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# 50m 990

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury

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.

For the 2016 calendar year, or tax year beginning 4/1/2016 and ending 3/31/2017 Check if applicable C Name of organization Knights of Columbus Oklahoma State Council D Employer identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 23-7107061 Name change E Telephone number ZIP code Initial return City or town State 73049-8897 Jones OK Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 227,866 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No 501(c)(3) X If "No," attach a list (see instructions) Tax-exempt status 501(c) ) < (insert no ) 4947(a)(1) or 527 Website: ▶ H(c) Group exemption number ► 0188 Trust X Association K Form of organization L Year of formation 1907 M State of legal domicile OK Summary Part I Briefly describe the organization's mission or most significant activities. Provide assistance to our fellowman through Activities & Governance charitable activities in the areas of church, community, family, youth and council If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary). 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990 Thine 34 0 **Prior Year Current Year** OCT 2 3 2017 Contributions and grants (Part VIII, line 1h) 208,563 189,732 R Program service revenue (Part VIII, line 2g) . 36,068 9 31,326 Investment income (Part VIII, column (A), lines 3, 4 and 7d) 10 24 35 Other revenue (Part VIII, column (A), lines 5, 6d, 8cl 9c, 10c and file 203 11 1,505 222,598 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 244,858 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,046 13 135,166 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 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 17 93.620 105,120 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 149,666 240,286 95.192 Revenue less expenses Subtract line 18 from line 12 -17.688**Beginning of Current Year** 20 Total assets (Part X, line 16). 213,430 195,742 21 Total liabilities (Part X, line 26). Net assets or fund balances Subtract line 21 from line 20 213,430 195,742 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 (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Check X Paid self-employed 9/6/2017 CJ Runyon P00149175 Preparer Firm's name C.J Runyon CPA Firm's EIN ▶ **Use Only** 405/951-7000 Firm's address ► 6417 N Libby Ave, Oklahoma City, OK 73132 Phone no

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 95	0 (2016)	Knights of Columbus Oklahoma State Council	23-7107061	Page <b>2</b>
Par	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly' c	describe the organization's mission		
	commu	assistnce to our fellowman through charitable activities in the areas of church, nity, family, youth and council.		
	the prio	organization undertake any significant program services during the year which were not listed on r Form 990 or 990-EZ?  describe these new services on Schedule O.	Yes	X No
3	Did the services	organization cease conducting, or make significant changes in how it conducts, any program	. Yes	X No
4	Describ expense	describe these changes on Schedule O.  e the organization's program service accomplishments for each of its three largest program service  s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all  expenses, and revenue, if any, for each program service reported		
	Provide commu	) (Expenses \$ 240,286 including grants of \$ ) (Reven- assistance to our fellowman through charitable activities in the areas of church, nity, famly, youth and council		
4b	(Code	) (Expenses \$ including grants of \$ ) (Revenue of \$ )		
_ <u>.</u>	<del></del>			<del></del>
4c	(Code.	) (Expenses \$ including grants of \$ ) (Revenue	re #	) 
				~
			<del></del>	
	Other p (Expens	rogram services. (Describe in Schedule O.) ses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4e		ogram service expenses   240,286		

## Part IV Checklist of Required Schedules

	,		Yes	No
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_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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ľ	i i	
	Part III	5	1 1	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	l		
	"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	<u> </u>	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l-°		_X_
•	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		Х
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	86.75.07	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		<u>X</u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ا ا	1	.,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	-+	<u>X</u>
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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 _	
	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			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	120	Ţ	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes,"</i>	12a	<del>-×</del> +	
	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
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 5	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	+	<u>X</u>
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u>~</u>
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	1		
	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		1	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	$\dashv$	<u>X</u>
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	10		Y
	ii 103, complete delletale d, Falt III	<u>19</u>	990 (2	X

