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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

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

C Name of organization: KNIGHTS OF COLUMBUS #3231

Number and street (or P.O. box, if mail is not delivered to street address): PO Box 118 — Room/suite:

City or town, state or country, and ZIP + 4: MANASQUAN NJ 08736

D Employer identification number: 23 7142485

E Telephone number: 732 223 0616

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $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.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,188
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4438
	4	Investment income	4	271
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ 15188 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b: 18104		
	c	Less: direct expenses from gaming and fundraising events — 6c: 12374		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5730
	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 in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	25,625
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	18716
	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	100
	15	Printing, publications, postage, and shipping	15	632
	16	Other expenses (describe in Schedule O)	16	8877
	17	**Total expenses.** Add lines 10 through 16 ▶	17	28324
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2699)
	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	134476
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	5559
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	137336

19

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	134476	22	137336
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	134476	25	137336
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	134476	27	137336

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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

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.

28			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(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.)*
Check if the organization used Schedule O to respond to any question in this 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
JAMES COAKLEY 40 VIRGINIA AVE MANASQUAN NJ 08736	GRAND KNIGHT 5 hr/wk	∅	∅	∅
SCOTT ABERCROMBIE 606 HOMESTEAD RD BRIELLE NJ 08730	FINANCIAL SEC 5hr/wk	∅	∅	∅
WILLIAM TOBIAS 2586 CURRIE'S PLACE MANASQUAN NJ 08736	TREASURER 2.5 hr/wk	∅	∅	∅
GUISSEPPE GARRUZZO 416 MELROSE AVE BRIELLE NJ 08730	TRUSTEE 2.5 HR/WK	∅	∅	∅

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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 Ø			
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 tax year 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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. ▶ NEW JERSEY			
42a	The organization's books are in care of ▶ WILLIAM TOBIAS Telephone no. ▶ 732 292 0433 Located at ▶ 2586 CURRIERS PL MANASQUAN NJ ZIP + 4 ▶ 08736			
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.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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 . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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.

Sign Here

▶ Scott W Aber — 5-15-2011
Signature of officer — Date

▶ SCOTT W ABERCROMBIE FINANCIAL SECRETARY
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

Statement of Purpose
Part III 900 EZ

The Knights of Columbus #3231, Rev. John F. Welsh council, is a subordinate council to the Knights of Columbus Supreme Council. This council is dedicates itself to help Catholic men and their families faith, help them and the greater community in times of need and perform and fund charitable works.

Schedule 6 shows the three top special events held by this Council and Schedule 10 shows the grants and similar amounts made by this Council in the tax year.

Schedule for Line 6

Fund Raiser - Special Events			
Name of Event Description of Event: Occasion and Frequency for Top 3 Events	Charity Golf Outing	Birth Right Dinner Event for BirthRight of Monmouth County	Pasta Dinner Fund Raiser
Gross Receipts	$ 18,140.00	$ 2,930.00	$ 1,640.00
Less: Contributions in Line 1	$ (7,140.00)	$ (2,930.00)	$ (1,404.78)
Gross Revenues in Line 6a	$ 11,000.00	$ -	$ 235.22
Less Direct Expense in Line 6b	$ (7,173.80)		$ (235.22)
Net Income or Loss in 6c	$ 3,826.20	$ -	$ -

Schedule for Line 10

Name and Address		Amount	Association
New Jersey State Chapter Knights of Columbus Attn: Retarded Citizens Fund c/o M Fabian 18 Carolina Ave Trenton, NJ 08618	Charitable Cash Donation	$ 8,528.87	Knights of Columbus
Monmouth County Chapter Knights of Columbus Attn: Birth Right Fund c/o P Bartolomeo 16 Old Manor Rd Holmdel, NJ 07733	Charitable Cash Donation	$ 4,494.78	Knights of Columbus
Christian Bros Academy 850 Newman Springs Road Lincroft, NJ 07738	Educational Cash Donation	$ 1,500.00	none
St Rose High School 605 7th Ave Belmar, NJ 07719	Educational Cash Donation	$ 1,000.00	none
Gifts of Faith 5226 South 31st Place Phoenix, AZ 85040	Religious Donation Purchase of Baptismal Crosses for ST Denis RC Church	$ 511.72	none
Charity Madonna House State Highway 35 & 1401 Seventh Ave Neptune, NJ 07753	Charitable Cash Donation	$ 1,200.00	none
VA NJ Health Care System Lyons Campus Attn: Voluntary Services 151 Knoll Road Lyons, NJ 07939	Charitable Cash Donation	$ 1,000.00	none
Catholic Hearts 119 Virginia Ave Manasquan, NJ 08736	Charitable Cash Donation	$ 1,000.00	none
St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$ 2,950.00	none
St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	$ 450.00	none
TOTAL		$22,635.37	

SCHEDULE O

Net Change in Fund Balance		
12/31/10 Mutual Fund Balances	$	75,652
12/31/09 Mutual Fund Balances	$	70,093
CHANGE - Line 20	$	5,559