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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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.

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****FR. A. LEO ABENDSCHOEN COUNCIL 11615**

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

5212 McCORMICK AVE

City or town, state or country, and ZIP + 4

BALTIMORE, MD 21206**D** Employer identification number**52-1938269****E** Telephone number**410-866-4020****F** Group ExemptionNumber ► **0188****G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.KOFC11615.COM****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,

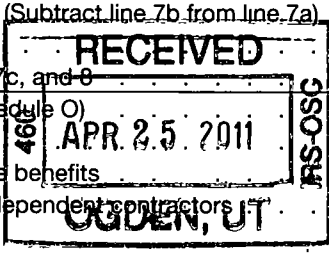
line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► **\$ 63,360.72****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	4,120.86
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	3,668.75
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	NONE
	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	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	36,414.80
	b	Gross income from fundraising events (not including \$ NONE 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	17,492.81
	c	Less: direct expenses from gaming and fundraising events	6c	32,640.31
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,267.30
	7a	Gross sales of inventory, less returns and allowances	7a	763.50
	b	Less: cost of goods sold	7b	396.00
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	367.50
	8	Other revenue (describe in Schedule O)	8	900.00
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	30,324.41
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	6,693.27
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	1,207.08
	16	Other expenses (describe in Schedule O)	16	12,052.12
	17	Total expenses. Add lines 10 through 16	17	19,952.47
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,371.94
	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	12,010.32
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,382.26

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)
 SCANNED MAY 17 2011
 Revenue


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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	12,010.32	22 22,382.26
23 Land and buildings	NONE	23 NONE
24 Other assets (describe in Schedule O)	NONE	24 NONE
25 Total assets	12,010.32	25 22,382.26
26 Total liabilities (describe in Schedule O)	NONE	26 NONE
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,010.32	27 22,382.26

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this 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		
(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	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
MICHAEL A. SCHLEUPNER 1004 1/2 SUMTER AVE, BALT, MD 21237	GRAND KNIGHT 3 HOURS	0	0	0
JOSEPH D. SCHROM, JR. 6152 RADECKE AVE, BALT, MD 21206	FINANCIAL SEC'Y 4 HOURS	0	0	0
SHAWN T. RUBY 1501 CUSTOMS RD., BALT, MD 21237	TRUSTEE 1 HOUR	0	0	0
ROBERT N. LOMAN 8004 WOODHAVEN CT, BALT, MD 21237	TRUSTEE 1 HOUR	0	0	0
FRANK C. CHARVAT 5716 PAYBREAK TERR, BALT, MD 21206	TRUSTEE 1 HOUR	0	0	0

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>NONE</u>		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>JOSEPH D. SCHAU, JR.</u> Telephone no. ▶ <u>410-866-3440</u> Located at ▶ <u>6152 RADECKE AVE, BALTIMORE, MD</u> ZIP + 4 ▶ <u>21206-2932</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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		<input checked="" 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				

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
NONE		

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	<i>Joseph D. Schaum, Jr.</i>	<i>4-20-2011</i>
	Signature of officer	Date
	JOSEPH D. SCHAUM, JR., FINANCIAL SECRETARY	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

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

2010

Open to Public
Inspection

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS, FR. A. LEO ABENDSCHOEN COUNCIL 11615

52-1938269

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 checked="" 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>CRAB FEAST</u> (event type)	(b) Event #2 <u>GOLF OUTING</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,825.25	6,887.36		14,712.61
	2 Less: Charitable contributions	0	0		0
	3 Gross income (line 1 minus line 2)	7,825.25	6,887.36		14,712.61
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	329.16	76.26		405.42
	6 Rent/facility costs		3,334.72		3,334.72
	7 Food and beverages	5,700.00	1,045.27		6,745.27
	8 Entertainment	350.00			350.00
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(10,835.41)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				3,877.20

