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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 05-01-2010, and ending 04-30-2011

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

C Name of organization: GROTTO TEMPLE ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 102 E WASHINGTON AVE
City or town, state or country, and ZIP + 4: JACKSON, MI 49201

D Employer identification number: 38-0613170
E Telephone number: (517) 782-4934
F Group Exemption Number

G Accounting method: [] Cash [X] Accrual Other (specify)
I Website: RON369VOYAGER.NET
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

H Check [X] 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. \$ 158,302

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 [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Contributions, program service, membership, investment, gaming, sales of inventory, other revenue). Rows 10-17: Expenses (Grants, benefits, salaries, professional fees, occupancy, printing, other). Rows 18-21: Net Assets (Excess/deficit, beginning/end of year).

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	26,178	22 13,509
23 Land and buildings	66,397	23 63,420
24 Other assets (describe in Schedule O)	3,000	24 3,000
25 Total assets	95,575	25 79,929
26 Total liabilities (describe in Schedule O)	3,646	26 3,409
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	91,929	27 76,520

Part III Statement of Program Service Accomplishments

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?
FELLOWSHIP

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 PROVIDE A PLACE FOR FELLOWSHIP FOR MEMBERS (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
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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax returns, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account. Row 1 contains '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"

Table with 3 columns: (a) Name and address, (b) Type of service, (c) Compensation. Row 1 contains '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 section containing signature of officer (Shawn Daly, President) and date (2011-11-15).

Paid Preparer's Use Only section containing preparer's signature (RA PURVIS CPA), date (2011-11-01), firm's name (DRAKE WATTERS ASSOCIATES PLLC), address, EIN, and phone number.

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

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 38-0613170

Name: GROTTO TEMPLE ASSOCIATION

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
Shawn Daly 1205 Seymour Jackson, MI 49202	Pres 010 00	0		
Bill Welsh 513 Third St Jackson, MI 49203	Sec 003 00	0		
Jesse Fuller PO Box 887 Jackson, MI 49204	Treas 003 00	0		
Gary Coolbaugh 306 Homewild Apt 1 Jackson, MI 49201	Trustee 001 00	0		
Gary Galbreath 218 Steward St Apt J Jackson, MI 49201	Trustee 001 00	0		

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
GROTTO TEMPLE ASSOCIATION

Employer identification number

38-0613170

Identifier	Return Reference	Explanation
Form 990-EZ Part V	35	THE ORGANIZATION RECORDED 1,000 GROSS UNRELATED INCOME FROM RENTAL OF THE HALL

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue CASH OVER/SHORT 35

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 11,723

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,715

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 2,475

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,054

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses BANK SERVICE CHARGES 42

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE - WORKERS COMP 132

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE - LIQUOR LIABILITY 2,756

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses LICENSES PERMITS 1,472

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses AUTO - GAS EXP 10

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses DONATIONS 50

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses DUES AND SUBSCRIPTIONS 611

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses CABLEVISION CDS 1,619

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses ENTERTAINMENT 502

Identifier	Return Reference	Explanation
		Form 990-EZ, Part II, Line 24, Other Assets INVENTORY Beginning of year 3,000, End of year

Identifier	Return Reference	Explanation
		3,000

Identifier	Return Reference	Explanation
		Form 990-EZ, Part II, Line 26, Liabilities ACCOUNTS PAYABLE AND ACCRUED EXPENSES Beginning

Identifier	Return Reference	Explanation
		of year 3,646, End of year 3,409

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return GROTTO TEMPLE ASSOCIATION

Business or activity to which this form relates 990EZ

Identifying number 38-0613170

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2010.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 10 rows for assets placed in service during 2010 tax year using the general depreciation system.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns (a-f) and 3 rows for assets placed in service during 2010 tax year using the alternative depreciation system.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation and amortization.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns (a-f) for Vehicle 1-6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A amortization of costs that begins during your 2010 tax year (see instructions).

43 A amortization of costs that began before your 2010 tax year. 43

44 Total. Add amounts in column (f). See the instructions for where to report. 44

Additional Data**Software ID:** 10000149**Software Version:** 2010.2.15**EIN:** 38-0613170**Name:** GROTTO TEMPLE ASSOCIATION**Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
e 15-year property		3,223	15 0	MM	S/L	143
e 15-year property		2,110	15 0	MM	S/L	94

Form 4562, Part III, Line 19, Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System:

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
i Nonresidential real property	2010-08	2,000	39 yrs	MM	S/L	36
	2010-08	1,000	39 yrs	MM	S/L	18