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# Short Form Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue ServiceUnder 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

2011

Open to Public  
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<b>A For the 2011 calendar year, or tax year beginning</b>		<b>July 1</b>	<b>, 2011, and ending</b>	<b>June 30</b>	<b>, 20</b>	<b>12</b>
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>Knights of Columbus - Council 7909</b> Number and street (or P O. box, if mail is not delivered to street address) <b>P.O. Box 2577</b> City or town, state or country, and ZIP + 4 <b>Olathe, KS 66063</b>		<b>D Employer identification number</b> <b>48-0935060</b> <b>E Telephone number</b> <b>913-440-0792</b>		
				<b>F Group Exemption Number</b> ► <b>0188</b>		
<b>G Accounting Method</b> ► <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____				<b>H Check</b> ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>I Website:</b> ► <a href="http://www.kofc7909.org">www.kofc7909.org</a>						
<b>J Tax-exempt status</b> (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>K Check</b> ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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.						
<b>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</b>				► \$ <b>93,384</b>		

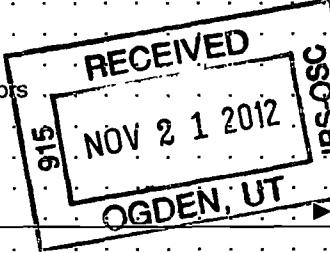
**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. 

Revenue		1	3,945
	1 Contributions, gifts, grants, and similar amounts received . . . . .	2	0
	2 Program service revenue including government fees and contracts . . . . .	3	11,143
	3 Membership dues and assessments . . . . .	4	61
	4 Investment income . . . . .	5a	0
	5a Gross amount from sale of assets other than inventory . . . . .	5b	0
	b Less: cost or other basis and sales expenses . . . . .	5c	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .		
	6 Gaming and fundraising events . . . . .		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	b Gross income from fundraising events (not including \$ 3,945 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	78,235
	c Less: direct expenses from gaming and fundraising events . . . . .	6c	45,036
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	33,199
	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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	48,348
Net Assets	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	32,791
	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	1,075
	16 Other expenses (describe in Schedule O) . . . . .	16	20,856
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	54,722
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(6,374)
	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	22,336
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	15,962

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2011)

SCANNED DEC 28 2012  
Net Assets

**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
<b>22 Cash, savings, and investments</b>	<b>22,336</b>	<b>22</b> <b>15,962</b>
<b>23 Land and buildings</b>	<b>0</b>	<b>23</b> <b>0</b>
<b>24 Other assets (describe in Schedule O)</b>	<b>0</b>	<b>24</b> <b>0</b>
<b>25 Total assets</b>	<b>22,336</b>	<b>25</b> <b>15,962</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b> <b>0</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>22,336</b>	<b>27</b> <b>15,962</b>

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

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 Church building improvement and maintenance (including 14 acres of church grounds); maintain Catholic Shrine. Services benefit over 4000 Catholic families.

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

282

29 Education - provide secondary education scholarships for parishioners; financial support to seminarians; support for Catholic education

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

29a

**30 Youth - support parish youth activities, including scouting, sports, and educational activities**

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

30a

**31 Other program services (describe in Schedule Q)**

Other program services (describe in Schedule C)  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.)  
Check if the organization used Schedule Q to respond to any question in this Part IV.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . 33  ✓

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) . . . . . 34  ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . 35a  ✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . . 35b  ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . 35c  ✓

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 . . . . . 36  ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 37b  ✓

b Did the organization file Form 1120-POL for this year? . . . . . 38a  ✓

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? . . . . . 38b  N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 39a  N/A

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

a Initiation fees and capital contributions included on line 9 . . . . . 39b  N/A

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 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 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 . . . . . 40c  N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40d  N/A

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  ✓

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► Daniel Norman Telephone no. ► 913-440-0792  
Located at ► 213 S. Ridgeview Rd., Olathe, KS ZIP + 4 ► 66061

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 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 0

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44a  ✓

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 . . . . . 44b  ✓

c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c  ✓

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 . . . . . 44d  ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b 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) . . . . . 45b  ✓





**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 Fish Fry (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts . . . . .	30,924	15,816	17,975	64,715
2 Less: Charitable contributions . . . . .	0	0	0	0
3 Gross income (line 1 minus line 2) . . . . .	30,924	15,816	17,975	64,715
Direct Expenses				
4 Cash prizes . . . . .	0	0	0	0
5 Noncash prizes . . . . .	0	1,721	0	1,721
6 Rent/facility costs . . . . .	0	3,713	1,035	4,748
7 Food and beverages . . . . .	21,209	448	6,231	27,888
8 Entertainment . . . . .	0	0	0	0
9 Other direct expenses . . . . .	1000	1,118	800	2,918
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 37,275 )
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 27,440

**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 . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input 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? . . . . .  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: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility  13a %

b An outside facility  13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

Knights of Columbus - Council 7909

Employer identification number

48-0935060

**Form 990-EZ Line 10 (Grants and similar amounts paid):**

Grantee Name	Grantee Address	Nature of Grant	Amount of Grant
Kansas State Council - KofC	3511 Cedar Crest, Oakley, KS, 67748	Mentally Disabled Aid	\$2,268
Kansas State Council - KofC	3511 Cedar Crest, Oakley, KS, 67748	Religious Education	\$700
Kansas State Council - KofC	3511 Cedar Crest, Oakley, KS, 67748	Disaster Assistance	\$575
Kansas State Council - KofC	3511 Cedar Crest, Oakley, KS, 67748	Pro-Life Programs	\$450
Prince of Peace Catholic Church	16000 W. 143rd St., Olathe, KS, 66062	Clergy Support	\$2,237
Prince of Peace Catholic Church	16000 W. 143rd St., Olathe, KS, 66062	Upkeep & Maintenance	\$10,124
Prince of Peace Catholic Church	16000 W. 143rd St., Olathe, KS, 66062	Youth Organizations	\$5,980
Prince of Peace Catholic Church	16000 W. 143rd St., Olathe, KS, 66062	Elderly Social Activities	\$2,693
Prince of Peace Catholic Church	16000 W. 143rd St., Olathe, KS, 66062	Pro-Life Programs	\$1,097
Catholic Charities	333 E. Poplar St., Olathe, KS, 66061	Food Pantry	\$1,767
Scholarships - H/S Seniors	Various Individual Addresses	Education Support	\$2,500
Catholic Seminarians	Various Individual Addresses	Education Support	\$1,000
Boy Scout Troop 240	16000 W. 143rd St , Olathe, KS, 66062	Youth Activities	\$1,400
		Total Grant Dollars	\$32,791

**Form 990-EZ Line 16 (Other Expenses)**

Description	Amount	Description	Amount	Description	Amount
Advertising	\$429	Repairs and Maintenance	\$1,251	Per Capita Tax - State	\$2,405
Bank Service Charges	\$107	State Convention Expense	\$759	Per Capita Tax - Supreme	\$2,881
Dues and Subscriptions	\$407	Supplies	\$1,822	Miscellaneous Expenses	\$2,570
Entertainment	\$2,943	Taxes - Property	\$154		
Insurance	\$629	Taxes - State Sales & Use	\$4,499		
<b>Total Expense Dollars</b>	<b>\$20,856</b>				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

**Knights of Columbus - Council 7909**

Employer identification number

**48-0935060**