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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, 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 July 1, 2010, and ending June 30, 20 11

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

**C** Name of organization  
**Knights of Columbus - Council 7909**  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 2577**  
City or town, state or country, and ZIP + 4  
**Olathe, KS 66063**

**D** Employer identification number  
**48-0935060**

**E** Telephone number  
**913-782-4891**

**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) ( 8 ) ◀ (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. \$ **82131**

**Part II** **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. ☐

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	6b	Gross income from fundraising events (not including \$ 564 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
6c	Less: direct expenses from gaming and fundraising events																												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																											
	17	<b>Total expenses.</b> Add lines 10 through 16																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												
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)																												
20	Other changes in net assets or fund balances (explain in Schedule O)																												
21	Net assets or fund balances at end of year. Combine lines 18 through 20																												

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

12P



**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
<b>33</b> 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		✓
<b>34</b> 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)		✓
<b>35</b> 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		
<b>a</b> 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>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		✓
<b>36</b> 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		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b> 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>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> n/a		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> n/a		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> n/a		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</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		✓
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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		✓
<b>41</b> List the states with which a copy of this return is filed. <b>41</b> Kansas		
<b>42a</b> The organization's books are in care of <b>42a</b> Ed Beck Telephone no. <b>42a</b> 913-782-4891 Located at <b>42a</b> 305 S. Winterbrook Dr., Olathe, KS ZIP + 4 <b>42a</b> 66062		
<b>b</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)?	Yes	No
If "Yes," enter the name of the foreign country. <b>42b</b>		✓
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> 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: <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <b>43</b> and enter the amount of tax-exempt interest received or accrued during the tax year n/a		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>b</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		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		✓

	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

f Total number of other employees paid over \$100,000

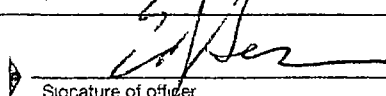
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

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		Date <u>10/13/11</u>
	Ed Beck, financial secretary	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**Knights of Columbus - council 7909**

Employer identification number

**48-0935060**

**Part I**

**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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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 and address 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			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						

**Total** . . . . . ▶

- 3** List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>Fish fry</b> (event type)	(b) Event #2 <b>Food booth</b> (event type)	(c) Other events <b>Golf outing</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	25843	8869	18758	53470
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	25843	8869	18758	53470
Direct Expenses	<b>4</b> Cash prizes . . . . .			450	450
	<b>5</b> Noncash prizes . . . . .			1011	1011
	<b>6</b> Rent/facility costs . . . . .		1035	3616	4651
	<b>7</b> Food and beverages . . . . .	19328	2971	601	22900
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .			185	185
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 29197 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				24273	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( )
	<b>8</b> 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? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

**Schedule 1**

Knights of Columbus – Council 7909

48-0935060

Form 990-EZ, Line 10 (Grants and Similar Amounts Paid) – Fiscal year ending June 30, 2011

<b><u>Grantee Name</u></b>	<b><u>Grantee Address</u></b>	<b><u>Nature of Grant</u></b>	<b><u>Amount of Grant</u></b>
Kansas State Council – K of C	2164 N. Carlton, Liberty, KS 67901	Mentally Disabled Aid	\$4054
Kansas State Council – K of C	2164 N. Carlton, Liberty, KS 67901	Religious Education	\$200
Kansas State Council – K of C	2164 N. Carlton, Liberty, KS 67901	Disaster Assistance	\$500
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Clergy Support	\$4262
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Community Outreach	\$0
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Family Assistance	\$3762
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Upkeep and Maintenance	\$6000
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Religious Education	\$200
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Youth Organizations	\$1300
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Elderly Social Activities	\$2525
Prince of Peace Catholic Church	16000 W. 143 <sup>rd</sup> St., Olathe, KS 66062	Pro-Life Programs	\$1150
Catholic Charities	333 E. Poplar St., Olathe, KS 66061	Food Pantry	\$3136
Scholarships – H/S Seniors	Various Individual Addresses	Educational Support	\$2500
Catholic Seminars	Various Individual Addresses	Educational Support	\$1500
<b>Total Dollars.....</b>			<b>\$27035</b>



Attachment 2

Knights of Columbus - Council 7909  
EIN 48-0935060

Supporting Statement for  
Form 990-EZ/Line 16, Amount 1

<b>Description</b>	<b>Amount</b>
Advertising	\$ 464 00
Bank Service Charges	\$ -
Dues and Subscriptions	\$ 374.00
Entertainment	\$ 1,450 00
Insurance	\$ 674 00
Repairs and Maintenance	\$ 300 00
State Convention Expense	\$ 763 00
Supplies	\$ 3,055 00
Taxes - Property	\$ 275 00
Taxes - State Sales	\$ 3,863 00
Per capita tax - state	\$ 2,405 00
Per capita taxes - supreme	\$ 2,364 00
Misc. Expenses	\$ 2,669 00
<b>Total</b>	<b><u>\$ 18,656.00</u></b>

Attachment 1

Knights of Columbus - Council 7909  
 EIN 48-0935060

Part 2 - Key Officers

Supporting Statement for  
 Form 990-EZ/Part 4

List of Key Officers and Trustees	Title/average hours per week	Compensation	Contributions to		Expense Acct.
			Benefit Plans	Other Allowances	
Robert Davis 13115 S Arapaho Dr Olathe, KS 66062	Grand Knight 4 hours	None	None	None	None
Robert Plant 17354 W 161st St Olathe, KS 66062	Deputy GK 2 hours	None	None	None	None
David Tout 1400 S Tomahawk Ln Olathe, KS 66062	Trustee 2 hours	None	None	None	None
Tommy Negrete 14000 S Raintree Olathe, KS 66062	Trustee 2 hours	None	None	None	None
Dennis Meehan 12933 S. Hagan St, Olathe, KS 66062	Trustee 2 hours	None	None	None	None
Ed Beck 305 S Winterbrook Dr Olathe, KS 66062	Financial Secretary 6 hours	None	None	None	None