | 148,447 | 19,614 | 0 | 168,061 |
| Direct Expenses | 2 Cash prizes | 103,144 | 18,920 | 0 | 122,064 |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | 3,259 | 1,800 | | 5,059 |
| | 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) ▶ | | | | (127,123) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | 40,938 |

9 Enter the state(s) in which the organization operates gaming activities: New York**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 | | ✓ |

| | | 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 ▶ <u>Alex Cunningham</u> | | |
| | Address ▶ <u>61 Second Ave., N. Tonawanda, NY</u> | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | ✓ |
| 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 ▶ <u>None</u> | | |
| | Gaming manager compensation ▶ \$ _____ | | |
| | Description of services provided ▶ _____ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 | ✓ |
| 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 ▶ \$ <u>13,510</u> | | |

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Knights of Columbus - Madonna Council

Employer identification number

23**7544020****Line 1 - Contributions \$9683****Grant from NY State \$4024.01****Membership Dues \$5659.00****Line 6a Revenue \$326,200****K of C Booster Club \$ 4,000.00****Vocations Dinner \$ 2,692.28****K of C Functions \$ 10,434.00****Hall rental & deposit \$59,490.59****Bar income \$ 7,435.54****Fall into Jazz \$ 7,620.50****Fish Fry Income \$ 35,001.97****Golf Tournament \$ 8,572.00****Cruise Nite \$ 478.75****Pull Tab Gross Income \$ 19,613.50****BINGO Gross Income \$ 148,447.00****New Years Party \$ 10,026.00****deposit refund \$375.00****donation \$ 431.00****insurance refund \$ 151.84****close saving account \$ 896.45****Close CD \$10,412.04****interest on CDs \$121.00****Line 6b Direct Expenses****K of C Functions \$ 9,923.23****Pull Tab Supplies \$ 3258.87****Golf Tournament Expense \$5,566.84****Pull Tab Cash Prizes \$ 18,919.50****BINGO Supplies \$ 3258.87****BINGO Cash Prizes \$ 103,143.96****New Years Eve Party \$ 7459.77****license fees \$ 2,359.89****Bonds/interest \$ 1,600.00****bookkeeping \$ 4,044.90**

Name of the organization

Employer identification number

Knights of Columbus - Madonna Council

23

7544020

Direct Expenses Continued

| | | | |
|----------------------------|--------------|----------------------|---------------|
| Fish Fry Expenses | \$ 16,273.72 | advertising | \$ 6,933.62 |
| Bartenders/setup/steward | \$ 12,000.00 | NY State Sales Tax | \$ 7,551.16 |
| Bar (beer, pop and liquor) | \$ 15,180.54 | State Tax Certificat | \$ 50.00 |
| Fall Into Jazz Expense | \$ 4,524.66 | TOTAL | \$ 219,870.65 |

Line 10 Grant Paid N. T. Catholic Club \$ 17,178.95

Bishop Edward Kemiec \$ 100.00

Line 14 Occupancy, utilities and maintenance.

| | | | |
|---------------------------|--------------|-------------------------|--------------|
| Occupancy | \$ 1,800.00 | Alarm System | \$ 634.50 |
| Insurance | \$ 11,421.71 | Electricity | \$ 11,721.69 |
| Natural Gas | \$ 5,458.13 | Liquor License | \$ 1,882.00 |
| Equipment Maintenance/gas | \$ 201.28 | Liquor Bond | \$ 75.00 |
| Snow plowing | \$ 3254.00 | Trash Pickup | \$ 1076.59 |
| water & sewer | \$909.60 | copier expense | \$ 2,267.25 |
| hall food permit | \$ 220.00 | hall renovation | \$ 7,955.21 |
| Chamber of Commerce Dues | \$ 105.00 | grass cutting | \$ 1,400.00 |
| outside maintenance | \$ 600.00 | Fire Safety Inspections | \$ 741.23 |
| inside maintenance | \$ 2,400.00 | hall repair | \$ 21,915.22 |
| pest control | \$ 480.00 | hall supplies | \$ 6,912.66 |
| parking lot lights | \$ 533.02 | telephone | \$ 1,423.15 |
| office supplies | \$ 1,500.53 | dues adjustments | \$ 120.00 |
| | | TOTAL | \$ 87,007.77 |

Line 16 Conferences, Conventions and meetings Per Capita

| | | | |
|----------------------------|-------------|-------------------------|-----------|
| State & Supreme Per Capita | \$ 2,390.47 | conference & convention | \$ 940.00 |
| meeting refreshments | \$ 1,516.00 | | |
| TOTAL | \$ 4,846.47 | | |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization

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7544020

Line 20 Changes to net assets

The following were not included in the 7/1/9 net assets as they were believed to be included under another organization:

Fish Fry Income \$ 14,413.00

Ladies Auxiliary \$ 4443.92

TOTAL \$ 18,857.00

Transfers made between Fish Fry Account and Knights of Columbus Account, without being considered expenses or
as revenue.

Line 27 Net Assets

Checking Account Balance 6/30/10 Knights of Columbus \$ 32,087.00

Checking Account Balance 6/30/10 Fish Fry \$ 20,121.17

Checking Account Balance 6/30/10 BINGO \$ 10,437.17

Checking Account Balance 6/30/10 Pull Tab \$ 370.98

Checking Account Balance 6/30/10 Ladies Auxiliary \$4443.92

6 month CD balance 6/30/10 \$ 21,108.00

TOTAL \$ 88,568.00