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2008

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Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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

A For the 2008 calendar year, or tax year beginning		JULY 1	, 2008, and ending	JUNE 30	, 2009
B Check if applicable		C Name of organization		D Employer identification number	
<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		Please use IRS label or print or type. See Specific Instructions. <i>Knights of Columbus Council #10932</i>		45 0489118	
		Number and street (or P O box, if mail is not delivered to street address) <i>9510 W. 127th Street</i>		E Telephone number <i>(913) 269-6558</i>	
		City or town, state or country, and ZIP + 4 <i>Overland Park KS 66213-3200</i>		F Group Exemption Number ► <i>0188</i>	

• 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) ►I Website: ► www.9ascensionkfc.comH Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) — 501(c)(8) (insert no.) 4947(a)(1) or 527K 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 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	1	12,104
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	15,408
	4 Investment income	4	323
	5a Gross amount from sale of assets other than inventory	5a	
	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) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	92,801
b Less: direct expenses other than fundraising expenses	6b	53,245	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	38,836	
7a Gross sales of inventory, less returns and allowances	7a	1647	
b Less: cost of goods sold	7b	2474	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<827>	
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	65,844	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	33,315
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	3924
	16 Other expenses (describe ► <i>Social Events, Meeting Supplies, Refreshments, Sales Tax, misc</i>)	16	29,791
	17 Total expenses. Add lines 10 through 16	17	67,031
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<1187>
	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	23,136
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	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	22	21,950
23 Land and buildings		23	
24 Other assets (describe ►)		24	
25 Total assets	23,136	25	21,950
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,136	27	21,950

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

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.

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

28 (see a Hachet Exhibit.)

(Grants \$) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign

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21. Other non-monetary services (attach schedule) _____

31 Other program services (attach schedule)
(Create:) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) 31a

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

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

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

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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T. 35a

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 37a

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? 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 unpaid at the start of the period covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► _____ 40b N/A

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 40c 0

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0

d Enter amount of tax on line 40c reimbursed by the organization 40e N/A

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. ► None

42a The books are in care of ► **Mark Sheet** Telephone no. ► (913) 541-4610
Located at ► 11611 W. 127th Terrebonne PK ZIP + 4 ► 66213 42b

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)? 42c
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** 43

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

	Yes	No
33	<input checked="" type="checkbox"/>	
34	<input checked="" type="checkbox"/>	
35a	<input checked="" type="checkbox"/>	
35b	<input type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
40b	<input type="checkbox"/> N/A	
40c	<input type="checkbox"/> 0	
40d	<input type="checkbox"/> 0	
40e	<input checked="" type="checkbox"/> N/A	
42b	<input checked="" type="checkbox"/>	
42c	<input type="checkbox"/>	
44	<input checked="" type="checkbox"/>	
45	<input checked="" type="checkbox"/>	

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.

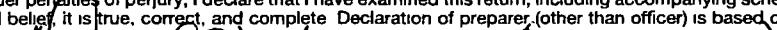
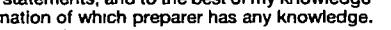
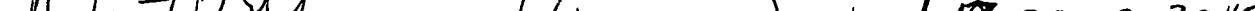
		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating 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(s) a section 527 organization?	49b	
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."		

(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 ►		

Total number of other independent contractors each receiving over \$100,000

Sign Here	<p>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.</p> <p>►  Signature of officer</p> <p>►  Date</p> <p>►  Type or print name and title.</p>	
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Paid Preparer's Use Only	Preparer's signature ► <i>Mark P. Star</i>	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Star Financial Services, Inc.</i>		EIN ► <i>12-3456789</i>	Phone no ► <i>(407) 555-1234</i>

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

Form 990-EZ (2008)

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