

Return of Organization Exempt From Income Tax

2016

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 and its instructions is at www.irs.gov/form990

Open to Public
 Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable

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

C Name of organization **KNIGHTS OF COLUMBUS**Doing business as **MADONNA CLUB**

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

2027 45TH ST

Room/suite

City or town state or province country and ZIP or foreign postal code

North Bergen, NJ 07047-2630

D Employer identification no

22-6167199

E Telephone number

(201) 863-8772**17,825**

F Gross receipts \$

H(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No

If No attach a list (see instructions)

H(c) Group exemption number ►

I Tax exempt status 501(c)(3) 501(c) (10) (insert no) 4947(a)(1) or 527J Website ► **N/A**K Form of organization Corporation Trust Association Other ►

L Year of formation

M State of legal domicile **NJ****Part I, Summary**1 Briefly describe the organization's mission or most significant activities **CHARITABLE GIVING TO HOSPITALS AND SENIORS**

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 **4**

4 Number of independent voting members of the governing body (Part VI line 1b)

4 **4**

5 Total number of individuals employed in calendar year 2016 (Part V line 2a)

5 **0**

6 Total number of volunteers (estimate if necessary)

6 **0**7a Total unrelated business revenue from Part VIII column (A) **INTERNAL REVENUE SERVICE**7a **0**b Net unrelated business taxable income from Form 990 T, line 34 **224 RECEIVED**7b **0**

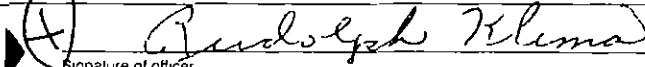
	Prior Year	Current Year
8 Contributions and grants (Part VIII line 1h)		0
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VII column (A) lines 3 4 and 7d)	15,692	17,825
11 Other revenue (Part VIII, column (A) lines 5, 6d 8c 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)	15,692	17,825
13 Grants and similar amounts paid (Part IX column (A), lines 1-3)	9,400	10,500
14 Benefits paid to or for members (Part IX column (A) line 4)		0
15 Salaries other compensation employee benefits (Part IX column (A) lines 5-10)		0
16a Professional fundraising fees (Part IX column (A) line 11e)		0
b Total fundraising expenses (Part IX column (D), line 25) ►	0	
17 Other expenses (Part IX column (A) lines 11a-11d 11f-24e)	832	907
18 Total expenses Add lines 13-17 (must equal Part IX column (A), line 25)	10,232	11,407
19 Revenue less expenses Subtract line 18 from line 12	5,460	6,418

	Beginning of Current Year	End of Year
20 Total assets (Part X line 16)	227,591	257,296
21 Total liabilities (Part X line 26)		0
22 Net assets or fund balances Subtract line 21 from line 20	227,591	257,296

	Beginning of Current Year	End of Year
20 Total assets (Part X line 16)	227,591	257,296
21 Total liabilities (Part X line 26)		0
22 Net assets or fund balances Subtract line 21 from line 20	227,591	257,296

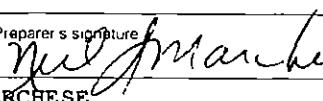
Part II, Signature Block

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

 Signature of officer

Date

RUDY KLIMA, PRESIDENT
Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
NEIL J MARCHESE		02-04-2017		P01025407
Firm's name ► NEIL J MARCHESE				Firm's EIN ►
Firm's address ► 141 HUTTON ST Jersey City NJ 07307				Phone no

201-798-3684

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H
 b If "Yes" to line 20a did the organization attach a copy of its audited financial statements to this return?

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

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

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? If 'Yes' complete Schedule J

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
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?
 d Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I
 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? If "Yes" complete Schedule L Part I

26 Did the organization report any amount on Part X, line 5 6, or 22 for receivables from or payables to any current or former officers directors trustees key employees highest compensated employees or disqualified persons? If Yes complete Schedule L Part II

27 Did the organization provide a grant or other assistance to an officer, director trustee, key employee substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member of any of these persons? If Yes complete Schedule L Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L Part IV instructions for applicable filing thresholds conditions and exceptions)
 a A current or former officer, director trustee, or key employee? If Yes, complete Schedule L, Part IV
 b A family member of a current or former officer director trustee or key employee? If "Yes," complete Schedule L Part IV
 c An entity of which a current or former officer director trustee, or key employee (or a family member thereof) was an officer director trustee or direct or indirect owner? If Yes "complete Schedule L Part IV"

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

30 Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation contributions? If "Yes" complete Schedule M