Par		3-7 107001		age
ı aı	' Checking of Required Ochedules (Continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		<del>  ^</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.  205		╁─
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	i
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<del> </del>	_^_	<del> </del>
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	] ]		
22		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1 1		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			١.,
04-	employees? If "Yes," complete Schedule J	23		X
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			١.,
_	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1 1		
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		
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			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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	) )		l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	7.74 TA	, .; (	ĭ
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		. 19.3 	1.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	<del></del>		
	conservation contributions? If "Yes," complete Schedule M	30	l	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	1	$\neg \uparrow$	<del></del>
••	Part I	31	I	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		-	
-	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del>"</del>		
00	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	- 1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	133	<del>-</del> -t	
J-4	III, or IV, and Part V, line 1	34	ı	v
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
		358		<u>^</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	254		
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		- 1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		J	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_], '	1	}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1	
	gaming (gambling) winnings to prize winners?	1c	_X_	<del> </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3	•	3.
	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]	-	]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	├─-	├
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		-
3a 	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	3a	<del> </del>	<u>×</u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	<del> </del>	╁─
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		l	
	account)?	140	l	l x
b	If "Yes," enter the name of the foreign country.	4a	73	-^
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	100	2	
	(FBAR)		1	٧,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del>                                     </del>	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		一
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100	1198	¢
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	700		,
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	ئُـــَـــُــُــُــُــُــُــُــُــُــُــُـ	1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	, ,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	نسنا		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1 4	r K	· .
a	Initiation fees and capital contributions included on Part VIII, line 12	-		٫٠٠,٠
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		235	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	, 134 134	7,61	
a b	Gross income from members or shareholders	1 3	, (L)	ن
D	against amounts due or received from them.)	- 5	1	'-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	<u> </u>	·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 7	` <u> </u>	• • •
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	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 .   13b			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2016) Knights of Columbus Oklahoma State Council 23-7107061 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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? 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates?. 10a Х 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization. 15b 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?. 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? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 Other (explain in Schedule O) X Upon request Own website Another's website 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

State the name, address, and telephone number of the person who possesses the organization's books and records

Taxpayer address,

20

•			
Form 990 (2016)	Knights of Columbus Oklahoma State Council	23-7107061	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ited	
	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 organization's	this table for all persons required to be listed Report compensation for the calendar year ending with o	r within the	
<ul> <li>List all</li> </ul>	of the organization's current officers, directors, trustees (whether individuals or organizations) regardle	ess of amount	

- 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

X 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or director/trustee  Or director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert Melko	Part-time									
State Deputy		Х	_		<u> </u>		L			
(2) John Pierce State Secretary	Part-time	х								
(3) Matthew Maly	Part-time									
State Treasurer		X		<u> </u>	ļ		L			
(4) Dennis Kunnanz State Advocate	Part-time	Х								_
(5) Chris Victor	Part-time									
State Warden		Х								
(6) Rev Price Oswalt	Part-time						i		_	
State Chaplain		X		<u> </u>	_		<u> </u>			
	Part- time									
Immediated Past State Deputy		X	ļ							
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2016)

Pá	rt VII	Section A. Officers, Directors, Tr	ustees, Key Em <sub>l</sub>	ploye	es,	and	iH t	ghes	t Co	ompensated En	ployees (contin	ued)
	•	(A) Name and title	(B) Average					(E) Reportable	(F) Estimated			
			hours per week (list any hours for related organizations below dotted line)		er an		lirect	or/trust	ee)	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)												
(16)										-		
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d		om continuation sheets to Part VII, S	Section A				·		<b>▶ ▶</b>	0	0 0	(
2	Total nu	mber of individuals (including but not lole compensation from the organization	imited to those lis				vho	recei	ved	more than \$100		
3	Did the	organization list any <b>former</b> officer, dir	ector, or trustee,			loye	e, c	or higi	hest	compensated		Yes No
4		individual listed on line 1a, is the sum inization and related organizations greal.									h 	4 X
5	Did any	person listed on line 1a receive or accices rendered to the organization? If "									ridual	5 X
Sec		dependent Contractors								<del></del>	<del> </del>	
1	Comple	te this table for your five highest comp sation from the organization. Report c										ax
_		(A) Name and business ad	dress							(B) Description of serv	vices C	(C) ompensation
												(
				_					-			(
									-	·	-	(
												(
2		mber of independent contractors (inclinant \$100,000 of compensation from the		ted to	the	se l	iste	d abo		who received	,	

