



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>JUL 01 , 2011, and ending</b>	<b>JUN 30, 2012</b>
<b>B</b> 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</b> Name of organization <b>KNIGHTS OF COLUMBUS EL DORADO 2296</b>  <b>D</b> Employer identification number <b>23-7542129</b>	
		<b>E</b> Number and street (or P O box, if mail is not delivered to street address) <b>208 WARREN RD</b>	<b>F</b> Room/suite <b></b>
		<b>G</b> City or town, state or country, and ZIP + 4 <b>EL DORADO KS 67042-</b>	<b>H</b> Group Exemption Number ► <b>0188</b>
<b>I</b> Website: ►		<b>J</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<b>K</b> 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		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>K</b> Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000			
<b>L</b> 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</b> 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>23,055.</b>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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	2.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	2,430.
	4 Investment income	4	12,385.
	5 a Gross amount from sale of assets other than inventory	5a	1,500.
	b Less cost or other basis and sales expenses	5b	792.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	708.
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	6,673.	
c Less direct expenses from gaming and fundraising events	6c	1,711.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,962.	
7 a 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	65.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	20,552.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	61,928.
	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	1,534.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	240.
	16 Other expenses (describe in Schedule O)	16	4,970.
	17 Total expenses. Add lines 10 through 16	17	68,672.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(48,120.)
	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	530,264.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(5,421.)
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	476,723.

For Paperwork Reduction Act Notice, see the separate instructions.

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	530,264	22 476,723
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	530,264	25 476,723
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	530,264	27 476,723

**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? **SUPPORT CHARITABLE ACTIVITIES**

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 FUNDS RAISED ARE USED TO SUPPORT CHARITABLE ACTIVITIES CHOSEN BY THE MEMBERS**

(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)		► <input type="checkbox"/>	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 

(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter 0)	(d) Contributions to employee benefit plans & deferred comp	(e) Estimated amount of other compensation
JOSEPH J NOBERT 1653 MONTA EL DORADO KS 67042	GRAND KNIG 1	0	0	0
MICHAEL C SIMON 11498 SE 5 LEON KS 67074	DEPUTY GRA 1	0	0	0
EDWARD W BURNETT 208 WARREN EL DORADO KS 67042	FIN SEC 4	0	0	0
DAVID S REYNOLDS 200 S MAIN EL DORADO KS 67042	CHANCELLOR 1	0	0	0
RODNEY P POE 1101 SHELD EL DORADO KS 67042	RECORDER 1	0	0	0
STEVEN S PERSONS 8189 SW PA TOWANDA KS 67144	TREASURER 1	0	0	0
DAVID G WIEBE 2015 DANIE EL DORADO KS 67042	WARDEN 1	0	0	0
DAVY J HARKINS 4783 SE TU EL DORADO KS 67042	TRUSTEE 1	0	0	0
CHRISTOPHER HOFFMAN 116 N ARTH EL DORADO KS 67042	TRUSTEE 1	0	0	0
CHARLES M JIMENEZ 1019 S DEN EL DORADO KS 67042	TRUSTEE 1	0	0	0
CHARLES N GARRISON 236 EUNICE EL DORADO KS 67042	IN GUARD 1	0	0	0
MARTY J GERLEMAN 552 N 11TH TOWANDA KS 67144	OUT GUARD 1	0	0	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 activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O	33	X
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	X
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	X
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	X
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	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
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 ►	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 ►	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►	40b	
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	X
41 List the states with which a copy of this return is filed ► <b>NONE</b>	41	
42a The organization's books are in care of ► <b>EDWARD BURNETT</b> Telephone no ► <b>316-321-2007</b> Located at ► <b>208 WARREN RD KS EL DORADO KANSAS</b> ZIP + 4 ► <b>67042-</b>	42a	
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	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
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	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	X

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		X

**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 or have a section 501(h) election in effect during the tax year? 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 title 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"

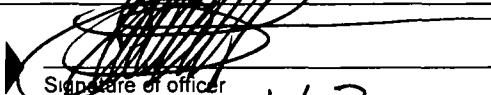
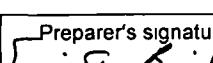
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

f 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 (if other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer <b>Edward W. BURNETT</b> Type or print name and title			10-29-12	Date
Paid Preparer Use Only	Print/Type preparer's name <b>ERIC A BIRD</b>	Preparer's signature 	Date <b>10/26/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00185212</b>
	Firm's name ► <b>BIRD &amp; COMPANY CHARTERED</b>	Firm's EIN ► <b>48-1205853</b>			Phone no <b>316-321-0282</b>
	Firm's address ► <b>P O BOX 887 EL DORADO KS 67042-</b>				

May the IRS discuss this return with the preparer shown above? See instructions

BCA

US990EZ4

Form 990-EZ (2011)

**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 EL DORADO 2296

Employer identification number

23-7542129

FORM 990-EZ, PART I, LINE 8: OTHER REVENUE - THE AMOUNT OF \$65 IS A  
PER DIEM REIMBURSEMENT FOR THE STATE CONVENTION.

FORM 990-EZ, PART I, LINE 10: GRANTS AND SIMILAR AMOUNTS PAID -  
ST. JOHN'S CHURCH, 302 N DENVER, EL DORADO, KS, 67042 WAS PROVIDED  
ASSISTANCE, TO HELP LOCAL PEOPLE IN NEED AND THE YOUTH AND COMMUNITY IN  
NEED. THE TOTAL PAID TO ST JOHN'S WAS \$20,500. OTHER ORGANIZATIONS  
RECEIVING \$5,000 AND OVER WERE; EL DORADO CHARITIES FOR \$15,000,  
MID KANSAS CAP FOR \$5,000, BIRTHLINE FOR \$6,800 AND A BETTER CHOICE  
FOR \$10,400. OTHER ALLOCATIONS TO INDIVIDUALS AND GRANTEE  
ORGANIZATIONS WERE A TOTAL OF \$4,228.

FORM 990-EZ, PART I, LINE 16: OTHER EXPENSES - TOTAL \$4,970. DETAIL:  
ADVERTISING \$35, PLAQUES \$394, SUPREME COUNCIL DUES \$592, STATE  
CONVENTION \$531, TOOTSIE ROLL PROCEEDS TO STATE ORGANIZATION \$2,673,  
OFFICE SUPPLIES \$222, BANK SERVICE CHARGES \$27, FOOD AND SUPPLIES  
FOR CHURCH FUNCTIONS \$431 AND CONVENTION PER DIEM \$65.

FORM 990-EZ, PART I, LINE 20: OTHER CHANGES IN NET ASSETS OR FUND  
BALANCE - AMOUNT REPORTED IS THE NET UNREALIZED LOSS ON FUNDS INVESTED  
THROUGH EDWARD JONES AND LPL FINANCIAL.