31 Did the organization liquidate terminate or dissolve and cease operations? If Yes, complete Schedule N, Part I

32 Did the organization sell, exchange dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701-3? If Yes, complete Schedule R Part I

34 Was the organization related to any tax-exempt or taxable entity? If Yes, complete Schedule R Part II, III, or IV, and Part V line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 b If Yes to line 35a 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," complete Schedule R Part V, line 2

36 **Section 501(c)(3) organizations** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schedule R Part V line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes" complete Schedule R Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and 19? Note All Form 990 filers are required to complete Schedule O

	Yes	No
20a		X
20b		
21		X
22		X
23		X
24a		X
24b		
24c		
24d		
25a		
25b		
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		X
36		X
37		X
38		X

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's missionCHARITABLE GIVING TO HOSPITALS AND SENIORS2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If Yes describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No

If Yes describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses and revenue, if any for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

CHARITABLE GIVING TO HOSPITALS AND SENIORS DEBORAH HOSPITAL SCHOOLS AND SENIORS

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 10,500

Part IV: Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes" complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X
- 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 X
- 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 X
- 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 X
- 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 X
- 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 X
- 8 Did the organization maintain collections of works of art historical treasures or other similar assets? If "Yes" complete Schedule D Part III 8 X
- 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 X
- 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 X
- 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
 - a Did the organization report an amount for land, buildings and equipment in Part X line 10? If "Yes" complete Schedule D, Part VI 11a X
 - b 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 X
 - c 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? If "Yes," complete Schedule D Part VIII 11c X
 - d 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 11d X
 - e Did the organization report an amount for other liabilities in Part X line 25? If "Yes" complete Schedule D, Part X 11e X
 - 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 11f X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes" complete Schedule D Parts XI and XII 12a X
- 12b 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 X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E 13 X
- 14a Did the organization maintain an office employees or agents outside of the United States? 14a X
- 14b 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 X
- 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 X
- 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 X
- 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? If "Yes" complete Schedule G Part I (see instructions) 17 X
- 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 X
- 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 X

Part V. Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable
 1b Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return
 b If at least one is reported on line 2a did the organization file all required federal employment tax returns?
 Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
 b If Yes has it filed a Form 990-T for this year? If No to line 3b provide an explanation in Schedule O

4a 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)?
 b If "Yes" enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114 Report of Foreign Bank and Financial Accounts (FBAR)

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit any contributions that were not tax deductible as charitable contributions?
 b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c)**
 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
 b If "Yes" did the organization notify the donor of the value of the goods or services provided?
 c Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was required to file Form 8282?
 d If "Yes," indicate the number of Forms 8282 filed during the year
 e Did the organization receive any funds directly or indirectly to pay premiums on a personal benefit contract?
 f Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
 h If the organization received a contribution of cars boats, airplanes or other vehicles did the organization file a Form 1098 C?

8 **Sponsoring organizations maintaining donor advised funds** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds**
 a Did the sponsoring organization make any taxable distributions under section 4966?
 b Did the sponsoring organization make a distribution to a donor donor advisor or related person?

10 **Section 501(c)(7) organizations** Enter
 a Initiation fees and capital contributions included on Part VIII line 12
 b Gross receipts included on Form 990 Part VIII line 12 for public use of club facilities

11 **Section 501(c)(12) organizations** Enter
 a Gross income from members or shareholders
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts** Is the organization filing Form 990 in lieu of Form 1041?
 b If "Yes" enter the amount of tax exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers**
 a Is the organization licensed to issue qualified health plans in more than one state?
 Note See the instructions for additional information the organization must report on Schedule O
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
 c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
 b If "Yes," has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O

		Yes	No
1a	0		
1b	0		
1c			
2a	0		
2b			
3a		X	
3b			
4a		X	
5a		X	
5b		X	
5c			
6a		X	
6b			
7a		X	
7b			
7c		X	
7d			
7e		X	
7f		X	
7g		X	
7h		X	
8		X	
9a		X	
9b		X	
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			
14b			

Part VI: Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below and for a 'No' response to line 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

- 1a Enter the number of voting members of the governing body at the end of the tax year
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
- 1b Enter the number of voting members included in line 1a above who are independent
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 - a The governing body?
 - b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes' provide the names and addresses in Schedule O

	Yes	No
1a	4	
1b	4	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

Section B Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 10a Did the organization have local chapters, branches, or affiliates?
b If 'Yes' did the organization have written policies and procedures governing the activities of such chapters, 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 the form?
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
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes' describe in Schedule O how this was done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 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
b Other officers or key employees of the organization
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 taxable entity during the year?
b If 'Yes' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

