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Form **990-EZ**

Department of the Treasury

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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with grose 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

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	AF	Address change		ar year,	u. mark mark na a	The state of the s				June 3						
	В с			Please	, ,				D Employer identification number							
	╝			use IRS label or	Knights of Columbus Council 9708 St. Clare of Assisi						42-1765300					
	=	Name cha	_	print or	Number and	etreet (or P O.	box, if mail is not o	delivered to street a	address)	Room/s	urte E 1	Telephone number				
	_	nıtıal retu		type. See	15706 Pine	wood Cove I)r					2	81-46	1-4897		
	=	Ferminate		Specific		, etate or coun				-	E	Group Exe				
	=	mended		Instruc- tions.			•				9 '	Number	•	OII		
			n pending		Houston T	The same of the contrast of the contrast of the	The state of the s	n kanada kirah kabupatan dan Sejaran dan Keris.								
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach										<u> </u>					
			a completed Schedule A (Form 990 or 990-EZ). Other (specify													
		H Check ▶ ☐ r														
											required to	ed to attach Schedule B (Form 990,				
											990-EZ, o	Z, or 990-PF).				
			eck In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally											han \$25.000 A		
			orm 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete re													
			nes 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ													
	170 180	art I	Reven	ie Exc	enses a	nd Change	es in Net Ass	ets or Fund	Balanc	es (Se	e the ins		s fo	r Part I.)		
	il and						amounts receiv					. 1	T	750		
		1										· -	 			
		2	_			-	mment fees ar					. 2	╁	7536		
10		3	3 Membership dues and assessments								. 3	}	3130			
8		4										. 4		· · · · · · · · · · · · · · · · · · ·		
>		5a	Gross amo	ount fro	m sale of a	assets other	than inventory		<u>5a</u>							
Z		b					enses		5b							
SCANNED	_	С					han inventory (. <u>5c</u>	<u> </u>			
Ö	Ē	6	- Control of the state of the s													
S	ē	а	a Gross revenue (not including \$ of contributions													
ΣĘΡ	Revenue	_							6a							
Ъ		b	•		•		ising expenses		6b		****					
8		c								ine 6a)		. 6c]			
\$		i _										Page				
2010		7a	I I													
8		1	Good and the state of the state										6			
												. <u>7c</u>	╁╌			
		8											╁			
		9										▶ 9	-	11416		
	Expenses	10	Grants and	d simila	r amounts		schedule) .					. 10	<u> </u>	3500		
		11									. 11	1				
		12	Salaries, other compensation, and employee benefits								. 12					
		13									. 13	<u> </u>				
		14	Occupano	y, rent,	utilities, ar	nd maintena	nce	' KECEI	ΛΈĎ.	- -		. 14	1			
		15	Printing, p	ublicati	ons, posta	ge, and ship	pping) SS -		. 15				
		16	Other exp	enses (e	describe >	Gen. Cour	ncil expense	AUG 9 7	2010	8) 16	<u>l</u>	6239		
		17	Total exp	enses.	Add lines 1	10 through 1	6	Hou b	2010	· γ .		▶ 17				
	ets	18					line 17 from lin	ie 9)		ĪĒ.		. 18	1			
		19	Net assets	s or fur	nd halance	s at beginni	ng of year (fro	mQGDEA	umb (A)	(must	agree wit					
	88								7.1 (4)	7		. 19	1	8526		
	Net Assets	00	end-of-year figure reported on prior year's return)							. 20	† · · ·	0020				
		20		•			•	•				► 21	 	9961		
	ΨĎ.	21		o Chac	o balances	l accets on l	ear. Combine li	(P) are \$1.250	120 .	more f	ile Form C		ad 0			
	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form									inning of year (B) End of year						
	(============,							(A) Beginnir		-						
	22									6942	_	9961				
	23		Land and buildings								23					
	24	Ot	Other assets (describe ►)								24	- 				
	25	To	Total assets						6942		9961					
	26	Total liabilities (describe ►) Net assets or fund balances (line 27 of column (B) must agree with line 21)							26	780						
	27	Ne	et assets o	r fund b	oalances (l	ine 27 of co	lumn (B) must	agree with line	21) .	<u>. L</u>		6942	27	9181		

Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
	t is the organization's primary exempt purpose?					ured for section
Desc	cribe what was achieved in carrying out the org	nd concise)(3) and 501(c)(4) izations and section		
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	4947(a)(1) trusts; optional
each	program title.				for ot	hers.)
28	Encouraging graduating high school seniors and su	pporting seminarians for prie	sthood.		\	
				<u></u> -		
	(Grants \$ \$3,500) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	3500
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ ⊔	29a	
30						
	A	includes foreign grants, ch	eck here	. ▶ ⊔_	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount				31a	
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key				32	tions for Dort IV/
l-clr	List of Officers, Directors, Trustees, and Ke	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0)	deferred comper	sation	other allowances
	nis Beckman Grand Knight		,	0		0
	Lonniewood Dr. Houston TX 77059	Grand Knight 5 hours				
	on Ducote	Decube Count Knight 4 has	0	0		6
	7 Mesa Verde Dr. Houston TX 77059	Deputy Grand Knight 4 hrs.				,
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	3 Mesa Verde Dr. Houston TX 77059	Treasurer - 5 hours		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ck M Hall	Financial Sect. 8 hours	<u></u>	0		0
3/0	6 Pinewoof Cove Dr. Houston TX 77062	Financial Sect. 6 hours				
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Part V

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		V
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		/
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	433		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
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		
С	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of PATRICK M. HAII Telephone no. ► 28	1-71	21-9	1877
		706	<u></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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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:	42c		V
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		.)	▶ □
		िहार्क-स्थल-स	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<u> </u>
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-F7.	45		

Other Information (Note the statement requirements in the instructions for Part V.)

Part VI

	and complete the tables for lines 50 ar	nd 51.	Charlable dusts mu	st answer questio	115 40	490				
46	Did the organization engage in direct or indirect					es No				
	candidates for public office? If "Yes," complete				46					
47	Did the organization engage in lobbying activitie				47					
48	Is the organization a school as described in section. Did the organization make any transfers to an expension of the organization of the organiza				49a					
49a b	If "Yes," was the related organization a section 5				49b					
50	Complete this table for the organization's five hi	ahest compensated				and kev				
	employees) who each received more than \$100,	000 of compensation	from the organization.	If there is none, en	ter "No	ne." ĺ				
	(a) Name and address of each employee paid more	(b) Title and average	e (c) Compensation	(d) Contributions to employee benefit plans &		xpense unt and				
	than \$100,000	hours per week devoted to position	1	deferred compensation		lowances				
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				-						
f	Total number of other employees paid over \$100	0.000	1							
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated n. If there is none, en	d independent contracter "None."	tors who each rece	eived m	ore than				
					_					
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T ₃	rpe of service	(c) Comp	ensation				
										
						-				
d	Total number of other independent contractors	each receiving over \$	100,000 ▶		·					
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including acc of preparer (other than office	companying schedules and et cer) is based on all informatio	atements, and to the been of which preparer has	t of my k any know	nowledge ledge.				
Sign Here										
	Signature of officer			Date U						
	Patrick M. Hall Financial Secretary									
	Type or print name and title		to Chack if	Preparer's identifying num	nber (See n	natructions)				
Paid	Preparer's signature	Da	te Check if self- employed ▶ ☐	1 Toposa sideninying hun	(Ogg II					
Prepar	er's Firm's name (or			N ►						
Use O	yours if self-employed), address, and ZIP + 4			hone no.						
Mav th	ne IRS discuss this return with the preparer show	n above? See instruct		▶	Yes	□No				
	The state of the s			Fo		EZ (2009)				

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section