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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning January, 2010, and ending December, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization Knights of Columbus Father Martin Kennedy
 Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 443
 City or town, state or country, and ZIP + 4 Landen, WY 82520-0443

D Employer identification number 23-7227001

E Telephone number _____

F Group Exemption Number 0188

G Accounting Method: ☐ Cash ☐ Accrual Other (specify) _____

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

I Website: _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	3830.00
	4	Investment income	4	0.20
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	10532.50
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	600.00
	15	Printing, publications, postage, and shipping	15	0
	16	Other expenses (describe in Schedule O)	16	12999.48
17	Total expenses. Add lines 10 through 16	17	13599.48	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
	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 (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34571.30

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

SCANNED JUN 01 2011

D
V

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22 1059.46
23 Land and buildings		23 0
24 Other assets (describe in Schedule O)		24
25 Total assets		25 34571.30
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

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		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	0
29		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	0
30		
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	0
31 Other program services (describe in Schedule O) ▶ ☐	31a	0
(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	0
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.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		☒
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		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		☒
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 tax year covered by this return?		☒
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		☒
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		☒
41 List the states with which a copy of this return is filed.		
42a The organization's books are in care of <u>Paul Trump</u> Telephone no. <u>307-349-9679</u> Located at <u>3326 W. Hwy 287, Lander, WY</u> ZIP + 4 <u>82520</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)?		☒
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		☒

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☐
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☐
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☐

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
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
NA				

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
NA		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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.

Sign Here	Signature of officer <i>Paul Tramp</i>		Date <i>5-3-11</i>		
	Type or print name and title <i>PAUL Tramp</i>		Firm <i>Sec</i>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			
May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No					

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2010

Open to Public
Inspection

Name of the organization

Employer identification number

Receipts

Bingo Acct	4900.00
Special	712.00
Tootsie Rolls	4542.50
Misc	398.00

Disbursements

PerCapita	1175.66
Utilities	600.00
General Council Exp	11,075.82
Misc	1348.00
	<u>13,599.48</u>

General Bank Acct	1059.40
Special Bank Acct	5429.97
Savings	28,081.93
	<u>34571.30</u>

Knights of Columbus SEMI-ANNUAL COUNCIL AUDIT REPORT

FOR PERIOD ENDED June 30th 2010

COUNCIL NO. 5447 CITY Lander STATE WY

SCHEDULE A - MEMBERSHIP

ADDITIONS

Total Members Start of Period
Initiations
Transfers from other councils
Transfers—Assoc. to Ins.
Transfers—Ins. to Assoc.
Reinstatements & Readmissions
Total for Period
Minus Total Deductions
Number Members End of Period

INS.	ASSO.	TOT.
61	80	149
61	79	148

DEDUCTIONS

Suspensions
Deaths
Final Withdrawals
Transfers—Assoc. to Insurance
Transfers—Ins. to Associate
Transfers to Other Councils
Total Deductions

INS.	ASSO.	TOT.
1		1
0	0	1

SCHEDULE B - CASH TRANSACTIONS

FINANCIAL SECRETARY

Cash on Hand Beginning of Period
Cash Received—Dues, Initiations
Cash Received from other Sources.

(Explain Kind and Amount)

Bingo Transfer \$ 1450.00
Special \$ 712.00
Misc \$ 330.00
- betw rolls Total Cash Received \$ 4542.50

Paid to Treasurer
Cash on Hand at End of Period

\$	0
\$	2940 00
\$	7034 50
\$	9974 50
\$	
\$	

TREASURER

Cash on Hand Begin. Period
Received from Fin. Sec.
Interest Earned on Investments

Total Receipts

Disbursements

Per Capita: Supreme Council

State Council

General Council Expenses

Transfers to Sav. & Invest. Accts.

Miscellaneous

Total Disbursements

Net Balance on Hand

\$	1077 07
\$	9974 50
\$	76
\$	11051 73
\$	
\$	
\$	9025 82
\$	
\$	1074 89
\$	10040 71
\$	1011 02

SCHEDULE C - ASSETS AND LIABILITIES

ASSETS

Cash

Undeposited Funds

Bank -- General -- Acct

- Special Acct.

- Savings & Investment Acct

Due From Number Members

Total Current Assets

Less: Current Liabilities

Net Current Assets

Investments

* Real Estate

* Furniture

* Stocks & Bonds

Total Investment

Less: Investment

Liabilities

Net Investment Assets

Total Assets

\$	
\$	1,011 02
\$	8,319 47
\$	32,438 79
\$	
\$	
\$	
\$	41,766 28

LIABILITIES

Due Supreme Council:

Per Capita

Supplies

Catholic Adv.

