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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS

Number and street (or P O box, if mail is not delivered to street address)Room/suite
PO Box 263

City or town, state or province, country, and ZIP or foreign postal code
Springfield, VA 22150

D Employer identification number
91-2135607

E Telephone number
(703) 690-7285

F Group Exemption Number
0188

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: www.stjohnbosco.org

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other Fraternal Benefit Society

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. **\$ 92,727**

| 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 | 9,488 | | | | | |
| | 2 | Program service revenue including government fees and contracts | 2 | 0 | | | | | |
| | 3 | Membership dues and assessments | 3 | 7,629 | | | | | |
| | 4 | Investment income | 4 | 5 | | | | | |
| | 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 \$ 9,488 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 | 75,605 | | | | | |
| | c | Less direct expenses from gaming and fundraising events | 6c | 59,665 | | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 15,940 | | | | | |
| | 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 | 33,062 | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 23,811 | | | | | |
| | 11 | Benefits paid to or for members | 11 | 0 | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 629 | | | | | |
| | 13 | Professional fees and other payments to independent contractors | 13 | 150 | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 | | | | | |
| | 15 | Printing, publications, postage, and shipping | 15 | 145 | | | | | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 6,528 | | | | | |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 31,263 | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,799 | | | | | |
| | 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 | 68,099 | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 69,898 | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2015)

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 | 68,099 | 22 | 69,898 |
| 23 Land and buildings | 0 | 23 | 0 |
| 24 Other assets (describe in Schedule O) | 0 | 24 | 0 |
| 25 Total assets | 68,099 | 25 | 69,898 |
| 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) | 68,099 | 27 | 69,898 |

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?
Thanks to the efforts of Father Michal J McGivney, assistant pastor of St Mary's Church in New Haven and some of his parishioners, the Connecticut State Legislature on March 29, 1882, officially charter the Knights of Columbus as a fraternal benefit society The order is still true to its founding principles of charity, unity and fraternity The Knights of Columbus was former to render financial aid to member and their families Mutual aid and assistance are offered to the sick, disabled and needy members and their families Social and intellectual fellowship is promoted among the members and their families through educational, charitable, social welfare, war relief and public relief works The KofC have become the world's foremost Catholic fraternal benefit society The order has helped families obtain economic security and stability

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

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

28a

29

(Grants \$)

If this amount includes foreign grants, check here

29a

30

(Grants \$)

If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

31a

32

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

32

0

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 |
|--|--|---|---|--|
| Philip Bettwy Grand Knight | 20 | 0 | 0 | 0 |
| Patrick O'Brien Deputy Grand Knight | 10 | 0 | 0 | 0 |
| John Crennan Trustee | 10 | 0 | 0 | 0 |
| Paul De Rosa Trustee | 10 | 0 | 0 | 0 |
| Mike Welch Trustee | 10 | 0 | 0 | 0 |
| William Vitaletti Treasurer | 20 | 0 | 0 | 0 |
| Mark Maslyn Financial Secretary | 20 | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Form990-EZ(2015)

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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0 | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | No |
| 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 | No |
| 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ | | |
| 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 | No |
| 41 | List the states with which a copy of this return is filed <input type="checkbox"/> VA | | |
| 42a | The organization's books are in care of <input type="checkbox"/> William Vitaletti Telephone no <input type="checkbox"/> (703) 307-3923 Located at <input type="checkbox"/> 7555 Cloud Ct. Springfield, VA ZIP + 4 <input type="checkbox"/> 221531804 | | |
| 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 42b | 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 <input type="checkbox"/> _____ | 42c | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 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 | 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 | 44b | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | No |
| 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 | No |

| | | | |
|----|--|-----|----|
| | | Yes | No |
| 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 | 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

| | | | |
|-----|--|-----|----|
| | | 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 | (b) 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 business address of each independent contractor | (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 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 | <div><div></div></div> <div>Signature of officer</div> | | | <div>2016-04-19</div> <div>Date</div> | |
| | <div>Mark Maslyn Financial Secretary</div> <div>Type or print name and title</div> | | | | |
| Paid Preparer Use Only | Prnt/Type preparer's name | | Preparer's signature | Date | Check <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

Additional Data

Software ID: 15000352
Software Version: v1.00
EIN: 91-2135607
Name: KNIGHTS OF COLUMBUS

