

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



DLN: 93493046001007

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service 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 \blacktriangleright Information about Form 990 and its instructions is at $\underline{www\ IRS\ qov/form990}$

Return of Organization Exempt From Income Tax

Inspection

| | | | 07 01 2015 | 216 | | | | | |
|-----------------------------|------------------------------------|---|---|---------------|----------------------------|---------|---------------------------|--|--|
| | | C Name of organization | nning 07-01-2015 , and ending 06-30-20 | J16 | D Emple | ver id | entification number | | |
| _ | neck if applicab Address change | Knights of Columbus - Washing Council | ton State | | | - | | | |
| _ | lame change | | | | 91-6 | 0492 | 35 | | |
| _ | nitial return | Doing business as | | | | | | | |
| Ė | inal | Name have and above at the P.O. have | | | E Teleph | one nu | mber | | |
| _ | n/terminated | 708- I Hoffman Road | (If mail is not delivered to street address) Room/s | suite | (509) | 680- | 3627 | | |
| _ | mended return pplication pendi | City or town, state or province, | country, and ZIP or foreign postal code | | | | 3027 | | |
| 1 4 | pplication penal | Kettle Falls, WA 99141 | ,, | | G Gross | eceipts | \$ \$ 284,510 | | |
| | | F Name and address of pri | ncipal officer | H(a) I | s this a group | retur | n for | | |
| | | <u>'</u> | ' | | subordinates? | | ⊤ Yes 🔽 | | |
| | | | | | No | | , , | | |
| I Ta | ax-exempt stat | us |) ◀ (Insert no) | | Are all subord ncluded? | nates | ⊤Yes 🗸 No | | |
| | | |) ((iiiseit ii0) 4947(a)(1) 0i 527 | | | a list | (see instructions) | | |
| JW | /ebsite: ► k | ofc-wa org | | H(c) | Group exemp | ion ni | umber▶ 0188 | | |
| K For | rm of organizat | on 🗸 Corporation Trust As | sociation Other ► | L Year | of formation 19 | | M State of legal domicile | | |
| | | | | | | | NA | | |
| Pa | <u> </u> | mmary | <u>_</u> | | | | | | |
| | | | sion or most significant activities Council, Knights of Columbus is to suport | subordina | te concile thro | wah r | unblications regional | | |
| | | • | mbership recruitment, and provide semina | | | | | | |
| e C | Fund, I | nc | | | | | | | |
| ĕ | - | | | | | | | | |
| E E | | | | | | | | | |
| Governance | 2 Check | this box ▶ ☐ if the organizatio | on discontinued its operations or disposed | d of more tl | han 25% of its | net a | assets | | |
| | | · | | | | | 1 | | |
| Activities & | 3 Numbe | er of voting members of the gov | erning body (Part VI, line 1a) | | | 3 | 7 | | |
| ξ | 4 Numbe | er of independent voting membe | ers of the governing body (Part VI, line 1b |) | | 4 | 7 | | |
| Act | 5 Total r | number of individuals employed | ın calendar year 2015 (Part V, line 2a) | | | 5 | 0 | | |
| • | | , | ıf necessary) | | | 6 | 7 | | |
| | | | m Part VIII, column (C), line 12 | | | 7a | 0 | | |
| | b Net unr | elated business taxable income | e from Form 990-T, line 34 | · · · | | 7b | | | |
| | | | | | Prior Year | 190 | Current Year | | |
| Q) | | | | | | | 86,905 | | |
| ën uë Aë | | gram service revenue (Part VII | • | 202, | | 181,774 | | | |
| Rev | | estment income (Part VIII, col | | 395 | 193 | | | | |
| | | • | (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 11 (must equal Part VIII, column (A), li | no | | 670 | 3,606 | | |
| | 12 Tot. | | iie | 299, | 556 272,47 | | | | |
| | 13 Gra | nts and similar amounts paid (F | Part IX, column (A), lines 1-3) | | 13, | 475 | 99,297 | | |
| | 14 Ben | efits paid to or for members (Pa | art IX, column (A), line 4) | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | oloyee benefits (Part IX, column (A), lines | | | | 0 | | |
| Expenses | 5-1 | • | | | | | | | |
| Æ | | | t IX, column (A), line 11e) | - | | _ | 0 | | |
| ă | | l fundraising expenses (Part IX, colum | · · · · · · · · · · · · · · · · · · · | | | _ | | | |
| | | • | A), lines 11a-11d, 11f-24e) | | 288, | | 173,567 | | |
| | | • | (must equal Part IX, column (A), line 25) | | 302, | | 272,864 | | |
| | | enue less expenses Subtract l | line 18 from line 12 | - | -2, | 818 | -386 | | |
| Net Assets or Fund Balances | | | | Beginn | ing of Current | Year | End of Year | | |
| sset lata | 20 Tot | al assets (Part X, line 16) . | | | 316, | 527 | 316,141 | | |
| Z W | 21 Tot | al liabilities (Part X, line 26) . | | | | | 0 | | |
| žΞ | 22 Net | assets or fund balances Subtr | ract line 21 from line 20 | | 316, | 527 | 316,141 | | |
| Pa | rt III Sig | nature Block | | <u>'</u> | | | | | |
| | • | | examined this return, including accompa | | | | · · | | |
| | knowledge ar arer has any | | complete Declaration of preparer (other | ciiaii office | ijis based on | all IN | OTHIALION OF WHICH | | |
| | | | | | | | | | |
| | | ***** gnature of officer | | | 2017-02-14 Date | | | | |
| Sign | n <i>'</i> | gnature or officer | | | Date | | | | |
| Her | L | ddie Parazoo State Deputy /pe or print name and title | | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | Date | T _ | PTIN | | | |
| D~: | Ч | John J Lee CPA | John J Lee CPA | Julia | Check ✓ if self-employed | | 34424 | | |
| Pai | | Firm's name > JOHN LEE CPA PS | ı | | Firm's EIN | | | | |
| | eparer | Firm's address ▶ 829 COOK ROAD | | | Phone no (360 |) 856- | 9996 | | |
| US | e Only | SEDRO WOOLLEY, | WA 98284 | | | | | | |
| | | | | | | | | | |

