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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 01-01-2010, and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS LIGHT OF CHRIST COUNCIL #8726

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

124 SLATER DRIVE

City or town, state or country, and ZIP + 4
WERNERSVILLE, PA 19565

D Employer identification number

86-1125123

E Telephone number

F Group Exemption Number ► 0188

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: ► N/A

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$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 ► \$ 31,511

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4,543
	4	Investment income	4	215
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	9,681
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ 26,753 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	6c	Less direct expenses from gaming and fundraising events		
Expenses	6d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	7c	
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8	Other revenue (describe in Schedule O)		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
	10	Grants and similar amounts paid (list in Schedule O)	11	5,500
	11	Benefits paid to or for members		
Net Assets	12	Salaries, other compensation, and employee benefits		
	13	Professional fees and other payments to independent contractors		
	14	Occupancy, rent, utilities, and maintenance		
	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		
	17	Total expenses. Add lines 10 through 16		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	19,308
	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)		
	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2010)

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	19,308	22	24,138
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	19,308	25	24,138
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	19,308	27	24,138

Part IIIStatement of Program Service Accomplishments

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

What is the organization's primary exempt purpose?
FRATERNAL ORGANIZATION

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	FUNDRAISING TO BENEFIT CATHOLIC CHURCH AND CHARITIES FUNDRAISING TO BENEFIT CATHOLIC CHURCH AND CHARITIES (Grants \$) If this amount includes foreign grants, check here	28a	
29	FRATERNITY TO PROMOTE CATHOLIC VALUES FRATERNITY TO PROMOTE CATHOLIC VALUES (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 IVList 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
See Additional Data Table				

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	No
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	No
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	No
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	No
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	No
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	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>FREDERICK HENRICH</u> Telephone no ▶ <u>(610) 670-6110</u> 124 SLATER DRIVE Located at ▶ <u>WERNERSVILLE, PA</u> ZIP + 4 ▶ <u>19565</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)? 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 .	42b	No
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	No
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 ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
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		No

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.

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

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				

50(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		

51(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	***** Signature of officer		2011-05-02 Date		
	FRED HENRICH TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	W Ronald Ryder CPA	Date 2011-05-02	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	Ryder and Company 2913 Windmill Road Sinking Spring, PA 19608				Phone no (610) 670-6170

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes☒ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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
KNIGHTS OF COLUMBUS LIGHT OF CHRIST COUNCIL #8726

Employer identification number
86-1125123

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☐

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. Form 990-EZ filers are not required to complete this table.

(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			
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.

PA

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			MONTHLY BREAKFASTS	CRAB CAKE FUNDRAISER	(total number)	(Add col (a) through col (c))
			(event type)	(event type)		
	1	Gross receipts	15,311	11,442		26,753
Direct Expenses	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	15,311	11,442		26,753
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,769	8,303		17,072
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				17,072
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				9,681

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9

Enter the state(s) in which the organization operates gaming activities

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

b

An outside facility

13a

13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

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

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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 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 LIGHT OF CHRIST COUNCIL #8726	Employer identification number 86-1125123
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Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee NEEDY FAMILIES OF ST

Identifier	Return Reference	Explanation
		IGNA TIOUS 2700 ST ALBANS DR WEST LAWN PA 19609, Cash Grant 550, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee JOHN PAUL II CENTER

Identifier	Return Reference	Explanation
		1092 WELSH ROAD SHILLINGTON PA 19607, Cash Grant 550, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee MSR TRESTON

Identifier	Return Reference	Explanation
		SCHOLORSHIP 2700 ST ALBANS DR WEST LAWN PA 19609, Cash Grant 1,000, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee VARIOUS, Cash Grant

Identifier	Return Reference	Explanation
		650, Relationship

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee NEEDY FAMILIES OF ST

Identifier	Return Reference	Explanation
		IGNATIUS 2700 ST ALBANS DR WEST LAWN PA 19609, Relationship , Description of Property CASH,

Identifier	Return Reference	Explanation
		Purpose of Payment HELP NEEDY FAMILIES, Book Value 550, Method Used to Determine BV , Fair

Identifier	Return Reference	Explanation
		Market Value 550, Method Used to Determine FMV , Date Received

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee JOHN PAUL II CENTER

Identifier	Return Reference	Explanation
		1092 WELSH ROAD SHILLINGTON PA 19607, Relationship , Description of Property CASH, Purpose

Identifier	Return Reference	Explanation
		of Payment SUPPORT SPECAIL SHCOOL, Book Value 550, Method Used to Determine BV , Fair

Identifier	Return Reference	Explanation
		Market Value 550, Method Used to Determine FMV , Date Received

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee MSR TRESTON

Identifier	Return Reference	Explanation
		SCHOLORSHIP 2700 ST ALBANS DR WEST LAWN PA 19609, Relationship , Description of Property

Identifier	Return Reference	Explanation
		CASH, Purpose of Payment SCHOLARSHIP, Book Value 1,000, Method Used to Determine BV , Fair

Identifier	Return Reference	Explanation
		Market Value 1,000, Method Used to Determine FMV , Date Received

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee VARIOUS, Relationship

Identifier	Return Reference	Explanation
		, Description of Property CASH, Purpose of Payment VARIOUS, Book Value 650, Method Used to

Identifier	Return Reference	Explanation
		Determine BV , Fair Market Value 650, Method Used to Determine FMV , Date Received

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 147

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Insurance 396

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Meetings and conventions 1,062

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Bank charges 70

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Membership and per capita expenses 1,883

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Postage 551

Additional Data

Software ID: 10000149

Software Version: 2010.2.13

EIN: 86-1125123

Name: KNIGHTS OF COLUMBUS LIGHT OF CHRIST COUNCIL
#8726

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ANTHONY CALDERONI 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		
RONALD KEATING 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		
JOHN CHIBIRKA 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		
ROBERT HOULIHAN 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		
FREDERICK HENRICH 64 DOWNING DRIVE READING, PA 19610	TREASURER 005 00	0		
JEFFREY BRYAN 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		
JOSEPH BONONNO 64 DOWNING DRIVE READING, PA 19610	OFFICER 005 00	0		