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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

Department of the Treasury Internal Revenue Service 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						Inspection		
A For the 2009 calendar year, or tax year beginning , 2009, and ending				, 20				
_					oloyer id	dentifica	tion number	
_	Address change use IRS ALASKA STATE COLINCIL KNIGHTS OF COLLIMBUS					92-0151511		
=		me change print or Number and street (or PO box, if mail is not delivered to street address) Room/suite ET					number	
_	Initial retun Terminated		type See	11986 WILDERNESS DR.		9	07 440-	1659
=	Amended r		Specific Instruc-	City or town, state or country, and ZIP + 4	F Gro	up Exe	emption	
=	Application		tions	ANCHORAGE, AK 99516		mber	•	0188
	• Secti	ion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	Accounting N	1ethod	✓ C	ash Accrual
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (specif			
				H	f Check ▶ 🗀	ıf the	organiza	ation is not
	Nebsite				•		Schedule	e B (Form 990,
<u>J</u> 1	Tax-exe			nly one) — ✓ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 9	<u> </u>		
	Check -		•	zation is not a section 509(a)(3) supporting organization and its gross receipt				n \$25,000. A
_				urn is not required, but if the organization chooses to file a return, be sur		olete re	eturn	******
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fi		<u> </u>	S for [Dort I \
P	art I			enses, and Changes in Net Assets or Fund Balances (S	ee me msm		SIOFF	
	1		-	s, grants, and similar amounts received		1		14654.50
	2	•		evenue including government fees and contracts		2		27249 50
	3		•	and assessments		3		410 26
	5a	Investment		m sale of assets other than inventory		4		410 20
	b			r basis and sales expenses		┨		
2	C			sale of assets other than inventory (Subtract line 5b from line 5a)	<u>,, </u>	5c		n
i e	6			vities (complete applicable parts of Schedule G). If any amount is from gaming, che		100		
. ≿ ⊚ r Revenue	a			ot including \$ of contributions				
∌	-	reported or	•		()		
_ د	Ь	•		ises other than fundraising expenses 6b	(5		
_i }	С							0
	7a							
Ĭ	b					<u>, </u>		
	С	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						0
₹	8	Other rever	nue (de	scribe State Convention, miscellaneous)	8		9991 00
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	•	9		52305.26
الفاك الأ	10	Grants and	i sımıla	amounts paid (attach schedule)		10		0
	11	Benefits pa	aid to o	r for members		11		0
es	12	Salaries, of	ther co	mpensation, and employee benefits		12		0
xpenses	13	Profession	al fees	and other payments to independent contractors		13		0
	14	Occupancy, rent, utilities, and maintenance				14		0
ш	15					15		288.56
	16	Other expenses (describe >				16 17		45935.56
_	17							46224.12
ets	18 19			tor the year (Subtract line 17 from line 9)		18		6081.14
SS	13			reported on prior year's return)	_	40		E7460 60
Net Assets	20	-	-	net assets or fund balances (attach explanation)		19 20		57468 69 0
ž	21		-	I balances at end of year. Combine lines 18 through 20		21		63549.83
Р	art II			ts. If Total assets on line 25, column (B) are \$1,250,000 or more,			ad of F	
				(See the instructions for Part II.)	(A) Beginning of		1) End of year
22	2Ca	sh savinos	and in	vestments	574	468.69	1	63549.83
23		Cash savings, and investments					23	0
24		Other assets (describe					24	0
25	25 Total assets				57	468.69		63549.83
26						0	26	0
27	Ne	t assets or	fund b	alances (line 27 of column (B) must agree with line 21)	57-	468.69		63549.83
For	Privac	CACIONE P	perwor		at No 10642I		Form	990-EZ (2009)

Oilli	390-LZ (2003)					Page 4	
	t III Statement of Program Service Acco					Expenses*-	
Wha	it is the organization's primary exempt purpose?	Educational, Charitable, Re	ligious and Social V	Velfare Work		ired for section	
Desc	cribe what was achieved in carrying out the o	organization's exempt purpo	ses. In a clear ai	nd concise)(3) and 501(c)(4)	
man	nanner, describe the services provided, the number of persons benefited, and other relevant information for						
each	n program title.				for ot	(a)(1) trusts, optional hers)	
28	SEE ATTACHED SCHEDULE	1 1-		-			