Part VIII Statement of Revenue

		Check if Schedule O contains	a response or no	ote to any line in	this Part VIII			
J					(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 b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions All other contributions, gifts, gransimilar amounts not included abo  Noncash contributions included in li	ts, and ve 1f	0 64,424 0 0 0 125,308	189,732			
_	_ <del>-</del>		<u> </u>	Business Code	, , ,		1.	
<u> </u>	2-	Activity food	ŀ		11,783	11,783		
8	2a	Activity fees	}					<del></del>
ě.	b	Convention			19,543	19,543		
용	C				0	·		
Şe	d				0			
Ē	е	·	l		0			
Program Service Revenue	f	All other program service revenue	e .		0			
P P	а	Total. Add lines 2a-2f		•	31,326	,	1,	, , , , ,
-	3	Investment income (including div	idends, interest,	and				
		other similar amounts) .			35		•	35
	4	Income from investment of tax-ex	empt bond proce	eeds <b>&gt;</b>	0		· · · · · · · · · · · · · · · · · · ·	
		Royalties	compt borid proof		0			
	5	Royallies	(ı) Real	(II) Personal		- 1 - 1 - 1/2 - 1/	, , , , , , , , , , , , , , , , , , ,	3.
			(// 1.00	- (,		`	1	
	6a	Gross rents			-	1	· , ·	
	b	Less rental expenses.			,	, ,	, '	, ,
	С	Rental income or (loss) .	0	0				
(	d	Net rental income or (loss)			0		,	
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	, ,		, ,	, ,
ļ		assets other than inventory .	0	0			, ,	, , ,
l	b	Less: cost or other basis				المرازية المرازات		
		and sales expenses .	ol	0	( ) To ( )		1	The second of
	С	Gain or (loss)	0	0	` , ,	<b>`</b>		
	d	Net gain or (loss)	<u> </u>		0			
		rect gain or (1000)	· · · ` `I					1 (1)
as I	0.	Gross income from fundraising				,	, ,	
Other Revenue	8a	events (not including \$	_		,		-	' '
<b>A</b>			<u> </u>		• " ' .	,,	,	. ~
Re		of contributions reported on line	· ·	0.770	,		·	#
e		See Part IV, line 18	<b>a</b>	6,773		1	4	
됐	b	Less direct expenses	b	5,268		, ,		
J	С	Net income or (loss) from fundrai			1,505			1,505
	9a	Gross income from gaming active	ties		'		, ,,,,	* 1
		See Part IV, line 19 .	. а	0		ļ, <i>"</i>	'S 8	,
	b	Less direct expenses	. <b>b</b>	0	` :			
	С	Net income or (loss) from gaming	activities	▶	0		_	
	10a							
		returns and allowances	. a	0	,		,	
	b		. b	0	`	, , ,		
		<del>-</del>			0			
	C	Net income or (loss) from sales of	or inventory .	Business Code	<del>                                     </del>			- ,1
	-	Miscellaneous Revenue		Business Coue				<u> </u>
	11a			<del></del>	0	<del></del>	<del></del>	<del> </del>
	b			L <u> </u>	0	<del></del>		
	С				0			
	d	All other revenue			0			
ļ	e	Total. Add lines 11a-11d		. ▶	0	, ,	<u>-</u>	, , ,
	12	Total revenue. See instructions			222,598	31,326	0	1,540
								Form <b>990</b> (2016)

# 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)

	<ul> <li>Check if Schedule O contains a response or note</li> </ul>	to any line in this Pa	art IX .		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			4 , ,	
	domestic governments See Part IV, line 21	135,166	135,166	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	wat is
2	Grants and other assistance to domestic		-	<b>"陈"的"赏钞"</b>	· 等级图 · · · · · · · · · · · · · · · · · · ·
	individuals See Part IV, line 22	. 0		· 通信注意。	20 1
3	Grants and other assistance to foreign				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organizations, foreign governments, and foreign				a land to the state of the stat
	individuals See Part IV, lines 15 and 16	0			A CONTRACTOR
4	Benefits paid to or for members	0		100	The second
5	Compensation of current officers, directors,				
	trustees, and key employees	o		Í o	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ł	
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			<del></del>
8	Pension plan accruals and contributions (include				· · · · · · · · · · · · · · · · · · ·
	section 401(k) and 403(b) employer contributions)	ol		]	
9	Other employee benefits	0	<del></del>		
10	Payroll taxes	0			
11	Fees for services (non-employees)				·
а	Management	0			
b	Legal	0			
G	Accounting	1,500	1,500		
ď	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0	The state of the s	the feet of the same of the	
ť	Investment management fees	0	<u> </u>	<u> </u>	
ģ	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			
13	Office expenses	5,816	5,816		
14	Information technology	0,010	0,0.0		
15	Royalties	0			
16	Occupancy	0			
17	Travel	9,781	9,781		<del>_</del>
18	Payments of travel or entertainment expenses	3,707			
10	for any federal, state, or local public officials .	o			
10		41,417	41,417	<del></del>	<del></del>
19 20	Conterences, conventions, and meetings	41,417	71,417	<u> </u>	
21	Payments to affiliates	0		<del></del>	
22	Depreciation, depletion, and amortization	- 0	0	0	0
23	Insurance	10,233	10,233		
23 24	Other expenses Itemize expenses not covered	10,233	10,233	The state of	6)
24	above (List miscellaneous expenses in line 24e If			The state of the s	The state of the s
	line 24e amount exceeds 10% of line 25, column				Such Services
	(A) amount, list line 24e expenses on Schedule O)				
_	A should be a second	10,945	10,945		* * * * * <u>\$                           </u>
a	Activity expenses Printing and postage	15,707	15,707		<del></del>
b	Augusta				
C	Awards	2,215	2,215		
a	Membership All other expenses Miscellaneous	7,166 340			
9 25					
25_	Total functional expenses. Add lines 1 through 24e	240,286	240,286	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			ı	
	fundraising solicitation Check here	]			
	following SOP 98-2 (ASC 958-720)	11			Form 990 (2016)
					Earm 44(1)/2016\

