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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545 1150

2011

Open to Public  
Inspection

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> Jul 1		<b>, 2011, and ending</b> Jun 30																																																											
<b>B Check if applicable:</b>		<b>C Name of organization</b>																																																											
<input type="checkbox"/> Address change		KNIGHTS OF COLUMBUS 11067																																																											
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)																																																											
<input type="checkbox"/> Initial return		Room/suite																																																											
<input type="checkbox"/> Terminated		(816) 210-1119																																																											
<input type="checkbox"/> Amended return		(816) 210-1119																																																											
<input type="checkbox"/> Application pending		KS 66209																																																											
<b>D Employer identification number</b>		48-1168954																																																											
<b>E Telephone number</b>		(816) 210-1119																																																											
<b>F Group Exemption Number</b>																																																													
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____																																																													
<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>																																																													
<b>I Website:</b> ► N/A																																																													
<b>J Tax-exempt status (check only one) —</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																													
<b>K Check ► <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>																																																													
<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 ► \$ 75,849.</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"/>																																																													
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received .....</td> <td>1 15,870.</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts .....</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments .....</td> <td>3 3,390.</td> </tr> <tr> <td>4 Investment income .....</td> <td>4 96.</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory .....</td> <td>5a</td> </tr> <tr> <td>    b Less cost or other basis and sales expenses .....</td> <td>5b</td> </tr> <tr> <td>    c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .....</td> <td>5c</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td>    a Gross income from gaming (attach Schedule G if greater than \$15,000) .....</td> <td>6a 23,944.</td> </tr> <tr> <td>    b Gross income from fundraising events (not including \$ 9,624. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....</td> <td>6b 32,549.</td> </tr> <tr> <td>    c Less direct expenses from gaming and fundraising events .....</td> <td>6c 36,921.</td> </tr> <tr> <td>    d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....</td> <td>6d 19,572.</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances .....</td> <td>7a</td> </tr> <tr> <td>    b Less cost of goods sold .....</td> <td>7b</td> </tr> <tr> <td>    c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....</td> <td>7c</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O) .....</td> <td>8</td> </tr> <tr> <td>9 Total revenue. 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Combine lines 18 through 20</td> <td>21 33,489.</td> </tr> </table>				1 Contributions, gifts, grants, and similar amounts received .....	1 15,870.	2 Program service revenue including government fees and contracts .....	2	3 Membership dues and assessments .....	3 3,390.	4 Investment income .....	4 96.	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 23,944.	b Gross income from fundraising events (not including \$ 9,624. 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 32,549.	c Less direct expenses from gaming and fundraising events .....	6c 36,921.	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d 19,572.	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. 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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

f 20

**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 .....	87,678.	22 33,489.
23 Land and buildings .....	0.	23 0.
24 Other assets (describe in Schedule O) .....	0.	24 0.
25 Total assets .....	87,678.	25 33,489.
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)	87,678.	27 33,489.

**Part III Statement of Program Service Accomplishments** (see the instrs 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? **A CATHOLIC FRATERNAL ORGANIZATION IN SUPPORT OF ITS MEMBERS, FAMILIES, TH**  
 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 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form 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
TOM LASITER 12913 GLENFIELD RD LEAWOOD KS 66209	GRAND KNIGHT 1.50	0.	0.	0.
FR. FRANCIS HUND 3800 W. 119TH ST. LEAWOOD KS 66209	CHAPLIN 0.50	0.	0.	0.
JERRY RAGGERT 4909 W. 138TH ST. LEAWOOD KS 66224	DEPUTY GRAND KNIGHT 1.50	0.	0.	0.
TOM FOWLER 3019 W. 121ST. LEAWOOD KS 66209	CHANCELLOR 0.50	0.	0.	0.
MIKE AMOS 12715 GLENFIELD RD LEAWOOD KS 66209	RECORDER 0.50	0.	0.	0.
HAROLD SCHAFER 14729 NEWTON OVERLAND PARK KS 66209	FINANCIAL SECRETARY 1.50	0.	0.	0.
BRETT SCHNAKE 12608 WENONGA LANE LEAWOOD KS 66209	TREASURER 1.50	0.	0.	0.
JERRY MALONE 13108 PEMBROKE LN LEAWOOD KS 66209	LECTURER 0.50	0.	0.	0.
ERIK BENDORF 11529 RILEY OVERLAND PARK KS 66209	ADVOCATE 0.50	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. Yes  No   
**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). Yes  No   
**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)? Yes  No   
**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. Yes  No   
**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. Yes  No   
**35c**  X

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. Yes  No   
**36**  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a**  0.  
 b Did the organization file Form 1120-POL for this year? Yes  No   
**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? Yes  No   
 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. Yes  No   
**38b**

39 Section 501(c)(7) organizations Enter.  
 a Initiation fees and capital contributions included on line 9. Yes  No   
**39a**

b Gross receipts, included on line 9, for public use of club facilities. Yes  No   
**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. Yes  No   
**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. Yes  No   
**40c**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Yes  No   
**40d**

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. Yes  No   
**40e**  X

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 ► 12608 WENONGA LANE LEAWOOD KS ZIP + 4 ► 66209 Yes  No   
**42b**  X

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. Yes  No   
**42c**  X

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 of the U.S.? If 'Yes,' enter the name of the foreign country. Yes  No   
**42d**  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**

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   
**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. Yes  No   
**44b**  X

c Did the organization receive any payments for indoor tanning services during the year? Yes  No   
**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. Yes  No   
**44d**

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes  No   
**45a**  X

b 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). Yes  No   
**45b**  X

	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

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. . . .

