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Form **990-EZ****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 \$1,000,000 and total assets less than \$2,500,000 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.

Department of the Treasury
Internal Revenue Service**2008****Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning <u>JULY 1</u> , 2008, and ending <u>JUNE 30</u> , 2009				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width:50%;"> C Name of organization <u>Knights of Columbus Council #10932</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>9510 W. 127th Street</u> City or town, state or country, and ZIP + 4 <u>Overland Park KS 66213-3200</u> </td> <td style="width:40%;"> D Employer identification number <u>45-0489118</u> E Telephone number <u>(913) 269-6558</u> F Group Exemption Number <u>0188</u> </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Knights of Columbus Council #10932</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>9510 W. 127th Street</u> City or town, state or country, and ZIP + 4 <u>Overland Park KS 66213-3200</u>	D Employer identification number <u>45-0489118</u> E Telephone number <u>(913) 269-6558</u> F Group Exemption Number <u>0188</u>
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G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
I Website: ► <u>www.ascensionkdc.com</u> J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (8) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 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.)		
Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost of other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ of contributions reported on line 1) 6b Less: direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 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 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	12,104 15,408 323 92,801 53,245 38,836 1647 2474 <827> 65,844 33,315
Expenses	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 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 ► Social Events, Meeting Supplies, Refreshments, Sale tax, misc) 17 Total expenses. Add lines 10 through 16	3924 29,791 67,031 <1187>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	23,136 21,950 0 21,950

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.			
(See the instructions for Part II.)			
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	23,136	21,950
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	23,136	21,950
26	Total liabilities (describe ►)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,136	21,950

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Cat. No 106421

Form **990-EZ** (2008)

SCANNED FEB 11 2010

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

What is the organization's primary exempt purpose? Fraternal men's Religious 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, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 (see attached Exh. b.f)

(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

33,315

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b NA	
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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d 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	X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The books are in care of ▶ Mark Sheet Telephone no. ▶ (913) 541-4610		
Located at ▶ 11611 W. 127th Terrace OP KS ZIP + 4 ▶ 66213		
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	
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 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
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as 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?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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."

	Yes	No
46		
47		
48		
49a		
49b		

(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
Total number of other employees paid over \$100,000 ▶				

- 51** Complete this table for the 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
Total number of other independent contractors each receiving over \$100,000 . . ▶		

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 ▶ Quint Moore (Treasurer) Date 1-17-2010

▶ Signature of officer

▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ Mark P. Sko Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

Check if self-employed ☐ Preparer's Identifying Number (See instructions)

EIN ▶ Phone no ▶ ()

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

Knights Of Columbus, Council #10932
Supporting Documents for Form 990EZ

Line 6, - Net income from special events

Event	Revenues	Costs	Net
Pancake Breakfast	\$11,939	\$5,248	\$6,691
Spaghetti Dinners	\$17,254	\$11,616	\$5,638
Fish Fry	\$48,223	\$28,605	\$19,618
Charity Golf Tournament	\$14,665	\$7,776	\$6,889
Total	\$92,081	\$53,245	\$38,836

Line 10 - Grants and Allocations + Part III

Donation	Donee	Amount	Description	Relationship
Tootsie Roll Campaign	Lake Mary Home Olathe, KS	\$4,702	Net proceeds from campaign. Tootsie rolls were given away and donations were accepted for mentally handicapped	State K of C which we are a member
Youth/Scouts/Scholarships	Church of Ascension 9510 W. 127th St Overland Park, KS	\$4,070	Donations for student scholarships & BSA	Parish which our group is affiliated
Support our Seminarians Fund	Conception Seminary College, PO Box 502 Coception, MO	\$3,400	Fundraiser for supporting the seminarians in the diocese	Diocese which our group is affiliated
Bibles	Church of Ascension 9510 W. 127th St. Overland Park, KS	\$2,609	Bibles valued at cost. Provided to Confirmation candidates	Parish which our group is affiliated
Good Samaritan Fund	Church of Ascension 9510 W. 127th St Overland Park, KS	\$7,500	Pastor's fund to assist unemployed of parish	Parish which our group is affiliated
K of C Supreme Assessments	Knights of Columbus Supreme Council 1 Columbus Plaza New Haven, CT	\$4,808	Assessments to national organization	National organization which we are a member
Many other smaller amounts	Various	\$6,226	various	Community charities and local causes
Total		\$33,315		

Knights Of Columbus, Council #10932
Supporting Documents for Form 990

Part III - Statement of Program Service Accomplishments

- a) Villa St Francis - Provide free labor for monthly social event
Help them paint rooms, rake leaves, plant flowers, wash windows in spring and fall.
- b) Provide free labor for parish events, landscaping maintenance, rectory repairs
- c) Tootsie Roll Campaign - Collect donations for mentally handicapped.
- d) Assist Salvation Army package and deliver food boxes for the needy at Christmas.
- e) Spaghetti Dinners, Fish Fries, Pancake Breakfast, and Golf tournaments were parish events sponsored by the Knights of Columbus. Proceeds were typically used to fund parish expenses and improvements.

Part V-A - List of Officers, Directors, Trustees and Key Employees

(A) Name & Address	(B) Title & Hrs/wk	(C) Compensation	(D) Contributions	(E) Expenses
Bob Ruthig 12738 King Street Overland Park, KS 66213	Grand Knight 10 hrs /week	None	None	None
Gene Merlotti 12305 Mastin St Overland Park, KS 66213	Deputy Grand Knight 2 hrs/week	None	None	None
Wayne Parsons 10721 W. 128th Ct Overland Park, KS 66213	Financial Secretary 2 hrs/week	None	None	None
Dave Moorman 10739 W 109th St. Overland Park, KS 66210	Treasurer 4 hrs/week	None	None	None
Ralph Vosters 11510 S Rene St Olathe, KS 66062	Trustee 1 hr/week	None	None	None
Joe Kennedy 12721 Carter Street Overland Park, KS 66213	Trustee 1 hr/week	None	None	None
John Gramlich 12901 Richards Overland Park, KS 66213	Trustee 1 hr/week	None	None	None