. ✓Yes No

Form 990 (2015)

| Par | t IV Checklist of Required Schedules | | | |
|-----|---|-------------|-----|----|
| | | | Yes | No |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | No |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | No |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11 c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11 f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12 a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

30

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Form 990 (2015)

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| ь | Did the organization invest any proceeds of tax-exempt hands beyond a temporary period exception? | | | |

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| Pai | rt V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this | | 1 | | | _ |
|------------|---------------------------|--|---------------|-------------------------|------------|-----|----|
| | | Check it scriedule o contains a response of note to any line in this | Pait | v | · · | Yes | No |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | 1a | 0 | | | |
| b | Enter | the number of Forms W-2G included in line 1a Enter -0 - if not applicable | 1b | 0 | | | |
| c | | ne organization comply with backup withholding rules for reportable payments to ng (gambling) winnings to prize winners? | vend | ors and reportable | 1 c | | No |
| 2a | Enter Tax S | the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return | 2a | 0 | | | |
| b | If at le | east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file | loyme | | 2b | | No |
| 3a | Did th | ne organization have unrelated business gross income of \$1,000 or more during | g the y | ear ⁷ | 3a | | Νo |
| b | If "Ye | s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation | on in S | chedule O | 3b | | No |
| 4a | over, | y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc int)? | | | 4a | | No |
| b | If "Ye See in (FBAF | rs," enter the name of the foreign country ▶ | and f | Financial Accounts | | | |
| 5a | Was t | he organization a party to a prohibited tax shelter transaction at any time durin | g the | tax year? | 5a | | No |
| b | Dıd ar | ny taxable party notify the organization that it was or is a party to a prohibited t | ax sh | elter transaction? | 5b | | No |
| С | If"Ye | s," to line 5a or 5b, did the organization file Form 8886-T? | | | _ | | |
| 6 a | | the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont | | | 5c 6a | | No |
| b | If"Ye | s," did the organization include with every solicitation an express statement th | | | 6b | | |
| 7 | Organ | nizations that may receive deductible contributions under section 170(c). | | | | | |
| | servic | ne organization receive a payment in excess of \$75 made partly as a contribution of the payor? | | | 7a | | No |
| | | es," did the organization notify the donor of the value of the goods or services pi | | | 7b | | |
| | file Fo | ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282? | · • . | | 7 c | | No |
| | | s," indicate the number of Forms 8282 filed during the year | 7d | 0 | | | |
| е | Dia th | ne organization receive any funds, directly or indirectly, to pay premiums on a p | erson | al benefit contract? | 7e | | No |
| | | ne organization, during the year, pay premiums, directly or indirectly, on a perso | | | 7f | | No |
| g | If the requir | organization received a contribution of qualified intellectual property, did the ored? | rganız • • | ation file Form 8899 as | 7 g | | No |
| h | Form | organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C? | , did t | the organization file a | 7h | | No |
| 8 | Did a | soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year? | sıness | holdings at any time | 8 | | No |
