



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**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****A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - Amended return
 - Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C Name of organization****Knights of Columbus, Council 12577**

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

4906 West 157th Terrace

Room/suite

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

Overland Park KS 66224**D Employer identification number****26-0670689****E Telephone number****913-239-9037****F 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: **► N/A****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 **► \$ 42,534**

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	4,663
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,018
	4	Investment income	4	142
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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 ►		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	28,711
	6b	Less direct expenses other than fundraising expenses	6b	21,309
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,402	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► See Statement 2)	8	1,000	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	21,225	
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 3	10	25,953
	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	
	16	Other expenses (describe ► See Statement 4)	16	7,566
	17	Total expenses. Add lines 10 through 16 ►	17	33,519
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,294
	Net Assets	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
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	4,577

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.)

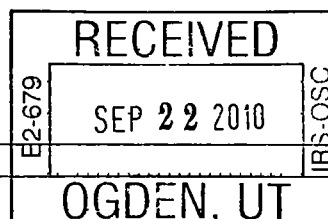
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,871	4,577
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	16,871	4,577
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,871	4,577

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

Form 990-EZ (2009)

DAA

SCANNED SEP 29 2010



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

What is the organization's primary exempt purpose?

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

Support Charities and Community Needs

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.

28 Programs of assistance to other social action, educational, charitable, benevolent, moral and religious endeavors.

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

28a**29** (Grants \$) If this amount includes foreign grants, check here**29a****30** (Grants \$) If this amount includes foreign grants, check here**30a****31** Other program services (attach schedule)

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

31a**32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Brant Myers	Overland Park	Trustee 3 yr			
14905 Benson St	KS 66221	1 00	0	0	0
Tom Cavellere	Leawood	Grand Knight			
14616 Windsor	KS 66224	1 00	0	0	0
John Euston	Overland Park	Chancellor			
15217 Beverly	KS 66223	1 00	0	0	0
Maurice Sadowsky	Overland Park	F. Secretary			
4906 W 157th Terrace	KS 66224	3.00	0	0	0
Curtis Yohon	Overland Park	Treasurer			
7410 W 145th Terrace	KS 66223	1.00	0	0	0
Larry Sowers	Leawood	Recorder			
5276 W 150th Terrace	KS 66224	1 00	0	0	0
Matt Woehrle	Overland Park	Warden			
15612 Maple St	KS 66223	1 00	0	0	0
Joe James	Overland Park	Deputy Grand Knight			
5616 W 158th Terrace	KS 66223	1 00	0	0	0
Peter Lane	Overland Park	Trustee 2 yr			
15111 Outlook	KS 66223	1 00	0	0	0
Dan McCauley	Overland Park	Trustee 1 yr			
14736 Maple St	KS 66223	1.00	0	0	0
Steve Rouff	Overland Park	Outside Guard			
15299 Newton Dr	KS 66223	1 00	0	0	0
Alex Glenn	Overland Park	Advocate			
12822 Bond	KS 66213	1 00	0	0	0
Fr. Bill Porter	Overland Park	Chaplain			
14201 Nall	KS 66223	1 00	0	0	0
Tom McChesney	Overland Park	Inside Guard			
8500 W. 144 Place	KS 66223	1 00	0	0	0

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
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 40a , section 4912 40a , section 4955 40a		
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		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41 None		
42a The organization's books are in care of 42a Maurice J Sadowsky Telephone no 42a 4906 West 157th Terrace Located at 42a Overland Park, KS ZIP + 4 42a 66224		
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 42b 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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 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.

	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 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."

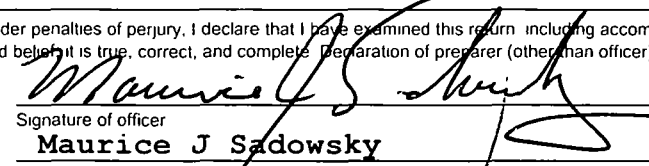
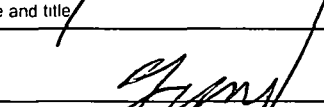
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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 Maurice J Sadowsky Type or print name and title		Date 9/14/2010 Financial Secretary	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
		09/10/10	<input checked="" type="checkbox"/>	P00333868
	Firm's name (or yours if self-employed), address, and ZIP + 4	Larry D. Sowers, CPA, PA 4747 W 135th St Ste -200 Leawood, KS 66224		
May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				EIN ▶ 43-1914739 Phone no ▶ 913-239-2390

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

Knights of Columbus, Council 12577

Employer identification number

26-0670689

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

(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			
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

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<u>Fish Fry</u> (event type)	 (event type)	<u>None</u> (total number)	
Revenue	1 Gross receipts	27,289			27,289
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	27,289			27,289
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,198			18,198
	10 Direct expense summary Add lines 4 through 9 in column (d)				18,198
11 Net income summary Combine line 3, column (d), and line 10				9,091	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % <input checked="" type="checkbox"/> No	Yes % <input checked="" type="checkbox"/> No	Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities

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
9a		<input checked="" type="checkbox"/>
10a		<input checked="" type="checkbox"/>
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ► **Maurice J Sadowsky**
4906 West 157th TerraceAddress ► **Overland Park****KS 66224****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 ► \$
amount of gaming revenue retained by the third party ► \$

and the

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
Dues from Members	\$ <u>8,018</u>
Total	\$ <u><u>8,018</u></u>

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
Fish Fry Grill	\$ <u>1,000</u>
Total	\$ <u><u>1,000</u></u>

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations

Name and Address	Date of Gift	Description of Property	Class of Activity		Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution	Charitable Action				
St Michael the Archangel CP 14251 Nall Leawood, KS 66223			19,400					
Total			19,400					

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	230
Monthly Meeting Expense	457
KC Catholic Conference	36
National Per Capita	1,188
K of C Supplies	1,885
Badges	350
Insurance	830
1st Degree Kit	625
KS State per Capita	1,965
Total	\$ <u>7,566</u>