Section C Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)
- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

RUDY KLIMA (201) 863-8772, 2027 45TH ST, North Bergen, NJ 07047

Part VII**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **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 and 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

Check this box if neither the organization nor any related organization compensated any current officer director or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 related organizations	
		Officer or director or trustee	Individual trustee	Institutional trustee	Key employee	Highest compensated employee	Former	
(1) RUDY KLIMA PRESIDENT	10.00				X			0 0 0
(2) A DIFLAURIO VICE PRESIDENT					X			0 0 0
(3) S DIGUGLIELMO TREASURER					X			0 0 0
(4) R COSTANZA RECORDER					X			0 0 0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								

Part VII Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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 related organizations
		Former Officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100 000 of reportable compensation from the organization ► 0

3 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

4 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 individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes" complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100 000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions gifts grants and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total Add lines 1a-1f		►				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue		►				
	g Total Add lines 2a-2f		►				
	Other Revenue	3 Investment income (including dividends interest, and other similar amounts)		7,825	7,825		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)			►				
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses			10,000				
c Gain or (loss)							
d Net gain or (loss)			►	10,000	10,000		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV line 18		a					
b Less direct expenses	b						
c Net income or (loss) from fundraising events		►					
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities		►					
10a Gross sales of inventory less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory		►					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total Add lines 11a-11d		►					
12 Total revenue See instructions		►	17,825	17,825	0	0	

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 **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII**

- 1 Grants and other assistance to domestic organizations and domestic governments See Part IV line 21
- 2 Grants and other assistance to domestic individuals See Part IV line 22
- 3 Grants and other assistance to foreign organizations foreign governments and foreign individuals See Part IV lines 15 and 16
- 4 Benefits paid to or for members
- 5 Compensation of current officers directors trustees and key employees
- 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)
- 7 Other salaries and wages
- 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)
- 9 Other employee benefits
- 10 Payroll taxes
- 11 Fees for services (non-employees)
 - a Management
 - b Legal
 - c Accounting
 - d Lobbying
 - e Professional fundraising services See Part IV line 17
 - f Investment management fees
 - g Other (If line 11g amount exceeds 10% of line 25 column (A) amount list line 11g expenses on Schedule O)
- 12 Advertising and promotion
- 13 Office expenses
- 14 Information technology
- 15 Royalties
- 16 Occupancy
- 17 Travel
- 18 Payments of travel or entertainment expenses for any federal state or local public officials
- 19 Conferences, conventions and meetings
- 20 Interest
- 21 Payments to affiliates
- 22 Depreciation depletion and amortization
- 23 Insurance
- 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25 column (A) amount, list line 24e expenses on Schedule O)
 - a _____
 - b _____
 - c _____
 - d _____
 - e All other expenses _____
- 25 **Total functional expenses** Add lines 1 through 24e
- 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)

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	10,500	10,500		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
12	725	725		
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a				
b				
c				
d				
e				
25	11,407	11,407	0	0
26				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	23,432	2	32,024
	3 Pledges and grants receivable net		3	
	4 Accounts receivable net		4	
	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	
	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	
	7 Notes and loans receivable net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land buildings and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments publicly traded securities	204,159	11	225,272
	12 Investments other securities See Part IV line 11		12	
	13 Investments - program-related See Part IV line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)	227,591	16	257,296	
Liabilities	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	
	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	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal or current funds		30	
	31 Paid in or capital surplus, or land building or equipment fund		31	
	32 Retained earnings endowment accumulated income or other funds		32	
	33 Total net assets or fund balances	0	33	0
	34 Total liabilities and net assets/fund balances	0	34	0

Part XI: Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	17,825
2 Total expenses (must equal Part IX, column (A) line 25)	2	11,407
3 Revenue less expenses Subtract line 2 from line 1	3	6,418
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,418

Part XII: Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
 If "Yes" check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

2c 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?
 If the organization changed either its oversight process or selection process during the tax year explain in Schedule O

3a As a result of a federal award was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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

	Yes	No
2a	X	
2b	X	
2c		
3a	X	
3b		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

KNIGHTS OF COLUMBUS

Employer identification number

22-6167199

01 Committee meeting documentation (Part VI, line 8b)

CONTEMPORANEOUS RECORDS KEPT

DOCUMENTS ARE OPEN TO INSPECTION