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

#### Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 6.486 5,571 Cash—non-interest-bearing 2 Savings and temporary cash investments. 167,104 149,431 2 Pledges and grants receivable, net . 0 3 0 Accounts receivable, net . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0 10c Less accumulated depreciation 10b 0 11 Investments—publicly traded securities 11 ol 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 ol 13 0 14 14 Intangible assets 39.840 15 40,740 15 Other assets See Part IV, line 11 213,430 16 Total assets. Add lines 1 through 15 (must equal line 34) 195,742 16 17 17 Accounts payable and accrued expenses 18 Grants payable . . 18 19 19 Deferred revenue. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . 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 0 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 25 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 87,593 27 101,923 Unrestricted net assets 125,837 28 28 Temporarily restricted net assets 93,819 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

195.742

195,742

33

213,430 213,430

Form 9	90 (2016) Knights of Columbus Oklahoma State Council	23-7107061	Page <b>12</b>
Part	XI Reconciliation of Net Assets		
_	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	
1	Total rèvenue (must equal Part VIII, column (A), line 12)	1	222,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,286
3	Revenue less expenses Subtract line 2 from line 1	3	-17,688
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	213,430
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	195,742
<b>Part</b>	- The state of the		
	Check if Schedule O contains a response or note to any line in this Part XII		<u>. L. </u>
			Yes No
1	Accounting method used to prepare the Form 990 X 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?	. <u>2a</u>	X
	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		
b	Were the organization's financial statements audited by an independent accountant?	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	400	
	separate basis, consolidated basis, or both		
	X Separate basis Consolidated basis Both consolidated and separate basis		
С	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?	. 2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in	325	MARK WEST
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	223343	الحكات السعنت
	the Single Audit Act and OMB Circular A-133?	. 3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<del>                                     </del>
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Зь	
			190 (2016)

