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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 \$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**Department of the Treasury
Internal Revenue Service**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
Instruc-
tions.**C** Name of organization**KNIGHTS OF COLUMBUS 1455**

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

Room/suite

1851 LEITCHFIELD ROAD

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

ELIZABETHTOWN, KY 42701**D** Employer identification number**23-7170620****E** Telephone number**(270) 737-7424****F** Group ExemptionNumber ► **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****J** Tax-exempt status (check only one) — ☒ 501(c) (**8**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ► ☒ 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 \$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.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
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	8,284														
	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"/>																													
	a	Gross revenue (not including \$ <u>4,673</u> 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 ► <u>Rent Income</u>)														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	29,134														
	15	Printing, publications, postage, and shipping														15															
	16	Other expenses (describe ►)														16	11,821														
17	Total expenses. Add lines 10 through 16														17	80,958															
Net Assets	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	11,022
23	Land and buildings	78,575	71,311
24	Other assets (describe ►)		
25	Total assets	94,994	82,333
26	Total liabilities (describe ►)	15,732	15,882
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,262	66,451

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

SCANNED JUL 01 2010

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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 \$15,500
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 | CHARITY DINNER/AUCTION IN PARTNERSHIP WITH SHRINERS TO PROVIDE FINANCIAL ASSISTANCE TO KOSAR HOSPITAL TO PROVIDE HEALTH CARE FOR CHILDREN - DONATED \$14,000
(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 MONIES DEDICATED TO IMPROVING OUR LITURCH COMMUNITY - DONATED \$8157
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 | Other program services (attach schedule)
(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.)

[illegible]

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	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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 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	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u>		
b Did the organization file Form 1120-POL for this year?	37b	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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	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>		
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	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>		
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>		
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. ▶ <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 PARKSIDE WAY</u> <u>ELIZABETHTOWN 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	X
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
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	X
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
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 <u>N/A</u> ▶ <input type="checkbox"/>		
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 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.

- 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 **Yes** **No**
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."

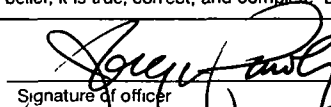
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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**

Sign Here	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.			
	 Signature of officer		5/12/10 Date	
Paid Preparer's Use Only	J. GREGORY PAWLEY, PBK Type or print name and title			
	Preparer's signature	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		EIN	Phone no

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**

Name of the organization

KNIGHTS OF COLUMBUS 1455

Employer identification number

2317170620

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
N/A						
Total ▶						

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

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			20,000	20,000
Direct Expenses	2 Cash prizes			10,400	10,400
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			94	94
	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)	(10,494)			
	8 Net gaming income summary. Combine line 1, column d, and line 7	9,506			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: <u>KENTUCKY</u>		
a	Is the organization licensed to operate gaming activities in each of these states?	9a X	
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: _____ _____	10a	X
11	Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** 100 %
- b** An outside facility **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

Address ▶ 470 KNIGHTS OF COLUMBUS
1851 LETTCHFIELD 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 ▶ \$ N/A and the amount of gaming revenue retained by the third party ▶ \$ N/A

c If "Yes," enter name and address of the third party:

Name ▶ N/A

Address ▶ N/A

16 Gaming manager information:

Name ▶ WILLIAM HERALD

Gaming manager compensation ▶ \$ NONE

Description of services provided ▶ RECORD KEEPING / ACCOUNTING

☒ Director/officer

☐ Employee

☐ 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? **17a** **X**

- 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 ▶ \$ 9,506

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
	<u>-</u>	<u>-</u>	<u>-</u>
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