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2015

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016****B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C Name of organization**

KNIGHTS OF COLUMBUS 11067

**D Employer identification number**

48-1168954

**E Number and street (or P O box, if mail is not delivered to street address)**

12608 WENONGA LANE

**F Telephone number**

(816) 210-1119

**G City or town, state or province, country, and ZIP or foreign postal code**

LEAWOOD, KS 66209

**H 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:** ►N/A**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**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 ► \$ 124,437****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	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . . <b>2</b> Program service revenue including government fees and contracts . . . . . <b>3</b> Membership dues and assessments . . . . . <b>4</b> Investment income . . . . . <b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>b</b> Less cost or other basis and sales expenses . . . . . <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>6</b> Gaming and fundraising events <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)  . . . . . <b>b</b> Gross income from fundraising events (not including \$ <u>16,748</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . <b>c</b> Less direct expenses from gaming and fundraising events . . . . . <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>b</b> Less cost of goods sold . . . . . <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>8</b> Other revenue (describe in Schedule O) . . . . . <b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	<b>1</b> 25,313 <b>2</b> 0 <b>3</b> 5,916 <b>4</b> 0 <b>5a</b> <b>5b</b> 0 <b>5c</b> 0
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>11</b> Benefits paid to or for members . . . . . <b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>13</b> Professional fees and other payments to independent contractors . . . . . <b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>15</b> Printing, publications, postage, and shipping . . . . . <b>16</b> Other expenses (describe in Schedule O) . . . . . <b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	<b>10</b> 37,338 <b>11</b> <b>12</b> <b>13</b> <b>14</b> <b>15</b> 2,853 <b>16</b> 14,621 <b>17</b> 54,812
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>19</b> 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) . . . . . <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	<b>18</b> 10,383 <b>19</b> 44,740 <b>20</b> <b>21</b> 55,123

**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
<b>22 Cash, savings, and investments</b> . . . . .	44,740	<b>22</b> 55,123
<b>23 Land and buildings</b> . . . . .		<b>23</b>
<b>24 Other assets (describe in Schedule O)</b> . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	44,740	<b>25</b> 55,123
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	44,740	<b>27</b> 55,123

**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?  
SEE BELOW

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

670 *Journal of Health Politics*

1

(Grants \$ ) If this amount

### 31 Other pr (Counts, \$, %)

If this amount includes favourable amounts, check here

1

If this amount includes foreign grants, check here  **31a**

ogram service expenses (add lines 28a through 31a) . . . . .



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

46

 Yes No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

47

 Yes No

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

48

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

49a

**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**

***** Signature of officer	2017-02-10 Date
BRETT SCHNAKE TREASURER Type or print name and title	

**Paid  
Preparer  
Use Only**

Print/Type preparer's name JONATHAN P MCKINZIE	Preparer's signature	Date 2017-02-10	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ► EMERICK & COMPANY PC	Firm's EIN ►			
Firm's address ► 4520 MADISON AVENUE STE G KANSAS CITY, MO 64111	Phone no (816) 531-2822			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

## Additional Data

**Software ID:**

### **Software Version:**

**EIN:** 48-1168954

**Name:** KNIGHTS OF COLUMBUS 11067

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

<p><b>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.</b></p>	<p><b>Expenses</b>  <b>(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b></p>
<p>A CATHOLIC FRATERNAL ORGANIZATION IN SUPPORT OF ITS MEMBERS, FAMILIES, THE  <b>28</b> CATHOLIC CHURCH, AND ITS PRIESTS AND SEMINARIANS  (Grants \$ )</p>	<p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> <p><b>28a</b></p>

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
FR FRANCIS HUND CHAPLIN	0 50	0		
MIKE GORMAN GRAND KNIGHT	1 50	0		
TOM FOWLER DEPUTY GRAND NIGHT	1 00	0		
JERRY RAGGETT RECORDER	0 50	0		
CRAIG SMITH FINANCIAL SECRETARY	1 50	0		
BRETT SCHNAKE TREASURER	1 50	0		
ERIC BENDORF ADVOCATE	0 50	0		
KEN LOGSTON WARDEN	0 50	0		
TIM MURPHY INSIDE GUARD	0 50	0		
LARRY BROCKHAUS OUTSIDE GUARD	0 50	0		
RANDY MONSON 1ST YR TRUSTEE	0 50	0		
ROD CARSON 2ND YR TRUSTEE	0 50	0		
AL SAMUELSON 3RD YR TRUSTEE	0 50	0		
JERRY MALONE LECTURER	1 00	0		
KEN LOPEZ CHANCELLOR	0 50	0		

2015

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesComplete 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](http://www.irs.gov/form990)Department of the Treasury  
Internal Revenue ServiceName of the organization  
KNIGHTS OF COLUMBUS 11067

Employer identification number

48-1168954

**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

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <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
1		Yes	No			
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

**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.

	(a) Event #1 <b>FISH FRY</b> (event type)	(b) Event #2 <b>BREAKFAST AND OTHER</b> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts . . . . .	40,433	12,318		52,751
2 Less Contributions . . . . .	4,430	12,318		16,748
3 Gross income (line 1 minus line 2) . . . . .	36,003			36,003
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .	28,037			28,037
8 Entertainment . . . . .				
9 Other direct expenses . . . . .		3,160		3,160
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				31,197
11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				4,806

**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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue . . . . .			53,915	53,915
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .			28,045	28,045
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				28,045
8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ►				25,870

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?

**13** Indicate the percentage of gaming activity conducted in

<b>13a</b>	%
<b>13b</b>	%

**a** The organization's facility

**b** An outside facility

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**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?

**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 ► \$ \_\_\_\_\_

Yes  No

**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](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**Name of the organization  
KNIGHTS OF COLUMBUS 11067**Employer identification number**  
48-1168954**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 8	MISC INCOME 3290
Form 990EZ, Part I, Line 10	CHARITABLE DONATIONS, DONATION, , , , , 37338

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MEALS & ENTERTAINMENT 142
Form 990EZ, Part I, Line 16	INSURANCE 438

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	COUNCIL DINNER 9082
Form 990EZ, Part I, Line 16	DUES & SUBSCRIPTIONS 1508

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ENTERTAINMENT MEALS 701
Form 990EZ, Part I, Line 16	K OF C CHRISTMAS PARTY EXPENSE 50

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	KNIGHT OF THE MONTH EXPENSE 1521
Form 990EZ, Part I, Line 16	PAYPAL BANK FEE 31

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TAXES & LICENSES 775
Form 990EZ, Part I, Line 16	SUPPLIES & MATERIALS 323

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ADVERTISING 50