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

b If 'Yes' was the related organization a section 527 organization?

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'.

e 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

e 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.

<b>Sign Here</b>	Signature or printer	Date			
	<i>Brett Schuyler</i>	12/10/02			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID A EMERICK	<i>DAVID A. EMERICK</i>	12/10/02		P00621487
	Firm's name ► <u>EMERICK &amp; CO.</u>			Firm's EIN ► <u>43-1855764</u>	
Firm's address ► <u>4025 CENTRAL STREET</u>					
	KANSAS CITY	MO 64111	Phone no (816) 531-4646		

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

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Form 990-EZ (2011)

**SCHEDULE G**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

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.

Name of the organization

Employer identification number

48-1168954

**KNIGHTS OF COLUMBUS 11067****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  Mail solicitationse  Solicitation of non-government grantsb  Internet and email solicitationsf  Solicitation of government grantsc  Phone solicitationsg  Special fundraising eventsd  In-person solicitations2a 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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**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 BREAKFAST AND OTHER (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts .....	34,829.	7,344.		42,173.
	2 Less Charitable contributions .....	3,277.	6,347.		9,624.
	3 Gross income (line 1 minus line 2)	31,552.	997.		32,549.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	18,623.			18,623.
	8 Entertainment .....				
	9 Other direct expenses .....		7,925.		7,925.
	10 Direct expense summary Add lines 4 through 9 in column (d) .....				26,548.
	11 Net income summary Combine line 3, column (d), and line 10 .....				6,001.

**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 column (a) through column (c))
REVENUE	1 Gross revenue .....			23,944.	23,944.
DIRECT EXPENSES	2 Cash prizes .....				
	3 Non-cash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....			10,373.	10,373.
	6 Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) .....				10,373.
	8 Net gaming income summary Combine lines 1, column (d) and line 7 .....				13,571.

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 \_\_\_\_\_

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10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

Yes  No

b If 'Yes,' explain \_\_\_\_\_

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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 contact 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).

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

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

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Name of the organization

KNIGHTS OF COLUMBUS 11067

**Employer identification number**

48-1168954

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

## Other expenses (describe in Schedule O)

AUTO	84.
INSURNACE	332.
COUNCIL DINNER	3,705.
DUES AND SUBSCRIPTIONS	2,053.
FATHER GILBERT DINNER	1,463.
CHRISTMAS PARTY	2,090.
MISCELLANEOUS	2,955.
MEALS	1,421.
 Total	 <u>14,103.</u>

Form 990-EZ, Page 2, Part IV

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input type="checkbox"/> KEN LOGSTON 12404 EATON LEAWOOD KS 66209	Title WARDEN	Hours/Week 0.50	0.	0.
Foreign City .....	Hours/Week 0.50	0.	0.	0.
Foreign Country .....	Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> TIM MURPHY 15268 SHERWOOD RD LEAWOOD KS 66224	Title INSIDE GUARD	Hours/Week 0.50	0.	0.
Foreign City .....	Hours/Week 0.50	0.	0.	0.
Foreign Country .....	Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> MATT MIGLIAZZO 7014 W. 123RD TERRACE LEAWOOD KS 66209	Title OUTSIDE GUARD	Hours/Week 0.50	0.	0.
Foreign City .....	Hours/Week 0.50	0.	0.	0.
Foreign Country .....	Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> ROD CARSON 7629 W. 148 TERRACE OVERLAND PARK KS 66223	Title 1ST YR TRUSTEE	Hours/Week 0.50	0.	0.
Foreign City .....	Hours/Week 0.50	0.	0.	0.
Foreign Country .....	Hours/Week 0.50	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> TIM SPIKER 15460 IRONHORSE CIRCLE LEAWOOD KS 66224	Title 2ND YR TRUSTEE	Hours/Week 0.50	0.	0.
Foreign City .....	Hours/Week 0.50	0.	0.	0.
Foreign Country .....	Hours/Week 0.50	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

## List of Officers, Directors, Trustees, &amp; Key Employees Stmt

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input type="checkbox"/> <u>AL SAMUELSON</u> <u>2120 W. 120TH TERRACE</u> <u>LEAWOOD KS 66209</u> Foreign City . . . Foreign Country . . .	Title <u>3RD YR TRUSTEE</u>  Hours/Week <u>0 . 50</u>		0 .	0 .