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 January 1 **, 2009, and ending** December 31 **, 20** 09

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: **Trenton Council 355 Knights of Columbus**

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite: **PO Box 3606**

City or town, state or country, and ZIP + 4: **Trenton, NJ 08629**

D Employer identification number: 22-2083889

E Telephone number: 609 392-8055

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, [redacted]-PF).

I Website: ▶

[redacted]

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 ▶ $ 36.131.04

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

	Line	Description			Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	962.98
	2	Program service revenue including government fees and contracts			2	0
	3	Membership dues and assessments			3	5,983.00
	4	Investment income			4	22.85
	5a	Gross amount from sale of assets other than inventory	5a	0		
	b	Less: cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	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	28,907.36		
	b	Less: direct expenses other than fundraising expenses	6b	17,112.11		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	11,795.25
	7a	Gross sales of inventory, less returns and allowances	7a	0		
	b	Less: cost of goods sold	7b	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe ▶ Refund from K of C Supreme)			8	254.85
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	19,018.93
Expenses	10	Grants and similar amounts paid (attach schedule)			10	3,787.95
	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	4412.
	15	Printing, publications, postage, and shipping			15	1,556.82
	16	Other expenses (describe ▶ see attached)			16	5,900.44
	17	**Total expenses.** Add lines 10 through 16 ▶			17	15,657.21
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,361.72
	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	1,816.05
	20	Other changes in net assets or fund balances (attach explanation)			20	-600.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	4,577.77

RECEIVED
MAR 29 2010
OGDEN, UT
IRS-OSC

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.

Line	(See the instructions for Part II.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	1,216.05	22	4,577.77
23	Land and buildings	0	23	0
24	Other assets (describe ▶ furniture (disposed of during 2009))	600.00	24	0
25	**Total assets**	1,816.05	25	4,577.77
26	**Total liabilities** (describe ▶ n/a)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1,816.05	27	4,577.77

SCANNED MAR 26 2010

4P

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

What is the organization's primary exempt purpose? **Support of Catholic Church Activities**

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 ▶ ☐	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 (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	0

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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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		✓
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		✓
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		✓
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 [redacted]?	38a		✓
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **Michael Santilla** Telephone no. ▶ **609 581-4955**			
	Located at ▶ **117 Argonne Ave, Yardville, NJ** ZIP + 4 ▶ **08620-1603**			
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		✓
	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		✓
	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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
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		✓

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
N/A				

f Total number of other employees paid over $100,000 . . . . ▶ 0

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
N/A		

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

Sign Here	Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (oth Signature of officer GINO MELONE, GRAN Type or print name and title
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? Se

Knights of Columbus Council 355 22-2083889

2009

Other Revenue:

Supreme Council Reimbursement	$	254.85
Bank Charge Reimbursement	$	-
Total Other Revenue:	**$**	**254.85**

Other Expenses:

Bank Charge Reimbursement	$	-
convention	$	425.00
advertisements	$	194.35
registration	$	25.00
bank charge	$	92.15
per capita - state	$	784.75
per capita - supreme	$	853.17
refreshments	$	932.14
supplies- business	$	221.44
supplies-general	$	411.43
supplies-office	$	401.02
supplies-Council	$	1,559.99
Total Other Expenses:	**$**	**5,900.44**

Trenton Council 355
Profit & Loss Statement
January 1, 2009 through December 31, 2009

