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990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Open to Public  
Inspection

## A For the

Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type  
See Specific Instructions.

or tax year beginning January 1, 2010 and ending December 31, 2010

C Name of organization  
**KNIGHTS OF COLUMBUS COUNCIL # 9132**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1729 Stop Thirty Road, PO Box 206**

City or town, state or country, and ZIP + 4  
**Hendersonville, Tennessee 37077-0206**

D Employer identification number  
**62-1278992**

E Telephone number  
**615-975-9152**

F Group Exemption Number ►

• 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: ► [www.kofctn9132.org](http://www.kofctn9132.org)J Tax-exempt status (check only one) —  501(c) ( 8 ) ▶ (insert no)  4947(a)(1) or  527K 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 ► \$

## 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	1750
	2 Program service revenue including government fees and contracts . . . . .	2	10623
	3 Membership dues and assessments . . . . .	3	5068
	4 Investment income . . . . .	4	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0
	b Less: cost or other basis and sales expenses . . . . .	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c	12721
	a Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	6a	21527
	b Less: direct expenses other than fundraising expenses . . . . .	6b	8806
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	7a	
	7a Gross sales of inventory, less returns and allowances . . . . .	7b	
	b Less: cost of goods sold . . . . .	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8	
	8 Other revenue (describe ► )	9	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	30162
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	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	0
	15 Printing, publications, postage, and shipping . . . . .	15	698
	16 Other expenses (describe ► Donations, Meetings, Supplies and PerCapita )	16	22381
Net Assets	17 Total expenses. Add lines 10 through 16 ►	17	23079
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) ►	18	7083
	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	8331
	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	15414

## 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 . . . . .	6141	22 13224
23 Land and buildings . . . . .	0	23 0
24 Other assets (describe ► Furniture & Equipment )	2190	24 2190
25 Total assets . . . . .	8331	25 15414
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	8331	27 15414

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

What is the organization's primary exempt purpose? **Charitable and Fraternal Activities**

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.)

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28

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**(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 pre-  
(Grants \$)**

If this amount includes foreign grants, check here

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
John A. Bolger 113 Devonshire Trail, Hendersonville, TN 37075	Financial Secretary (3)	0	0	0
Don Heschel, SR 116 Wynnebrook Trace Hendersonville TN 37075	GRAND KNIGHT (PRES) (5)	0	0	0
Michael L. Murray 114 Crosby DR, Hendersonville TN 37075	Deputy Grand Knight (V.P) (3)	0	0	0

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

	<b>Yes</b>	<b>No</b>
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.	35a	35b
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? . . . . .	36	37a
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	37b	38a
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 . . . . .	38b	39
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	39a	39b
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	40a	40b
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? . . . . .	40c	40d
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	40e	40e
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	41	42a
b Gross receipts, included on line 9, for public use of club facilities . . . . .	42b	42c
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
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 . . . . .		
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 ► John Bolger Telephone no. ► 615-975-9152		
Located at ► 113 Devonshire Trl., Hendersonville, TN 37075 ZIP + 4 ► _____		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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 <b>Form 1041</b> —Check here □ 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	45
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	45

**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 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."		

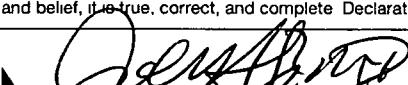
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 	Date 1/21/2011	Type or print name and title John A. Bolger, Financial Secy.
Paid Preparer's Use Only	Preparer's signature John A. Bolger	Date 1/21/2011	Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instructions) EIN <input type="checkbox"/> Phone no. <input type="checkbox"/>
May the IRS discuss this return with the preparer shown above? See instructions . . . . . ► <input type="checkbox"/> Yes <input type="checkbox"/> No			

Knights of Columbus Council 9132  
HENDERSONVILLE, TENNESSEE

Expenses 2010

Postage, Printing etc 698.00

Meeting Expenses \$ 6,188

25<sup>th</sup> Anniversary Event 2,636

Ladies Appreciation Event 800

Insurance 800

Supreme Council Per Capita 2010

Tenn State Council Per Capita 500

RVP Program 900

Council Supplies 1282

Brotherly Activities 1234

State Convention Expense 80

Church Staff Grants 500

Rambursements <384>

Knights of Columbus Council 9132  
Hendersonville, Tennessee

Donations 2010

(8)

Ch #	2352	Our Lady of the Lake	200.00
Ch #	2355	" " "	100.00
Ch #	2377	Bishops Burse	900.00
Ch #	2386	India Missions	380.19
Ch #	2395	Our Lady of the Lake	100.00
Ch #	2396	" " "	100.00
Ch #	2401	" " "	400.00
Cash	(4-19-10)	" " "	286.00
Ch #	2412	" " "	100.00
Ch #	2430	" " "	500.00
Ch #	2439	" " "	250.00
Ch #	2456	" " "	300.00
Ch #	2445	" " "	98.33
Ch #	2368	Sumner County Board of EDUC.	300.00
Ch #	2382	Sutton-Craighead School	200.00
Ch #	2385	" " "	100.00
Ch #	2402	US Army Emergency Relief Fund	400.00
Ch #	2425	Cumberland Crisis Pregnancy Center	100.00
Ch #	2405	Big Brothers/Big Sisters of Nashville	100.00
Ch #	2440	Sumner Special Olympics	500.00
Ch #	2444	MEALS on WHEELS	20.00
Cash		TENNESSEE Right-to-Life	50.00
			\$ 5714.52