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Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning		July 1	, 2013, and ending	June 30	, 20 14
B Check if applicable:		C Name of organization Knights of Columbus -- Council 7909		D Employer identification number 48-0935060	
<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		Number and street (or P.O. box, if mail is not delivered to street address) P. O. Box 2577		Room/suite	E Telephone number 503-358-1140
		City or town, state or province, country, and ZIP or foreign postal code Olathe, KS 66063-2577		F Group Exemption Number ► 0188	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► www.kofc7909.org					
J Tax-exempt status (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					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$				90,059	
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 <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	9,156
	2 Program service revenue including government fees and contracts			2	0
	3 Membership dues and assessments			3	8,127
	4 Investment income			4	85
	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 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 \$ 9,156 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	72,691			
c Less: direct expenses from gaming and fundraising events	6c	36,550			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	36,141			
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	53,509			
Expenses	10 Grants and similar amounts paid (list in Schedule O)			10	26,742
	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	1,218
	16 Other expenses (describe in Schedule O)			16	15,635
17 Total expenses. Add lines 10 through 16	17	43,595			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	9,914
	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	36,241
	20 Other changes in net assets or fund balances (explain in Schedule O)			20	6,703
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	52,858		

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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	36,241	22 52,858
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	36,241	25 52,858
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,241	27 52,858

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? **Educational, Charitable, Religious & Social Welfare Works**

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
1947(a)(1) trusts; optional
for others.)

28 Church building improvement and maintenance (including 14 acres of church grounds); maintain Catholic shrine. These services benefit over 4,000 Catholic families. (Grants \$) If this amount includes foreign grants, check here ►

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 ►

30 Youth -- Support parish youth activities, including but not limited to Scouting, sports and educational activities. (Grants \$) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a) ►

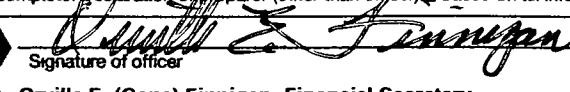
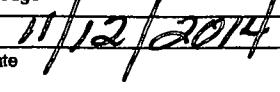
Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Douglas R. Svatos 2125 S. Central St.: Olathe, KS 66062	Grand Knight -- 10 hrs	0		
Ronald A. Schieffer 1109 S. Stagecoach Pl.; Olathe, KS 66062	Trustee -- 2 hrs	0		
Robert A. Plant 17354 W. 161st St.; Olathe, KS 66062	Trustee -- 2 hrs	0		
Robert L. Davis 13115 S. Arapaho Dr.; Olathe, KS 66062	Trustee -- 2 hrs	0		
Orville E. (Gene) Finnigan 11653 S. Carriage Rd.; Olathe, KS 66062	Financial Secretary -- 20 hrs	0		

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

	Yes	No
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	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
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	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	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 ► N/A	40c	N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A	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 ► Orville E. (Gene) Finnigan Located at ► 11653 S. Carriage Rd.; Olathe, KS	Telephone no. ► 503-358-1140	ZIP + 4 ► 66062-8029
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.	Yes	No
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: ►	42b	✓
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	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	Yes	No
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	44a	✓
c Did the organization receive any payments for indoor tanning services during the year?	44b	✓
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	44c	✓
44d	✓	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

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	Yes	No	
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations 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 <input type="checkbox"/>					
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	Yes	No	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	Yes	No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	Yes	No	
b	If "Yes," was the related organization a section 527 organization?	49b	Yes	No	
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 title of each employee <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Average hours per week devoted to position <hr/> <hr/> <hr/> <hr/> <hr/>	(c) Reportable compensation (Forms W-2/1099-MISC) <hr/> <hr/> <hr/> <hr/> <hr/>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation <hr/> <hr/> <hr/> <hr/> <hr/>	
(e) Estimated amount of other compensation <hr/> <hr/> <hr/> <hr/> <hr/>					
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 business address of each independent contractor <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Type of service <hr/> <hr/> <hr/> <hr/> <hr/>	(c) Compensation <hr/> <hr/> <hr/> <hr/> <hr/>		
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				► <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	Signature of officer 		Date 		
Orville E. (Gene) Finnigan; Financial Secretary Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name <hr/> Firm's name ►	Preparer's signature <hr/> Firm's EIN ►	Date <hr/> Phone no	PTIN <input type="checkbox"/> if self-employed	
Type or print name and title Firm's address ►					
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Knights of Columbus

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

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Employer identification number

48-0935060

Knights of Columbus -- Council 7909

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.

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Part I Form 990-EZ filers are not required to complete this part.

(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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
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 Fish Fry (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	29,520	13,743	23,434	66,697
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	29,520	13,743	23,434	66,697
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	962	0	962
	6 Rent/facility costs	0	4,252	1,065	5,317
	7 Food and beverages	13,743	674	8,569	22,986
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	75	1,073	1,148
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 30,412
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 36,284

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				
	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	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. Subtract line 7 from line 1, column (d)				►

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:

13a	%
13b	%

a The organization's facility

b An outside facility

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. 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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open 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 - K of C	510 Jones St.; Lecompton, KS 66050	Religious Education	\$600
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Clergy Support	\$4,628
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Christmas Adopt-A-Family	\$1,000
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Coffee/Donut Sundays -- Social activities	\$407
Nativity House	PO Box 4124; Kansas City, KS 66104	Culture of Life donation	\$500
Advice & Aid Pregnancy Center	4601 W. 109th St.; Overland Park, KS 66211	Culture of Life donation	\$500
St. Thomas Aquinas High School	11411 Pfleum Rd, Overland Park, KS 66215	Culture of Life donation	\$500
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Mother's Day recognition	\$500
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Senior Citizen Social & Support activies	\$3,090
Olathe Parks & Recreation	1205 E Kansas City Rd; Olathe, KS 66061	Special Olympics	\$3,597
Catholic Charities	9720 W. 87th Street, Overland Park, KS 66212	Food Pantry	\$2,500
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Military Veterans Dinner	\$817
Habitat for Humanity	9850 W 87th St Overland Park, KS 66212	Community service	\$115
Kansas State Council - K of C	510 Jones St.; Lecompton, KS 66050	Disaster Assistance	\$750
Scholarships - H/S Seniors	Various Individual Addresses	Education Support	\$2,500
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Various youth activities	\$397
Prince of Peace Catholic Church	16000 W. 143rd St.; Olathe, KS 66062	Funeral dinners	\$265
K of C Council 7909	P. O. Box 2577; Olathe, KS 66063	Church & Community Activities	\$4,076
		Total Grant Dollars	\$26,742

Name of the organization

Knights of Columbus -- Council 7909

Employer identification number

48-0935060

Form 990-EZ Line 16 -- Other Expenses

Description	Amount	Description	Amount	Description	Amount
Bank Service Charges	\$109	State Convention Expense	\$1,247	Degrees & Name Badges	\$544
Dues and Subscriptions	\$426	Supplies	\$1,032	Per Capita Tax -- State	\$2,490
Taxes - Property	\$148	Per Capita Tax -- Supreme	\$1,455	Catholic Advertising -- Supreme	\$503
Insurance	\$695	Taxes - State Sales & Use	\$5,348	Equipment Purchases	\$716
Culture of Life -- Supreme	\$922				
Total Expense Dollars	\$15,635				

In Part 1 Line 20 an increase in net assets/fund value of \$6,703 is added. This has come about as an internal review/audit determined the Council's assets from various programs were understated.