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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

KNIGHTS OF COLUMBUS 1455

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

1851 LEITCHFIELD ROAD

D Employer identification number  
23-7170620

City or town, state or country, and ZIP + 4

ELIZABETHTOWN, KY 42701

E Telephone number  
(270) 737-7424F 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) ►

I Website: ► NONE

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) —  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 \$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 ► \$ 96,017

## 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	4,673
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	5,284
	4 Investment income . . . . .	4	82
	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) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6	
	a Gross revenue (not including \$ 4,673 of contributions reported on line 1) . . . . .	6a	72,046
	b Less: direct expenses other than fundraising expenses . . . . .	6b	24,410
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	47,636
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	2,382
	b Less: cost of goods sold . . . . .	7b	3,460
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	(1,078)
	8 Other revenue (describe ► Rent Income ) . . . . .	8	8,550
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	68,147
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	40,003
	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	29,124
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe ► ) . . . . .	16	11,821
Net Assets	17 Total expenses. Add lines 10 through 16 . . . . .	17	80,958
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(12,811)
	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	79,262
	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	66,451

## 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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	16,419	22 11,022
23 Land and buildings . . . . .	78,575	23 71,311
24 Other assets (describe ► ) . . . . .	24	
25 Total assets . . . . .	94,994	25 82,333
26 Total liabilities (describe ► ) . . . . .	15,732	26 15,882
27 Net assets or fund balances (line 25 of column (B) must agree with line 21) . . . . .	79,262	27 66,451

G5

2

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

What is the organization's primary exempt purpose? **CHARITY** **UNITY** **FRATERNITY** **PATRIOTISM**

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	APPROXIMATELY 25% OF THE MEMBERSHIP VOLUNTEERS MANY HOURS IN IMPROVING THE EDUCATIONAL/EMPLOYMENT OPPORTUNITIES FOR MENTALLY RETARDED/HANDICAPPED CITIZENS IN OUR AREA - DONATED \$15,507	<input type="checkbox"/>	
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	28a
29	CHARITY DINNER/AUCTION IN PARTNERSHIP WITH STRIERS TO PROVIDE FINANCIAL ASSISTANCE TO KOSAR HOSPITAL TO PROVIDE HEALTH CARE FOR CHILDREN - DONATED - \$14,000	<input type="checkbox"/>	
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	29a
30	OUR ORDER CONSISTS OF CATHOLIC MEN WHO STRIVE TO IMPROVE OUR COMMUNITY AND CHURCH - SIGNIFICANT HOURS DEDICATED TO IMPROVING OUR CHURCH COMMUNITY - DONATION - \$8157	<input type="checkbox"/>	
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	30a
31	Other program services (attach schedule) . . . . .	<input type="checkbox"/>	
	(Grants \$ ) If this amount includes foreign grants, check here . . . . .	► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) . . . . .	► <input type="checkbox"/>	32

**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 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	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	<input checked="" type="checkbox"/>
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 . . . . .	35	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	<input type="checkbox"/> N/A
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	<input type="checkbox"/> N/A
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 period covered by this return? . . . . .	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	<input type="checkbox"/> N/A
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/> N/A
a Initiation fees and capital contributions included on line 9 . . . . .	39b	<input type="checkbox"/> N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>N/A</u> ; section 4912 ► <u>N/A</u> ; section 4955 ► <u>N/A</u>	40a	<input type="checkbox"/> N/A
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	<input type="checkbox"/> N/A
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 . . . . . ► <u>N/A</u>	40c	<input type="checkbox"/> N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ► <u>N/A</u>	40d	<input type="checkbox"/> 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ► <u>NONE</u>		
42a The organization's books are in care of ► <u>J. GREGORY PAWLEY</u> Telephone no. ► <u>(270) 862-3638</u> Located at ► <u>323 PARTICK WAY ELIZABETH TWP KY</u> ZIP + 4 ► <u>42701</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)? . . . . .	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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: ► <u>N/A</u>	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 43 <u>N/A</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

**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  | X   |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 47  | X   |
| 48  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 48  | X   |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?   | 49a | X   |
| b   | If "Yes," was the related organization a section 527 organization?  | 49b | MIA |
| 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." |     |     |

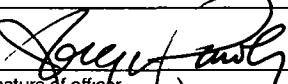
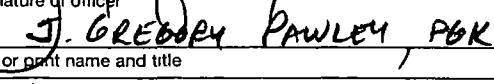
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► 0

<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>			
Sign Here	 Signature of officer  Type or print name and title	5/12/10 Date	
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4	Date <input type="checkbox"/> Check if self-employed EIN ► Phone no ►	Preparer's identifying number (See instructions)

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

2009

**Open To Public  
Inspection**

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**Name of the organization**

# KNIGHTS OF COLUMBUS 1455

**Employer identification number**

23:7170620

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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 email 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.

