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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

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning 7/1/2010 and ending 6/30, 20 11

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

C Name of organization
Knights of Columbus 11067

Number and street (or P O box, if mail is not delivered to street address) Room/suite
12619 Overbrook Road

City or town, state or country, and ZIP + 4
Leawood, KS, 66209

D Employer identification number
481168954

E Telephone number
816-210-1119

F Group Exemption Number ►

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 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.

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. ► \$ **78,580**

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	15,387
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2874
	4	Investment income	4	351
	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	20,321
Expenses	b	Gross income from fundraising events (not including \$ 15,387 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	39,647
	c	Less: direct expenses from gaming and fundraising events	6c	28,934
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,034
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ►	9	49646
	10	Grants and similar amounts paid (list in Schedule O)	10	27,745
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15	952	
16	Other expenses (describe in Schedule O)	16	9780	
17	Total expenses. Add lines 10 through 16. ►	17	38,477	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,169
	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	76,509
	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	87,678

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

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	76,509	22 87,678
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	76,509	25 87,678
26	Total liabilities (describe in Schedule O)		26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,509	27 87,678

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 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	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	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 O to respond to any question in this Part IV ☐

[illegible]

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	
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	
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 ▶ ; 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 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 ▶		
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.	40e	
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Brett Schnake Telephone no. ▶ 816-210-1119 Located at ▶ 12619 Overbrook Road, Leawood, KS ZIP + 4 ▶ 66209		
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 .	42b	✓
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: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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	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)?	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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

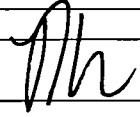
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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 Signature of officer  Date **2/15/12**
Brett Schnake - Treasurer
 Type or print name and title

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

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

2011

**Open to Public
Inspection**

Name of the organization

Knights of Columbus 11067

Employer identification number

48-1168954

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.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <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			
1						
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 Fries (event type)	(b) Event #2 Football Pool (event type)	(c) Other events Breakfast/other (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	31,780	20,321	23,254	75,355
	2 Less: Charitable contributions	3705		11,682	15,387
	3 Gross income (line 1 minus line 2)	28,075	20,321	11,572	59,968
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,532			16,532
	8 Entertainment				
	9 Other direct expenses		9494	2908	12,402
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(28,934)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				31,034

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			20,321	
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			9494	
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(9494)
	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: KS

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: Not Applicable

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? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility | 13a | 0 % |
| b | An outside facility | 13b | 100 % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ▶ Brett Schnake

Address ► 12619 Overbrook Road, Leawood, KS, 66209

- 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 ▶ Rod Carson

Gaming manager compensation ▶ \$ 0

Description of services provided ► Organization members distribute game cards and request donations

☐ 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).

[illegible]

KNIGHTS OF COLUMBUS COUNCIL 11067
48-1168954 FYE: 6/30/2010

Form 990-EZ, Part I -

Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Date	Description	Amount	Donation to:	
8/24/2010	Tim Plank - reimb youth event	\$ 159	Church of the Natvi	3800 W 119 St
8/27/2010	KofC Supreme Council - supplies youth	\$ 540	Church of the Natvi	3800 W 119 St
9/9/2010	Nativity Fall Festival donation	\$ 500	Church of the Natvi	3800 W 119 St
10/4/2010	Bud Lauer - reimb mass cards	\$ 10	Church of the Natvi	3800 W 119 St
11/28/2010	Tim Plank - reimb table clothes	\$ 652	Church of the Natvi	3800 W 119 St
12/5/2010	Jaspers - RCIA	\$ 310	Church of the Natvi	3800 W 119 St
12/7/2010	Tim Plank - reimb Table cloth tubs	\$ 32	Church of the Natvi	3800 W 119 St
12/7/2010	Tim Plank - reimb RCIA dinner prov	\$ 20	Church of the Natvi	3800 W 119 St
1/17/2011	Tim Plank - reimb Nativity staff lunch	\$ 265	Church of the Natvi	3800 W 119 St
1/24/2011	Hannah Wallace - mission trip	\$ 500	Church of the Natvi	3800 W 119 St
3/15/2011	Frank Basgall - donation seminary visit	\$ 500	Church of the Natvi	3800 W 119 St
3/29/2011	Bud Lauer - reimb rosary rings	\$ 199	Church of the Natvi	3800 W 119 St
5/3/2011	I Donnelly - Huber Mass Kit	\$ 410	Church of the Natvi	3800 W 119 St
5/11/2011	KoC Supreme - free throw basketball	\$ 1,079	Church of the Natvi	3800 W 119 St
6/15/2011	Erik Bendorf - reimb 5k prov	\$ 125	Church of the Natvi	3800 W 119 St
6/15/2011	Matt Farrington - Eagle project	\$ 200	Church of the Natvi	3800 W 119 St
6/29/2011	Jerry Malone - reimb Huber reception	\$ 158	Church of the Natvi	3800 W 119 St
6/29/2011	Church of Nativity - Huber reception	\$ 971	Church of the Natvi	3800 W 119 St
		\$ 6,531		
8/30/2010	KofC State Religious Ed Fund	\$ 200	KofC - Kansas	2164 No Carlton
9/29/2010	KofC State Religious Ed Fund	\$ 500	KofC - Kansas	2164 No Carlton
6/7/2011	Tootsie Roll Program Fund	\$ 2,881	KofC - Kansas	2164 No Carlton
		\$ 3,581		
9/22/2010	Benedictine College - Ochs Pilgrimage	\$ 200	Archdiocese of Kan	12615 Parallel Park
9/22/2010	Archdiocese KC in KS - Fr Gilbert - House	\$ 1,000	Archdiocese of Kan	12615 Parallel Park
1/26/2011	Friendship House	\$ 200	Archdiocese of Kan	12615 Parallel Park
3/15/2011	The Mission Project - donation	\$ 500	Archdiocese of Kan	12615 Parallel Park
4/6/2011	Los Olivos CIS donation boat taxi	\$ 1,000	Archdiocese of Kan	12615 Parallel Park
5/2/2011	Ladies of Charity - donation advertising	\$ 500	Archdiocese of Kan	12615 Parallel Park
6/20/2011	Sacred Heart Church - Reading	\$ 1,000	Archdiocese of Kan	12615 Parallel Park
		\$ 4,400		
12/14/2010	Jonathan Dizon - seminarian	\$ 1,000	Kenrick-Glennon Se	5200 Glennon Drive
3/28/2011	Jonathan Dizon - seminarian (Neville Mem)	\$ 572	Kenrick-Glennon Se	5200 Glennon Drive
12/14/2010	Justin Nelson - seminarian	\$ 1,000	Kenrick-Glennon Se	5200 Glennon Drive
3/28/2011	Justin Nelson - seminarian (Neville Mem)	\$ 572	Kenrick-Glennon Se	5200 Glennon Drive
12/14/2010	Matt Nagle - seminarian	\$ 1,000	Kenrick-Glennon Se	5200 Glennon Drive
3/28/2011	Matt Nagle - seminarian (Neville Mem)	\$ 572	Kenrick-Glennon Se	5200 Glennon Drive
12/16/2010	John Trecker - seminarian	\$ 1,000	Kenrick-Glennon Se	5200 Glennon Drive
3/28/2011	John Trecker - seminarian (Neville Mem)	\$ 572	Kenrick-Glennon Se	5200 Glennon Drive
		\$ 6,288		
12/14/2010	Vince Huber - seminarian	\$ 1,000	Apostoli Della Vita I	Via Gran Bretagna 1
				Roma, Italy 00196