| 9a | Did th | ne sponsoring organization make any taxable distributions under section 49667 | | | 9a | | No |
| b | Did th | ne sponsoring organization make a distribution to a donor, donor advisor, or rela | ited pe | erson ⁷ | 9b | | No |
| 10 | Section | on 501(c)(7) organizations. Enter | | | | | |
| | | tion fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross facılıtı | receipts, included on Form 990, Part VIII, line 12, for public use of club les | 10b | | | | |
| 11 | Section | on 501(c)(12) organizations. Enter | | | | | |
| а | Gross | s income from members or shareholders | 11a | | | | |
| b | | s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them) | 11b | | | | |
| 12a | Section | on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 | ın lıe | u of Form 1041? | 12a | | No |
| b | If"Ye year | s," enter the amount of tax-exempt interest received or accrued during the | 12b | | | | |
| 13 | Section | on 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | addıtı | e organization licensed to issue qualified health plans in more than one state? N oonal information the organization must report on Schedule O | ote. S | ee the instructions for | 13a | | No |
| | ın whi | the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter | the amount of reserves on hand | 13c | | | | |
| | | ne organization receive any payments for indoor tanning services during the tax | • | | 14a | | No |
| b | If"Ye | s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> | tion in | Schedule O | 14b | | |

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 7 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Yes **b** Each committee with authority to act on behalf of the governing body? Yes

Yes **10a** Did the organization have local chapters, branches, or affiliates? . . 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Νo b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Nο c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Νo 13 Νo Did the organization have a written document retention and destruction policy? . . . 14 Νo Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Nο f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$ 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records
►Eddie Parazoo 708-I Hoffman Road Kettle Falls, WA 99141 (509) 680-3627

Νo

16a

16b

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title | (B) A verage hours per week (list any hours for related | age Position (do not check Reportable compensation (list person is both an officer ours and a director/trustee) Reportable compensation compensation organization | | | | | | | | (F) Estimated amount of other compensation from the |
|-----------------------------|---|--|-----------------------|----------|--------------|------------------------------|--------|-------|----------------------|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | (W- 2/1099- MISC) | organization and related organizations |
| 1) John Walker | 20 00 | | | | | | | | _ | |
| Executive Dir | 0 00 | X | | | | | | 0 | 0 | (|
| 2) Rev Kenneth T St Hilaire | 2 00 | | | | | | | | | |
| State Chaplaın | 0 00 | X | | | | | | 0 | 0 | (|
| 3) George Czerwonka | 20 00 | | | | | | | | | |
| PSD | 0 00 | | | X | | | | 0 | 0 | |
| 4) Eddie Parazoo | 30 00 | | | | | | | | | |
| State Deputy | 0 00 | | | X | | | | 0 | 0 | |
| 5) Robert J Baemmert | 20 00 | | | х | | | | 0 | 0 | |
| State Secretary | 0 00 | | | ^ | | | | U | U | ' |
| 6) Patrick L Kelley | 15 00 | | | | | | | | | |
| State Treasurer | 0 00 | | | X | | | | 0 | 0 | |
| 7) Kım Washburn | 10 00 | | | | | | | | | |
| State Advocate | 0 00 | | | Х | | | | 0 | 0 | |
| 8) Gregory S Mahoney | 10 00 | | | | | | | | | |
| State Warden | 0 00 | | | X | | | | 0 | 0 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | \vdash | \vdash | \vdash | | 1 | | | |