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.

KENTUCKY DEPT. OF CHARITABLE GAMING LICENSE

**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.

	(a) Event #1 <u>REVERSE BINGO RAFFLE CHARITY AUCTION</u> (event type)	(b) Event #2 <u> </u> (event type)	(c) Other events <u>10</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .	<u>20,000</u>	<u>15,103</u>	<u>36,943</u>	<u>72,046</u>
2 Less: Chantable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .	<u>20,000</u>	<u>15,103</u>	<u>36,943</u>	<u>72,046</u>
Direct Expenses				
4 Cash prizes . . . . .	<u>10,400</u>			<u>10,400</u>
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .	<u>94</u>	<u>2043</u>	<u>11,873</u>	<u>14,010</u>
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				<u>( 24,410 )</u>
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				<u>47,636</u>

**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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue . . . . .			<u>20,000</u>	<u>20,000</u>
Direct Expenses				
2 Cash prizes . . . . .			<u>10,400</u>	<u>10,400</u>
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .			<u>94</u>	<u>94</u>
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100</u> % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				<u>( 10,494 )</u>
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				<u>9,506</u>

- 9 Enter the state(s) in which the organization operates gaming activities: KENTUCKY
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .
- b If "No," explain:
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," explain:
- 11 Does the organization operate gaming activities with nonmembers?
- 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:	<table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; text-align: center;"> <tr><td style="width: 50px;">13a</td><td style="width: 50px;">100 %</td></tr> <tr><td style="border-top: none;">13b</td><td style="border-top: none;">0 %</td></tr> </table>	13a	100 %	13b	0 %	
13a	100 %					
13b	0 %					
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Name ► WILLIAM HERALD C/O KNIGHTS OF COLUMBUS Address ► 1851 LETCHFIELD ROAD ELIZABETHTOWN, KY 42701					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X				
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ <u>N/A</u> and the amount of gaming revenue retained by the third party ► \$ <u>N/A</u> .						
c If "Yes," enter name and address of the third party:						
Name ► <u>N/A</u>						
Address ► <u>N/A</u>						
16 Gaming manager information:						
Name ► WILLIAM HERALD						
Gaming manager compensation ► \$ <u>NONE</u>						
Description of services provided ► RECORD KEEPING / ACCOUNTING						
<input checked="" type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?						
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ <u>9,506</u>	17a	X				

**Knights of Columbus 1455**  
**ID# 23-7170620**  
**December 31, 2009**

**Part 1 - Line 6a, 6b - Special events and activities**

	<u>Revenue</u>	<u>Expense</u>	<u>Net</u>
Bingo	539	531	8
Brotherhood Banquet	15,103	2,043	13,060
Tootsie Roll	7,807	-	7,807
Fish Fry	14,038	9,050	4,988
Christmas Purse	8,132	-	8,132
Heartland Festival Booth	1,110	60	1,050
New Year's Dance	3,713	2,055	1,658
Par 3 Golf	248	-	248
Derby Party	-	177	(177)
Super Bowl	238	-	238
Yard Sale	1,118	-	1,118
Reverse Bingo Raffle	20,000	10,494	9,506
	<hr/>	<hr/>	<hr/>
Total	72,046	24,410	47,636

**Part 1 - Line 10 - Grants and similar amounts paid**

Kentucky Mental Retardation Fd.	15,507
Kosair Charities	14,000
St. James Church	8,157
Other Charities/Donations	<u>2,339</u>
Total	40,003

**Part 1 - Line 16 - Other expenses**

Advertising	3,709
Awards	334
Dues/assessments	3,480
Accounting	500
Supplies	1,264
Interest	1,110
Telephone	<u>1,424</u>
Total	11,821