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) | |
|---|--|--|---|
| <div>28</div> <div>Youth Development Programs, General/Other Family and Youth Activities-Catholic values are rooted in the strong bonds of family life The Knights of Columbus supports these values through family and youth activities Substance Abuse-Knights of Columbus members regularly participate in and sponsor programs aimed at combating substance abuse Councils work with police, youth groups and other organizations to conduct educational programs on the dangers of drug and alcohol abuse The Knights sponsor poster contests for youth on substance abuse The Order's youth group, the Columbian Squires, participate in programs that publicize the dangers of drunk driving The council provided over 2500 hours of volunteer service supporting youth groups</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | 28a | 0 |
| <div>29</div> <div>Wellness Programs Culture of Life-The protection of Human Life The Knights of Columbus is unambiguously and proudly pro-life In accordance with the teachings of the Catholic Church, the order defends human life from the moment of conception until natural death Building a new Culture of Life where every human life is welcomed, respected and protected by law is one of the highest priorities of the order Community of Involvement-The history of the Knights of Columbus' involvement in community life is a record of outstanding benevolent achievement Knights volunteer in a variety of charitable enterprises to serve the people and programs of their communities, families, young people and brother Knights Much of the success of the Orders volunteer record can be attributed to the fact that the Supreme Council does not mandate participation in any volunteer initiative Fraternal and charitable programs arise at the grassroots level to meet the local needs As the Order has grown, its benevolence has increased The Order continues to break all of its previous records for charitable contributions and volunteer service The results of the orders annual Survey of Fraternal Activity for the year ending 2010 show that total contributions to charity at all levels reached nearly \$155,00,000 In the past decade, Knights have raised and donated nearly \$1.25 billion to numerous charitable causes and volunteered nearly 400 million hours of service The Council provided more than 4,600 volunteer hours in supporting community projects</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | 29a | 0 |
| <div>30</div> <div>Christianity Programs Supporting the Catholic Church has been a hallmark of the Knights of Columbus since its founding in 1882 From funding the restoration of the facade of St Peter's Basilica in Rome to operating an usher ministry at a local parish, the Knights of Columbus serves the Church in countless ways Annually, the Order raises and distributes more than 45 million to Church groups in support of programs at the local, national and international levels Local The Knights of Columbus provides support for the Catholic Church in many ways, including the funding of many important parish projects at St Raymond of Penafort Church Supporting vocations to the priesthood and religious life is a top priority of the Knights of Columbus The council provided more than 8500 hours to support church projects with in the parish Fund raisers sponsored by the Knights of Columbus Council provided funding to St Raymond church for their debt reduction program, building fund and religious education program</div> <div>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | | 30a | 0 |

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" on 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.

OMB No 1545-0047

2015

Open to Public
Inspection

| | |
|---|--|
| Name of the organization KNIGHTS OF COLUMBUS | Employer identification number 91-2135607 |
|---|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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" on 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.

| Revenue | | (a)Event #1 Multi-Parish Car Raffle <hr/> (event type) | (b)Event #2 Christmas Tree Sales (event type) | (c)Other events <hr/> 4 (total number) | (d) Total events (add col (a) through col (c)) | |
|-----------------|----|---|---|--|---|--------|
| | 1 | Gross receipts | 46,508 | 14,594 | 14,503 | 75,605 |
| | 2 | Less Contributions | 0 | 0 | 0 | 0 |
| | 3 | Gross income (line 1 minus line 2) | 46,508 | 14,594 | 14,503 | 75,605 |
| | | | | | | |
| Direct Expenses | 4 | Cash prizes | 0 | 0 | 0 | 0 |
| | 5 | Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 | Rent/facility costs | 0 | 0 | 0 | 0 |
| | 7 | Food and beverages | 0 | 0 | 0 | 0 |
| | 8 | Entertainment | 0 | 0 | 0 | 0 |
| | 9 | Other direct expenses | 38,495 | 5,698 | 15,473 | 59,666 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 59,666 |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 15,939 |
| | | | | | | |

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a)Bingo | (b)Pull tabs/Instant bingo/progressive bingo | (c)Other gaming | (d) Total gaming (add col (a) through col (c)) | |
|-----------------|--|---------------------------------|--|--|--|--|
| | 1 | Gross revenue | | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div> | <div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div> | <div><div><input type="checkbox"/> Yes _____ %</div><div><input type="checkbox"/> No</div></div> | |
| 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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 conducted in

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14

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

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

2015

**Open to Public
Inspection**

| | |
|---|--|
| Name of the organization KNIGHTS OF COLUMBUS | Employer identification number 91-2135607 |
|---|--|

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| Form 990-EZ, Part I, Line 16 | Description,Amount^State and Supreme Per Capita,1830 Entertainment,373 Advertising,239 Food and Refreshment,1803 Suuplies,1842 Miscellaneous,441^Total,6528^ |