| art VII | Section A. Officers, Directors, Tr | ustees, Key Employees, and Highes | t Compensated Employees (continued) |
|---------|------------------------------------|-----------------------------------|-------------------------------------|
| | | | |

| (A) Name and Title | (B) A verage hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|-----------------------------------|---|--|-----------------------|---------|--------------|---------------------------------|--------|--|---|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | , | , | related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | ٠ | ٠. | _ | | ▶ | | | | |
| c Total from continuation sheet | s to Part VII, S | ection A | ٠. | | . ' | . ▶ | | | | |
| d Total (add lines 1b and 1c) . | • | | | | | ▶ | | | | |
| 2 Total number of individuals (in | icluding but not | limited 1 | o the | se I | | d abov | e) wl | ho received more th | ian | |

- \$100,000 of reportable compensation from the organization \triangleright 0
- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual . .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
- organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization $^{\gamma}If$ "Yes," complete Schedule J for such person . . .

4 Νo 5 Νo

Yes

3

No

Νo

Section B. Independent Contractors

3

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|---------------------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

| orm 99 | 0 (20 | 915) | | | | Page S |
|---|---------|--|-------------------|--|---|--|
| Part V | 1 1 | Statement of Revenue | | | | |
| | | Check if Schedule O contains a response or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| တ္က | 1a | Federated campaigns 1a | | | | |
| ant | ь | Membership dues 1b | | | | |
| ۔ اللہ ق | С | Fundraising events 1c | | | | |
| iffs ar / | d | Related organizations 1d | | | | |
| s, G inii | e | Government grants (contributions) 1e | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| an Co | h | Total. Add lines 1a-1f | 86,905 | | | |
| ī | | Business Code | | | | |
| N-M- | 2a | Exemplification Fund | 4,889 | 4,889 | | |
| å | b | Insurance | 19,592 | 19,592 | | |
| ¥ C€ | C | Meetings | 30,171 | 30,171 | | |
| 3 | d | Membership Dues | 127,122 | 127,122 | | |
| Program Service Revenue | e f | All other program service revenue | | | | |
| ₽og | | | | | | |
| | g 3 | Total. Add lines 2a-2f | 181,774 | | | + |
| | | and other similar amounts) | 193 | | | 193 |
| | 4 | Income from investment of tax-exempt bond proceeds | 0 | | | |
| | 5 | Royalties | 0 | | | |
| | 6a | (i) Real (ii) Personal Gross rents | | | | |
| | ь | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | 0 | | | |
| | | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | ь | Less cost or other basis and sales expenses | | | | |
| | C | Gain or (loss) | 0 | | | |
| ıne | d 8a | Net gain or (loss) | Ü | | | |
| Other Revenue | | s of contributions reported on line 1c) See Part IV, line 18 | | | | |
| ‡ e | ь | Less direct expenses b | | | | |
| 0 | c | Net income or (loss) from fundraising events ▶ | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | |
| | ь | Less direct expenses b | | | | |
| | С | Net income or (loss) from gaming activities | 0 | | | |
| | 10a | Gross sales of inventory, less | | | | |
| | | returns and allowances . a 15,638 | | | | |
| | ь | Less cost of goods sold b 12,032 | | | | |
| | С | Net income or (loss) from sales of inventory | 3,606 | | | 3,606 |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | d | All other revenue | | | | |
| | e e | Total. Add lines 11a-11d | | | | |
| | 12 | T-1-1 C I | 0 | | | |
| | ** | Total revenue. See Instructions | 272,478 | 181,774 | | 3,799 |

Part IX Statement of Functional Expenses

| Section | 501(c)(3): | and 501(c)/4 | organizations must | complete all columns | All other organizations | must complete column (A) |
|---------|------------|--------------|--------------------|----------------------|-------------------------|--------------------------|
| | | | | | | |