	(Grants \$) If this amou	nt includes foreign grants, ch	eck here	▶ □	28a		
29	SEE ATTACHED SCHEDULE	g, g, a.i.e,	<u> </u>				
	(Grants \$) If this amou	nt includes foreign grants, ch	eck here	▶ □	29a		
30	SEE ATTACHED SCHEDULE	in morades foreign grants, on	CONTICIO	· · ·	200		
50							
	(Cranto \$) If this amou	nt maludas fausias arasta ab		·····	20-		
24		nt includes foreign grants, ch	eck nere	<u>. </u>	30a		
31	Other program services (attach schedule) .						
22	(Grants \$) If this amount Total program service expenses (add lines 28	nt includes foreign grants, ch		<u> </u>	31a		
					32	diama fan Dawl IVI	
Par	t IV List of Officers, Directors, Trustees, and R						
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	(e) Expense account and	
		devoted to position	enter -0)	deferred comper	sation	other allowances	
	nael W. Welch	State Deputy, Variable					
	Les Rogers Turnaround North Pole AK 99705		0		0	0	
Kevi	ın P. Adler	State Secretary, Variable					
1198	36 Wilderness Dr. Anchorage AK 99516	Otate Occietary, Variable	0		0	0	
Jam	es C. Betts	State Treasurer, Variable					
P 0.	Box 34954 Juneau AK 99803	Otate Treasurer, Variable	0		0	0	
Ron	ald L. Reinhardt, Sr.	State Advocate Variable					
2201	1 East 53rd Ave. Anchorage AK 99507	State Advocate, Variable	0		0	0	
Thor	mas Malone	SA-4- Wender Verselle					
P.O.	Box 83783 Fairbanks AK 99708	State Warden, Variable	0		0	0	
Jam	es T. Boley						
1820	03 Driftwood Bay Dr. Eagle River AK 99577	Past State Deputy, variable	o		0	0	
					_		
		-					
	•	-	_				
	*						
			-				
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]				
			_				

Part.	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			
а	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?	05.		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 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		<u></u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b	-	✓
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	ŀ		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under-	ļ		
	section 4911 ▶			
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		
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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 ▶ n/a		•	
42a	The organization's books are in care of ► Kevin Adler, State Secretary Telephone no. ► Secretary	07 44	0-165	9
		99516	-2238	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			r
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
	account)?	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	✓
	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		•	▶ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
45	Form 990-EZ	44		1
	100, 10111 000 muot bo completed meteda or 10111 000-EZ	45) E7	_ ✓

ı	Pa	a	9	4

raitv	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	section 4947(a)(1) none 17(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	ole trusts only. A t answer questio	II section ins 46–49	b 🖫
	Did the organization engage in direct or indirect				Yes 46	No
47	Did the organization engage in lobbying activities	public office? If "Yes," complete Schedule C, Part I				
	Is the organization a school as described in section				48	<u> </u>
	Did the organization make any transfers to an ex		-		49a	<u> </u>
	If "Yes," was the related organization a section 5				49b	
	Complete this table for the organization's five hiemployees) who each received more than \$100,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exper	nse and
	than \$100,000	devoted to position	 	delerred compensation	other allowa	inces
						
	Complete this table for the organization's five I \$100,000 of compensation from the organization (a) Name and address of each independent contractor Total number of other independent contractors each independent contractors each independent contractors.	n. If there is none, enter "N paid more than \$100,000	(b) Tyl		(c) Compensa	
Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration Signature of officer Kevin P Adler, State Secretary Type or print name and title	ed this return, including accompan of preparer (other than officer) is b	pased on all information	tements, and to the best of which preparer has a	any knowledge	edge
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	nber (See instruc	tions)
Use Onl	Firm's name (or		EII	√ ►		
	address, and ZIP + 4		Ph	one no 🕨	<u> </u>	
May the	e IRS discuss this return with the preparer showr	above? See instructions	<u> </u>	▶ □	Yes	No (2009)

\$0.004.00

990-EZ 2009

Part I. Revenue, Expenses, and Changes in Net Assets...

ð.	OTHER REVENUE:		\$9,991.00
	State Convention receipts	\$9,891 00	
	Miscellaneous	\$100 00	
16	Other Expenses		\$45,935.56
	Bank fees	\$65.95	•
	Charitable Donations	\$2,150 00	
	Liability Insurance	\$4,665 00	
	Miscellaneous	\$100 00	
	Program support	\$10,626.01	
	State Convention	\$14,518.36	
	Supplies	\$1,970 59	
	Telecommunications	\$394 71	
	Travel	\$11,444 94	

Part III. Statement of Purpose

OTHER DEVENILE.

Primary Purpose: Fraternal Benefit Society

- 28. To provide the organizational structure for 20 subordinate councils, consisting of approximately 1,800 members statewide, affiliated with the Knights of Columbus. Provide officer training and council support on a regular basis. Conduct an annual convention for the election of State officers, budget approval and the selection of programs and procedures for the daily operation of the State program.
- 29. Provides for the necessary procedural decorum for the advancement of its members and officers in conformance with the policies and procedures of the national organization of the Knights of Columbus.
- 30. Provides assistance to subordinate councils in their support of priests and their parishes in Alaska. Encourage local council involvement in community projects for the disadvantaged through assistance activities such as meal preparation at shelters, participation in clothing and food drives and assistance to seniors and single parents, assistance with special Olympics programs.