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	24,932.55	6,354.25	2,338.00	33,624.80
Direct Expenses	2 Cash prizes	11,516.00	4,305.50	1,169.00	16,990.50
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	3,523.23		300.00	3,823.23
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(20,813.73)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				12,811.07

- 9** Enter the state(s) in which the organization operates gaming activities: MARYLAND
- a** Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No
- b** If "No," explain: _____
- 10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No
- b** If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 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
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|------|
| a The organization's facility | 13a | 99 % |
| b An outside facility | 13b | 1 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ WALTER F. WANKOWSKI

Address ▶ 5211 McFAUL RD., BALTIMORE, MD 21206

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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 ▶ WALTER F. WANKOWSKI

Gaming manager compensation ▶ \$ NONE

Description of services provided ▶ TICKET SALES, ORGANIZATION, SUPERVISION

☒ Director/officer

☐ Employee

☐ 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? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS, FR. A. LEO ABENDSCHOEN COUNCIL #11615

Employer identification number

52-1938269

990-EZ LINE 8, OTHER REVENUE

SALE OF COLUMBUS DAY BALL TICKETS \$630.00

GUESTS AT CHRISTMAS PARTY 190.00

REFUND OF BANK SERVICE CHARGE 80.00

TOTAL \$900.00

990-EZ LINE 10 GRANTS PAID

CHURCH OF THE ANNUNCIATION \$1295.00

ST. CLEMENT MARY HOFBAUER SCHOOL 1524.17

GIFTS TO CLERGY + RELIGIOUS 250.00

SUPPORT FOR SEMINARIANS 2000.00

STUDYING FOR PRIESTHOOD

CHARITABLE CONTRIBUTIONS 1256.30

PRIZES + AWARDS 367.80

\$6693.27

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS, FR. A. LEO ABENDSCHOEN COUNCIL 11615

52-1938269

990-EZ LINE 16, OTHER EXPENSES

WEB SITE MAINTENANCE \$ 143.40

DUES TO NATIONAL + STATE ORGANIZATIONS 1,123.42

ADVERTISING 445.40

MISC. SUPPLIES 875.38

INSTALLATION OF OFFICERS BANQUET 1,262.00

BANK SERVICE CHARGES 276.00

COLUMBUS DAY BALL TICKET REMITTANCE 630.00

HOSPITALITY 1,520.85

ANNUAL CONVENTION EXPENSE 1,121.90

LIABILITY INSURANCE 265.00

PARTY FOR ALTAR SERVERS 598.18

STATE INCENTIVE RAFFLE PROCEEDS 1,154.40

TOOTSIE ROLL DRIVE REMITTANCE 1,028.81

CHRISTMAS PARTY EXPENSE 1,607.38

TOTAL \$12,052.12

Name of the organization

KNIGHTS OF COLUMBUS, FR. A. LEO ABENDSCHÖEN COUNCIL 11615

Employer identification number

52-1938269

990-EX PART III

28. Monthly Bingo to benefit the Council's needs and some of the needs of the Parish Church where we meet, the Church of the Annunciation, same address, proceeds to be split 50/50. In 2010 we contributed \$1,295.00 to the Parish toward refinishing the floor in the meeting hall. At the end of 2010 we retained \$6,485.00 toward the parish's next maintenance project.

29. Soliciting cash contributions to be used to support the education and living expenses of men and women studying for the priesthood and religious life. In 2010 we collected \$2,591.00 toward this project which, added to the \$2,000.62 balance on hand at the beginning of the year, allowed us to provide grants totaling \$2,000.00 to 4 seminarians. The balance of \$2,591.62 is retained toward grants to be provided in 2011.

30. We also benefited organizations which serve the mentally handicapped. We collected contributions of \$1,028.81 in our annual "Tootsie Roll" drive which was used to benefit the organization known as "Exceptional Enterprises". Our various fund raising events enabled us to accumulate \$6,259.52 in our Charity Fund, our school aid fund, and a new fund the provide tuition assistance to children attending Catholic elementary school.