Other

Due State Council

Advance Payments By Number Members

Misc. Liabilities:

Total Current Liabilities

Signed this 15th day of August 2010

Grand Knight

Trustee

Trustee

Trustee

\$	0
\$	41,766 28

Please complete all items under "None" where no figures are to be shown.

On the reverse side to describe (Send copy to Supreme Secretary, State Deputy, and District Deputy)

FOR PERIOD ENDED

December 2010

COUNCIL NO. 5447

CITY Lander

STATE Wy

ADDITIONS

Total Members Start of Period	
Initiations	
Transfers from other councils	
Transfers—Assoc. to Ins.	
Transfers—Ins. to Assoc.	
Reinstatements & Readmissions	
Total for Period	
Minus Total Deductions	
Number Members End of Period	

INS.	ASSO.	TOT
61	79	148
58	81	146

Suspensions
 Deaths
 Final Withdrawals
 Transfers—Assoc. to Insurance
 Transfers—Ins. to Associate
 Transfers to Other Councils
 Total Deductions

	INS	ASSO.	TOT.
		2	
		2	

FINANCIAL SECRETARY

Cash on Hand Beginning of Period

Cash Received—Dues, Initiations

Cash Received from other Sources:

(Explain Kind and Amount)

Bingo Meet	\$ 3450.00
Misc	\$ 68.00
	\$
Total Cash Received	

Paid to Treasurer

Cash on Hand at End of Period

\$	
\$	90 00
\$	3578 00
\$	3608 00
\$	
\$	

TREASURER

Cash on Hand Begin. Period	\$ 1011	02
Received from Fin. Sec.	\$ 3608	00
Interest Earned on Investments	\$	04
Total Receipts	\$ 4619	06
<u>Disbursements</u>		
Per Capita: Supreme Council	\$ 175	66
State Council	\$ 1000	00
General Council Expenses	\$ 2050	00
Transfers to Sav. & Invest. Accts.	\$	
Miscellaneous	\$ 334	00
Total Disbursements	\$ 3559	66
Net Balance on Hand	\$ 1059	40

\$ 1011	02
\$ 3608	00
\$	04
\$ 4619	06
\$ 175	66
\$ 1000	00
\$ 2050	00
\$	
\$ 334	00
\$ 3559	66
\$ 1059	40

ASSETS

Cash

Undeposited Funds

Bank — General — Acct.

— Special Acct.

— Savings & Investment Acct.

Due From _____ Members

Number

Total Current Assets

Less: Current Liabilities

Net Current Assets

Investments:

* Real Estate \$ _____

* Furniture \$ _____

* Stocks & Bonds \$ _____

Total Investment \$ _____

Less: Investment

Liabilities _____

Net Investment Assets

Total Assets

\$	
\$	105940
\$	542997
\$	2808193
\$	
\$	
\$	
\$	
\$	3457130

LIABILITIES

Due Supreme Council:		\$	
Per Capita		\$	
Supplies		\$	
Catholic Adv.		\$	
Other		\$	
Due State Council		\$	
Advance Payments By _____ Members	Number	\$	
Misc. Liabilities:		\$	
_____		\$	
_____		\$	
_____		\$	
Total Current Liabilities		\$	
Signed this <u>Feb</u> day of <u>15th</u> <u>2011</u>			
<u>[Signature]</u>			Grand Knight
<u>[Signature]</u>			Trustee
<u>[Signature]</u>			Trustee
<u>[Signature]</u>			Trustee

* Use reverse side to describe (Send copy to Supreme Secretary, State Deputy, and District Deputy)

July - December 2010

RECEIPTS

MON	TOTAL RECEIPTS	COUNCIL	MISC	CK ACCT	BINGO	SPECIAL	TOOTSIE	VOIDED	L-SAVER	INITIATE
		DUES		INTEREST	TRANS		ROLLS	CHECKS	POPS	FEES
Bal Forward	\$1011.02									
July	460.00	60.00	-0-	-0-	400.00	-0-	-0-	-0-	-0-	-0-
Aug	580.00	30.00	-0-	-0-	550.00	-0-	-0-	-0-	-0-	-0-
Sept.	1125.01	-4-	25.00	101	1100.00	-0-	-0-	-0-	-0-	-0-
Oct.	18.01	-0-	18.00	101	-0-	-0-	-0-	-0-	-0-	-0-
Nov	300.01	-0-	-0-	101	300.00	-0-	-0-	-0-	-0-	-0-
Dec	1125.01	-0-	25.00	101	1100.00	-0-	-0-	-0-	-0-	-0-
		90.00	68.00	104	3450.00	-0-	-0-	-0-	-0-	-0-
	3608.04									
Balance Forward	31011.02									
	4619.06					3608.04				
Less Disbursements	3559.66									
Balance Forward January	\$1059.40									

Forwarded 1-16-11

January - June 2010

[illegible]