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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 7-1- , 2009, and ending 6-30- , 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization: KNIGHTS OF COLUMBUS, 7528 COUNCIL

Number and street (or P O box, if mail is not delivered to street address) Room/suite: P O BOX 24763

City or town, state or country, and ZIP + 4: FEDERAL WAY, WA 98093-1763

D Employer identification number: 91-1110958

E Telephone number: 253-661-2296

F Group Exemption Number ► 0188

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method: ☐ Cash ☒ Accrual
Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ►

J **Tax-exempt status** (check only one) – ☒ 501(c) (8) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ► $

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1503
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	5288
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ► ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 36337		
	b	Less: direct expenses other than fundraising expenses	6b 19060		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	17277
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ► _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►		9	24068
Expenses	10	Grants and similar amounts paid (attach schedule)		10	15271
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	604
	16	Other expenses (describe ► SEE ATTACHED)		16	7461
	17	**Total expenses.** Add lines 10 through 16 ►		17	23336
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	732
	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	5800
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	6532

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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	5800	22	6532
23	Land and buildings		23	
24	Other assets (describe ► _____)		24	
25	**Total assets**	5800	25	6532
26	**Total liabilities** (describe ► _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5800	27	6532

19

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

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 SUPPORT OF ST VINCENT DE PAUL CATHOLIC PARISH

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 GENERATE MONIES TO SUPPORT PARISH AND COMMUNITY PROJECTS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SUPPORT COUNCIL MEMBERS AND THEIR FAMILIES

(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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	SEE ATTACHED			

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; 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		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ TIM PHILOMENO Telephone no ▶ 253-661-2296
Located at ▶ PO BOX 24763, FEDERAL WAY, WA ZIP + 4 ▶ 98093-1763

			Yes	No
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		X
	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: ▶ _____	42c		X
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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			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		
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

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

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 Timothy H Philomeno Date 11/16/10

Type or print name and title Timothy H Philomeno

Paid Preparer's Use Only

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

Page 1, Line 6, Special Events and Activities

Name	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income (Loss)
Crab Dinner	21,528	-	21,528	9,635	11,893
Lenten Fish Fryes	12,496	-	12,496	7,222	5,274
Art Auction	1,760	-	1,760	1,832	(72)
Mother's Day Breakfast	553	-	553	371	182
Totals	36,337	-	36,337	19,060	17,277

Page 1, Line 10, Grants and Similar Amounts Paid

Class of Activity	Name & Address of Grantee	Amount Paid
Help for Single Mothers with New Borns	Layette Society - 30525 8th Ave S., Federal Way, WA 98003	1,000
Summer Outreach Project for Youth	Mission Trek - ST. Vincent de Paul Parish 30525 8th Ave S., Federal Way, WA 98003	2,200
Contribution	American Heart Association - 7272 Greenville Avenue, Dallas, TX 75231	600
Contribution	Ovarian Cancer Nat'l Alliance - 910 17th St, N.W., Suite 1190 Washington, D. C. 20006	800
Support, Supplies & Advertising	Knights of Columbus - Washington State Council, 386 McNary Ridge Road, Burbank, WA 99323	2,187
Support, Supplies & Advertising	Knights of Columbus - Supreme Council, 1 Columbus Plaza, New Haven, CT 06510-3326	1,384
Abortion Support	Project Rachel - Catholic Community Services, 1229 W Smith, Kent, WA 98035	500
Scholarships	Kennedy High School, 140th S, 140th St, Burien, WA 98168	500
Scholarships	Holy Names Academy, 728 21th Ave. E, Seattle, WA 98112	500
Scholarships	Bellarmine H S., 2300 S Washington St., Tacoma, WA 98405	500
Financial Assistance	Seminarian Support 5 Young Men	
	Malek Eman, 320 Middlefield Road, Menlo Park, CA 94025-3563	500
	Francisco Cancino, 320 Middlefield Road, Menlo Park, CA 94025	500
	Brian Ochs, 5012 Seminary Road, Camarillo, CA 93102	500
	Matt Oakland, 320 Middlefield Road, Menlo Park, CA 94025	500
	Anthony Lezcano, 710 9th Ave , Seattle, WA 98104	500
Food & Lodging for the Homeless	Society of St Vincent de Paul, 30525 - 8th Ave S , Federal Way, WA 98003	1,500
Financial Assistance	Eagle Scout Project , 30525 - 8th Ave. S., Federal Way, WA 98003	500
Contribution	Crohn's & Colitis Fd, 386 Park Ave S, New York, NY 10016	600
	Total	15,271

Page 1, Line 16, Other Expenses

Catholic Advertising	250
Council Welfare	1,028
Council Supplies	728
Exemplification Fund	63
Insurance	284
Parish Kitchen Improvements	2,606
Conferences	2,065
Parish Support	437
Total	7,461

Part IV, List of Officers, Directors, Trustees and Key Employees

Names and Addresses	Titles and Average hours per Week Devoted to Position	Compensation	Contributions to Employee Benefit Plans & Deferred Comp	Expense acct & Other Allowances
Jeffrey A Markwith, 2623 S 379th Pl , Federal Way, WA 98003	Grand Knight 8 Hours	0	0	0
Tim Philomeno, PO Box 24763, Federal Way, WA 98023	Financial Secretary 12 Hours	0	0	0
Dave Myers, 29835 11th Ave SW, Federal Way, WA 98023	Trustee 1 Hour	0	0	0
Michael W Fay, 32812 12th Ave SW, Federal Way, WA 98023	Trustee 1 Hour	0	0	0
Kenneth J Baune, 27913 21st Ave. S Federal Way, WA 98003	Trustee 1 Hour	0	0	0