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | _ |
|---|--|--|--|--|--|--|--|---|
| | | | | | | | | |

| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|----------|---|---------------------------------------|------------------------|------------------------------|---------------------------|
| | <u>, , , , , , , , , , , , , , , , , , , </u> | T T T T T T T T T T T T T T T T T T T | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 99,297 | 99,297 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | | | | |
| | | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| Ь | Legal | 0 | | | |
| c | Accounting | 900 | | 900 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 115 | | 115 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 | Advertising and promotion | 580 | 580 | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 665 | | 665 | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 588 | | 588 | |
| 17 | Travel | 0 | | | |
| 18 | state, or local public officials | 0 | 101 705 | | |
| 19 | Conferences, conventions, and meetings | 131,736 | 131,736 | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | 46.445 | | |
| 23 24 | Insurance | 16,115 | 16,115 | | |
| а | Chairman and State Officer | 6,416 | 6,416 | | |
| b | Printing and Publications | 5,108 | 5,108 | | |
| c | Supplies | 4,566 | | 4,566 | |
| d | Exemplification Expense | 2,298 | 2,298 | | |
| e | All other expenses | 4,480 | 2,837 | 1,643 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 272,864 | 264,387 | 8,477 | 0 |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| Par | + V | Balance Sheet | | | 1 uge == |
|---------------|-----|--|-------------------|-------------|-------------|
| Fai | LA | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | eneck if senedate o contains a response of note to any line in this rate x | (A) | · · | (B) |
| | I | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing | 135,448 | 1 | 149,618 |
| Assets | 2 | Savings and temporary cash investments | 93,669 | 2 | 78,738 |
| | 3 | Pledges and grants receivable, net | | 3 | 0 |
| | 4 | Accounts receivable, net | | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | |
| | | | | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 7 | 0 |
| | 8 | Inventories for sale or use | | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 9 | 0 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | <u></u> |
| | ь | Less accumulated depreciation 10b | | 10 c | 0 |
| | 11 | Investments—publicly traded securities | 87,410 | 11 | 87,785 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 316,527 | 16 | 316,141 |
| | 17 | Accounts payable and accrued expenses | , | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | |
| | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| ces | | Organizations that follow SFAS 117 (ASC 958), check here ► | | | |
| <u>la</u> | 27 | Unrestricted net assets | 246,817 | 27 | 243,392 |
| Fund Balance | 28 | Temporarily restricted net assets | 69,710 | 28 | 72,749 |
| 2 | 29 | Permanently restricted net assets | | 29 | |
| Ξ. | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| 1881 | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| Net Assets or | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 316,527 | 33 | 316,141 |
| | 34 | Total liabilities and net assets/fund balances | 316,527 | 34 | 316,141 |

Both consolidated and separate basis

Separate basis

Single Audit Act and OMB Circular A-133?

Schedule O

✓ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Form **990** (2015)

Νo

Nο

2c

3a

3b

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493046001007 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Knights of Columbus - Washington State 91-6049235 Council **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Additional Data

Kettle Falls, WA 99141

Software ID: 15000324

Software Version: 2015v3.0 **EIN:** 91-6049235

EIN: 91-004923

Name: Knights of Columbus - Washington State Council

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| organization or government | (b) LIN | if applicable | grant | 1 ' ' | (book, FMV, appraisal, other) | or assistance |
|---|---------|---------------|--------|-------|-------------------------------|------------------------------------|
| Camas Pathways 1542 NE Third Ave Camas,WA 98607 | | | 30,218 | 0 | Cash | Ultrasound for Pregnancy Clinic |
| Pennies for Heaven Fund Inc 708 I Hoffman Road 1 | | | 63,579 | 0 | Cash | Education |

(a) Description of

(h) Durnose of grant

2015
Open to Public Inspection

DLN: 93493046001007

Employer identification number

91-6049235

000 Cabadula O Cumulamantal Information

Service

Council

Name of the organization

Knights of Columbus - Washington State

| 990 Schedule O, Supplemental Information | | | | | | | | |
|--|--------------------------------------|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | | |
| Form 990, Part VI, Line 11b Form 990 Review Process | No review was or will be conducted | | | | | | | |
| Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | No documents available to the public | | | | | | | |