INCOME

2009 CB Ad Book Inc	3,764.99	
2009 Charity Ball Inc	8,395.00	
2009 Golf Tournament Inc	3,703.00	
2009 Pasta Dinner Income	960.00	
2010 Raffle receipts	620.00	
Bingo Reservations	1,382.50	
Christmas Party Reservations	683.50	
Concert Ticket Sales	135.00	
Donation	600.00	
Doo-Wop Food Sales	824.50	
Doo-Wop Misc Income	230.00	
Doo-Wop Reservations	681.00	
Dues	5,983.00	
Flea Market Income	98.58	
Food Drive Donations	195.00	
Interest Inc	22.85	
Misc. Income	362.98	
Petty Cash In	300.00	
PGK Dinner (GH) Inc	752.00	
PGK Dinner (Sam) Inc	575.00	
Refund From Supreme	254.85	
Respect Life Inc	1,577.29	
Sponsor - 2009 Pasta	225.00	
Sponsor - Bingo	600.00	
Sponsor - Christmas Party	250.00	
Sponsor - Doo-Wop	2,500.00	
Sponsor - Installation	150.00	
Sponsor - raffle	300.00	
Yard Sale Income	305.00	
TOTAL INCOME		36,431.04

EXPENSES

2009 CB Ad Book Exp	875.00
2009 Charity Ball Exp	6,144.25
2009 Convention Exp	425.00
2009 Golf Tournament Exp	2,901.92
2009 Pasta Dinner Exp	351.08
2010 Charity Ball Expense	500.00
Advertisements	105.35
Bank Charge	92.15
Bingo Exp	1,041.92
Building Maintainence	64.20
Catholic Advertising	89.00
Christmas Party Expense	809.93
Donations - general	695.00
Donations - HCCL	80.00
Donations - other K of C councils	307.00
Donations - Our Lady Of The Angels	1,000.00

Donations - seminarians - RSVP		1,500.00	
Doo-Wop Event Expenses		2,182.85	
Entertainment		150.00	
Equipment		221.44	
Gifts Given		205.95	
Per capita - state		784.75	
Per Capita - supreme		853.17	
Petty Cash Out		300.00	
PGK dinner (GH) exp		551.89	
PGK Dinner (Sam) Exp		942.17	
Photocopying		20.00	
Postage		1,396.82	
Raffle Expense		376.30	
Raffle License		140.00	
Refreshments		782.14	
Respect Life Exp		434.80	
State Registration Fees		25.00	
Supplies - Council		1,559.99	
Supplies - General		411.43	
Supplies - Office		401.02	
Utilities			
Gas & Electric	2,451.07		
Telephone	1,191.16		
Water	705.57		
Total Utilities		4,347.80	
TOTAL EXPENSES			33,069.32
NET INCOME			3,361.72

Trenton Council 355
Officers for Columbian Year 2009-2010

Office	Name & Address	Telephone
Chaplain	Rev. Jeffrey Lee Our Lady of the Angels Parish 21-23 Bayard St. Trenton, NJ 08611	609-695-6089
Grand Knight	Gino A. Melone, PGK 936 Melrose Av. Trenton, NJ 08629	609-396-3412
Deputy Grand Knight	Ben A. Valeri, PGK 29 Copperfield Dr. Hamilton, NJ 08610	609-585-2711
Financial Secretary	Gordon McDonough, PGK 8 Katie Way Hamilton, NJ 08690	609-587-8869
Recorder	Nick Ladomirak 1108 Beaver St. Unit A Bristol, PA 19007	215-788-2288
Treasurer	Michael Santilla, PGK 117 Argonne Av Yardville, NJ 08620	609-581-4955
Advocate	Angelo Romanello, PGK 5 Shelburne Dr Ewing, NJ 08638	609-882-4567
Chancellor	Frank Vederese, PGK (Maria) 292 Valencia Dr Monroe, NJ 08831	609- 448-9347
Warden	Michael Rosidivito 48 Dawes Av Ewing, NJ 08638	609-314-1254
Inside Guard	Frank Santini 445 Columbus Av. Trenton, NJ 08629	609-396-0129

Trustee (1 Yr.)	Louis C Stanziale, PGK 43 Chickadee Way Hamilton, NJ 08690	609-689-2895
Trustee (2 Yr.)	Guy Hoffman, PGK, FDW 1 Kingsbury Sq. Apt. 13B Trenton, NJ 08611	609-393-9238
Trustee (3 Yr.)	Sam McDonough, PGK 630 Paxon Av Hamilton, NJ 08619	609-588-0044