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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)

2009

Open to Public
Inspection

► 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.

A For the 2009 calendar year, or tax year beginning**JUL 01, 2009, and ending****JUN 30, 2010**

B Check if applicable	C Name of organization, number and street, city, town, state, and ZIP code	D Employer identification number
<input checked="" type="checkbox"/> Address change	KNIGHTS OF COLUMBUS, EL DORADO 2296	23-7542129
<input type="checkbox"/> Name change	208 WARREN RD	E Telephone number
<input type="checkbox"/> Initial return	EL DORADO KS 67042	316-321-2007
<input type="checkbox"/> Terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		► 0188
<input type="checkbox"/> Application pending		

● 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: ►

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 Sch. 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 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 ► \$ 37,585.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

	1	540.
1 Contributions, gifts, grants, and similar amounts received	2	
2 Program service revenue including government fees and contracts	3	1,847.
3 Membership dues and assessments	4	13,891.
4 Investment income	5a	14,287.
5 a Gross amount from sale of assets other than inventory	5b	16,759.
b Less: cost or other basis and sales expenses		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	(2,472.)
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ reported on line 1)	6a	6,820.
b Less direct expenses other than fundraising expenses	6b	4,733.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,087.
7 a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe ► SEE STMT)	8	200.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	16,093.
10 Grants and similar amounts paid (attach schedule)	10	7,120.
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	525.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	178.
16 Other expenses (describe ► SEE STMT)	16	3,275.
17 Total expenses. Add lines 10 through 16	17	11,098.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,995.
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	503,311.
20 Other changes in net assets or fund balances (attach explanation)	20	12,587.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	520,893.

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.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	503,311.	22 520,893.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	503,311.	25 520,893.
26 Total liabilities (describe ►)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	503,311.	27 520,893.

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

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

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

What is the organization's primary exempt purpose? SUPPORT OF CHARITABLE ACTIVITIES

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.

28 FUNDS RAISED ARE USED TO SUPPORT CHARITABLE ACTIVITIES
CHOSEN BY THE MEMBERS

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

29 _____

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

30 _____

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

31 Other program services (attach schedule)

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

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

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

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

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

36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction 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 0

b Did the organization file **Form 1120-POL** for this year? 38b

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 39a

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

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 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

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 organization's books are in care of ► **EDWARD BURNETT** Telephone no ► **316-321-2007**
Located at ► **208 WARREN RD KS EL DORADO** ZIP + 4 ► **67042**

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)?

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 ?
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 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46	<input checked="" type="checkbox"/> X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 47	<input checked="" type="checkbox"/> X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 48	<input checked="" type="checkbox"/> X
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49a	<input checked="" type="checkbox"/> X
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."	<input type="checkbox"/> 49b	<input type="checkbox"/>

(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 ► _____

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 ► _____

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 FINANCIAL SECRETARY		
	Date 11-12-10		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature ► <i>Eric A. Bird</i>	Date <i>11/12/10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying no. (See instr.) P00185212
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► BIRD AND COMPANY CHARTERED PO BOX 887 EL DORADO KS 67042 -	EIN ► 48-1205853	Phone no. ► 316-321-0282	

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

► Yes No

Form 990-EZ (2009)

US 990**Other Changes in Net Asset or Fund Balances****2009**

Description	Amount
UNREALIZED GAIN ON EDWARD JONES ACCOUNT	12,587. 12,587.

US 990

Other Expenses

2009

Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
DUES	1,368.			
BULLETIN ADVERTISING	331.			
OFFICE SUPPLIES	58.			
SUPPLIES	288.			
ENTRY FEE	125.			
FOOD FOR CHURCH FUNCTIONS	541.			
TABLE CLOTHS	490.			
CONVENTION FEE	54.			
INITIATION FEES	20.			
	3,275.			

US 990**Other Revenue (990EZ, Page 1, Line 8)****2009**

	Description	Amount
VOCATION	REFUND	200. 200.

Gain or Loss from Sales of Assets Other than Inventory**US 990-PF/EZ****990-EZ: Page 1, Line 5; 990PF: Page 12, Line 8****2009**

Description	124.46 SHARES WASH. MUTUAL INVS FD CL A
Date acquired	02/2009
How acquired	PURCHASE
Date sold	09/2009
Purchaser name	MARKET
Sales price	2,882.
Basis method	COST
Basis	3,639.
Selling expense	
Accumulated depreciation	

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USSTX8\$1

Gain or Loss from Sales of Assets Other than Inventory**US 990-PF/EZ****990-EZ: Page 1, Line 5; 990PF: Page 12, Line 8****2009**

Description	406.093 SHARES WASH. MUTUAL INVS FD CL A
Date acquired	01/2008
How acquired	PURCHASE
Date sold	09/2009
Purchaser name	MARKET
Sales price	9,405.
Basis method	COST
Basis	11,875.
Selling expense	
Accumulated depreciation	

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USSTX8\$1

Gain or Loss from Sales of Assets Other than Inventory**US 990-PF/EZ****990-EZ: Page 1, Line 5; 990PF: Page 12, Line 8****2009**

Description	64.164 SHARES SMALLCAP WORLD FUND CL A
Date acquired	04/2009
How acquired	PURCHASE
Date sold	12/2009
Purchaser name	MARKET
Sales price	2,000.
Basis method	COST
Basis	1,245.
Selling expense	
Accumulated depreciation	

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USSTX8\$1

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	AMERICAN LEGION
Donee's address	
Relationship	
FMV	260.
Book value	260.
Date of gift	07/2009

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USSTX221

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	ST JOHNS CHURCH - EDUCATION
Donee's address	
Relationship	
FMV	5,000.
Book value	5,000.
Date of gift	

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USSTX221

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	ST JOHNS CHURCH - HELPING POOR
Donee's address	
Relationship	
FMV	500.
Book value	500.
Date of gift	

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Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	BUTLER HOMELESS INT
Donee's address	
Relationship	HELPING HOMELESS
FMV	1,000.
Book value	1,000.
Date of gift	

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Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	RELIGIOUS EDUCATION FUND
Donee's address	
Relationship	
FMV	100.
Book value	100.
Date of gift	09/2009

Grants and Similar Amounts Paid**US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	GRANTS AND ALLOCATIONS
Donee's name	AMERICAN LEGION
Donee's address	
Relationship	
FMV	260.
Book value	260.
Date of gift	03/2009

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