KNIGHTS OF COLUMBUS COUNCIL 11067
 48-1168954 FYE: 6/30/2019

Form 990-EZ, Part I -

3/28/2011	Vince Huber - seminarian (Neville Mem)	\$	572	Apostoli Della Vita I Via Gran Bretagna i Roma, Italy 00196
		\$	1,572	
12/14/2010	David Pratt - seminarian	\$	1,000	Mundelein Seminar 1000 E. Maple Ave. Mundelein, IL
3/28/2011	David Pratt - seminarian (Neville Mem)	\$	572	Mundelein Seminar 1000 E. Maple Ave Mundelein, IL
		\$	1,572	
2/13/2011	Advice & Aide Pregnancy Ctr	\$	1,200	Advice & Aid Crisis 11031 W 75 Terr Shawnee, KS 66214
6/20/2011	Catholic Charities Springfield - Joplin	\$	1,000	
5/2/2011	Operation Uplift	\$	1,500	
	Grand Total	\$	27,745	

Form 990-EZ, Part I, Line 16 - Other Expenses

Expense Description:	Amount
Refreshments/Social	910
Misc-KofC Per Capita, Advertising, etc	882
Misc-Supplies	1,105
Misc-KofC Events	6,882
Total	9,780

KNIGHTS OF COLUMBUS COUNCIL 11067
48-1168954 FYE: 6/30/2011

Form 990-EZ, Part IV - List of Officers

FYE:
6/30/11

(A) Name & Address	(B) Title & Ave. Hours per wk devoted to position	(C) Compensation	(D) Contribution to benefit plan	(E) Expense Acc't & Allowances
Rod Carson 7629 W 148th Terr, Overland Park, KS	Grand Knight 1.5	0	0	0
Fr. Francis Hund 3800 West 119th Street, Leawood, KS	Chaplin 0.5	0	0	0
Tom Lasiter 12913 Glenfield Rd, Leawood, KS	Deputy Grand Knight 1	0	0	0
Matt Migiliazzo 7014 W 123rd Terr #403, Leawood, KS	Chancellor 0.5	0	0	0
Jerry Raggett 4909 W. 138th St., Leawood, KS	Recorder 0.5	0	0	0
Mike O'Neil 12702 Pawnee Ln., Leawood, KS	Financial Secretary 1.5	0	0	0
Randy Monson 12221 Reinhardt Ln, Leawood, KS	Treasurer 1.5	0	0	0
Tom Fowler 3019 W 121st St., Leawood, KS	Lecturer 0.5	0	0	0
Erik Bendorf 11529 Riley St, Overland Park, KS	Advocate 0.5	0	0	0
Ken Logsdon 12404 Eaton St., Leawood, KS	Warden 0.5	0	0	0
Tim Murphy 15268 Sherwood Rd., Leawood, KS	Inside Guard 0.5	0	0	0
Frank Adams 12850 Cambridge Terr, Leawood, KS	Outside Guard 0.5	0	0	0
Tim Spiker 15460 Ironhorse Cir, Leawood, KS	1 Year Trustee 0.5	0	0	0
Al Samuelson 2120 W. 120th Ter., Leawood, KS	2 Year Trustee 0.5	0	0	0
John Saxer 5429 W. 139th St., Overland Park, KS	3 Year Trustee 0.5	0	0	0