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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

A For the 2016 calendar year, or tax year beginning January 1 , 2016, and ending December 31 , 2016

B Check if applicable	C Name of organization Fr. A. Leo Abendschoen Council 11615 Knights of Columbus		D Employer identification number 52-1938269
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number 410-866-4020
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			F Group Exemption Number ► 0188

G Accounting Method: Cash Accrual Other (specify) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).I Website: ► www.kofc11615.comJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) ▲ (insert no.) 4947(a)(1) or 527K 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 ► \$ **44804**

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	1 Contributions, gifts, grants, and similar amounts received	1 1,446	2 239	3 2,455	4 0
	b Less: cost or other basis and sales expenses	5b 0			5c 0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 21,269			
	b Gross income from fundraising events (not including \$ <u>1,446</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)	6b 16,938			
	c Less: direct expenses from gaming and fundraising events	6c 16,712			
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 21,495			
	7a Gross sales of inventory, less returns and allowances	7a 0			7c 0
	b Less: cost of goods sold	7b 0			8 2,457
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				9 28,092
	8 Other revenue (describe in Schedule O)				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►				
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 16,454			
	11 Benefits paid to or for members	11 0			
	12 Salaries, other compensation, and employee benefits	12 0			
	13 Professional fees and other payments to independent contractors	13 0			
	14 Occupancy, rent, utilities, and maintenance	14 0			
	15 Printing, publications, postage, and shipping	15 1,675			
	16 Other expenses (describe in Schedule O)	16 6,183			
	17 Total expenses. Add lines 10 through 16 ►	17 24,312			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,780			
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 31,862			
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 35,643			

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	24,504	22 26,625
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	24,504	25 26,625
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,504	27 26,625

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? **To Benefit Church, Community & Family**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others.)

28	Donations to the Church of the Annunciation for furnishings for the Religious Education Program (\$930), annual Bull & Oyster Roast (\$1693.00), New Recliner for the Pastor (\$868.00), Retirement Party for the Pastor (\$732.00) and a post-funeral reception for the Pastor's sister (\$439.00) (Grants \$ 4,662) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	4,662
29	Contributions to Seminarians studying for the priesthood (\$2500.00), Scholarships for Catholic School students (\$4608.00), and donations for programs benefiting the Intellectually Disabled (\$1130.00) (Grants \$ 8,238) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	8,238
30	Donations to Operation Welcome Home (\$555.00), Catholic Bee Competition (\$150.00), Keep Christ in Christmas Poster Contest (\$300.00), Donation to a Needy Family (\$100.00), annual awards to Altar Servers (\$666.00), and donation to Social Concerns Committee (\$153.00) (Grants \$ 1,924) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1,924
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . ► <input type="checkbox"/>	32	14,824

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John E. Gallup, Jr. - Grand Knight	8	0	0	0
Wayne Ciampaglia - Deputy Grand Knight	2	0	0	0
Walter F. Wankowski - Financial Secretary	10	0	0	0
William Hodges - Treasurer	8	0	0	0
Emrick Spacek - Trustee	1	0	0	0
Adam Kolb - Trustee	1	0	0	0
Shawn Ruby - Trustee	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	
b Did the organization file Form 1120-POL for this year?	38a	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40e	✓
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► William D. Hodges Telephone no. ► 443-425-3833 Located at ► 8810 Walther Blvd. Apt. 1102, Parkville, Maryland ZIP + 4 ► 21234-5717	42b	✓
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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

	Yes	No
46		✓

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

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

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

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		Date
	Walter F. Wankowski	Financial Secretary	3/30/17
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

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

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 <u>Bull & Oyster Roast</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10771		10771
	2 Less: Contributions	0		0
	3 Gross income (line 1 minus line 2)	10771		10771
Direct Expenses	4 Cash prizes	395		395
	5 Noncash prizes	762		762
	6 Rent/facility costs	0		0
	7 Food and beverages	7431		7431
	8 Entertainment	400		400
	9 Other direct expenses	863		863
	10 Direct expense summary. Add lines 4 through 9 in column (d)			9851
	11 Net income summary. Subtract line 10 from line 3, column (d)			920

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))
Revenue	1 Gross revenue	27376	3507	3768
	2 Cash prizes	16128	2285	1891
	3 Noncash prizes	0	0	0
Direct Expenses	4 Rent/facility costs	0	0	0
	5 Other direct expenses	1579	106	13
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			22002
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			12649

9 Enter the state(s) in which the organization conducts gaming activities: Maryland

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a 100 %

b An outside facility 13b 0 %

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

Name ► Walter F. Wankowski

Address ► 5211 McFaul Road Baltimore, Maryland 21206

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► Walter F. Wankowski

Gaming manager compensation ► \$ _____ 0

Description of services provided ► Planning, Organization, Promotion, Ticket Sales & Execution

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. 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 provide any additional information. See instructions

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016Open to Public
Inspection

Name of the organization

Fr. A. Leo Abendschoen Council 11615 Knights of Columbus

Employer identification number

52-1938269

Line 8 - Other Revenue**Religious & Seminarian Vocation Program - \$2217.82****Individual Charity Donations - \$239.00****Line 10 - Grants Paid****Donations to Parish Church****Room Dividers for Religious Education Program - \$ 930.00****Donation from Bull & Oyster Roast Fundraiser - \$1693.41****Donation for Pastor's Retirement Party - \$2000.84****Donation for Post-Funeral Reception for Pastor's Sister - \$ 439.30****Catholic School Scholarships - \$4608.36****Support for Seminarians Studying for the Priesthood - \$2500.00****Donations to programs for the Intellectually Disabled - \$1130.42****Christmas Gifts to Parish Staff - \$ 325.00****Christmas Gift to a Needy Family - \$ 100.00****Prizes for Youth Competitions - \$ 450.00****Donation to Operation Welcome Home - \$555.47****Donation to Toys for Tots - \$300.00****Door Prizes for Operation Welcome Home Fundraising Event - \$100.00****Donation to Social Concerns Committee - \$152.88****Gifts to Altar Servers - \$666.00****Gift to Homeless Shelter - \$ 75.00****Donation to St. Clement Mary Hofbauer School - \$426.96****Payments to Affiliates****Knights of Columbus Supreme Council Per Capita - \$532.25**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	Employer identification number
Fr. A. Leo Abendschoen Council 11615 Knights of Columbus	52-1938269

Maryland State Council Knights of Columbus Per Capita - \$630.75

Baltimore Chapter of Grand Knights Per Capita - \$ 44.00

Line 16 - Other Expenses

Cost of Food for Council Christmas Party - \$1797.00

Installation of Officer's Dinner - \$1561.01

Hospitality for General Meetings & Gatherings - \$1437.51

Liability Insurance Premium - \$ 503.00

Food and Candy for Breakfast with the Easter Bunny - \$ 264.55

Bowling Alley Rental for Operation Welcome Home Event - \$ 322.53

Council Administrative Costs - \$1674.77

Degree Exemplification Fees - \$ 96.00

Food for Breakfast with Santa - \$ 201.32