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Knights of Columbus Oklahoma State Council Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements а Total acreage restricted by conservation easements. 2b b Number of conservation easements on a certified historic structure included in (a). Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedu	ule D (Form 990) 2016 K	nights of Columb	us Okla	ahoma State	Council				23-71	07061		Page 2
Part	III Organizatio	ns Maintaining	Colle	ections of	Art, Hist	orical Tr	easures, c	r Oth	er Similar As	sets (co	ntinue	
3	Using the organizatio	n's acquisition, a	ccessic	on, and other	records,	check any	of the follow	ring tha	t are a significa	nt use of	ts	
	collection items (chec	ck all that apply).						_	-			
а	Public exhibition	on			d	Loan	or exchange	progra	ms			
b	Scholarly resea	arch			е	Other						
_	= :	or future generation	nne			,						
C	<del></del>	_		llootions and	ovoloin b	ou thou fi	uthor the ave		anla avanant nu			
4	Provide a description XIII.	or the organizati	on's co	mechoris and	explain n	ow they it	armer me org	janizau	on's exempt pu	pose in P	an	
_		L			-4				1			
5	During the year, did to assets to be sold to re	•						•			, , , , , , ,	٦
					eu as par	t of the of	yanızation's i	conecne	on?		es _	No
Part		<b>Custodial Arr</b>			_						_	
		he organization	ı answ	ered "Yes"	on Form	1990, Pa	irt IV, line 9	, or re	oorted an amo	ount on F	orm	
	990, Part X,											
1a	Is the organization ar	-	custodia	an or other in	ntermediar	y for cont	ributions or c	ther as	sets not	_	<b>_</b>	,
	included on Form 990	•			•		•		•	Y	es	No
b	If "Yes," explain the a	irrangement in Pa	art XIII a	and complete	e the follow	wing table	!	_				
								<u> </u>		Amount		
C	Beginning balance	•	-				•	11	<del></del>			0
d	Additions during the y					•			<del></del>			
е	Distributions during the	he year .	•			•		1				
f	Ending balance .	•	-	•				1	<u>f  </u>			0
2a	Did the organization i	ınclude an amour	nt on Fo	orm 990, Par	t X, line 2°	1, for escr	ow or custod	ial acc	ount liability?	Y	es X	No
b	If "Yes," explain the a	rrangement in Pa	art XIII.	Check here	if the expl	anation ha	as been prov	ided or	Part XIII .			1
Part	V Endowment	Funds.										-
		he organization	answ	vered "Yes"	on Form	990 Pa	rt IV line 10	n				
	Complete ii t	ilo organización		Current year		or year	(c) Two years	$\overline{}$	(d) Three years ba	ck (e) F	our years	s back
1a	Beginning of year bal	lance		0	(-,-	0	<del></del>	0	(-, -	0	700	0
b	Contributions		<del> </del>		<b></b>	<u>_</u>						
C	Net investment earni	nas gains	<b>—</b>									
·	and losses	rigo, gairio,	j									
d	Grants or scholarship	ns										
e	Other expenditures for								<del></del>			
	and programs .						ļ					
f	Administrative expen	ses										
a	End of year balance			0		0		0		0		0
2	Provide the estimated	d percentage of the	ne curre	ent year end	balance (	line 1g, co	olumn (a)) he					
а	Board designated or			<b>▶</b>	% `	J,	. ,,					
b	Permanent endowme	•		%								
С	Temporarily restricted	d endowment	<b>&gt;</b>	%								
	The percentages on I		2c sho	uld equal 100	)%							
3a	Are there endowmen					n that are	held and ad	mınıste	red for the			
	organization by		•								Yes	No
	(i) unrelated orga	nizations .		•			•			3a(i)		
	(ii) related organiz							•		3a(ii)		
b	If "Yes" on line 3a(ii),		rganiza	ations listed a	s required	on Sche	dule R?			3b		
4	Describe in Part XIII		-		-							
Part		ings, and Equi										
		he organization			on Form	990, Pa	rt IV, line 11	la. Se	e Form 990, P	art X, lin	e 10	
	Description of			(a) Cost or ot			ost or other		Accumulated		ook value	e
				(investm			s (other)	1 .	depreciation	, -		
1a	Land				0		0			Γ		0
b	Buildings .				0		0		0			0
C	Leasehold improvem	ents	.		0	_	0		0			0
d	Equipment				0		0		0			0
e	Other				0		0	[	0			0
	. Add lines 1a through	1e. (Column (d)	must e	qual Form 99	00, Part X,	column (	B), line 10c.)		<b>&gt;</b>			0

Complete If the organization a		990, Part IV, line 11b. See For	m 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v. Cost or end-of-year	aluation
(1) Financial derivatives	<del></del>	0	
(2) Closely-held equity interests		0	
(3) Other			
(A)			
(B)			
(C)		<u> </u>	
(D)			<u> </u>
(E)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	0	
		U[:,.\	
Part VIII Investments—Program Rel Complete if the organization		990, Part IV, line 11c. See For	m 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(1)			
(2)			
(3)	<b></b>		
		<del></del>	
(5)	<u> </u>		
(6)	<del> </del>	<del> </del>	
(7)	<del> </del>	<del> </del>	
(8)	<del>                                     </del>		
	<b>•</b>	0	
Part IX Other Assets.	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	answered "Yes" on Form 9	990, Part IV, line 11d. See Fori	m 990, Part X, line 15.
	(a) Description		(b) Book value
(1) Interest in assets held in trust			40,740
(2)			
_(3)			
(5)			<del></del>
(6)			<del> </del>
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X,	col (R) line 15.)		40,740
Part X Other Liabilities.	ed (b) iiile 10)	·	70,176
	answered "Yes" on Form 9	990, Part IV, line 11e or 11f. Se	ee Form 990 Part X
line 25.			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	+		
(2)			والمواجع والمحالات والمحالات
(3)			
(4)	<del> </del>		
(5) (6)	<del> </del>		The state of the s
(7)	<del> </del>	<b>T</b>	., 54 %
(8)			
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2 Liability for uncertain tax positions. In Part XIII, pro	vide the text of the footnote to the	ne organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE 1** (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public 2016

OMB No 1545-0047

Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-7107061

> General Information on Grants and Assistance Partl

Knights of Columbus Oklahoma State Council

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 the selection criteria used to award the grants or assistance?

2 X Yes

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 that received more than \$5,000 Part II can be duplicated if additional space is needed Part II

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-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1900	(1) St Gregory's University 1900W MacArthur Dr Shawnee, OK	73-0685098		22,775				
<u>8</u> 9	(2) Knights of Columbus Foundation PO Box 596 Okarche, OK 73762	51-0203597		91,600				
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7	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	tions listed in the line 1	table			
m	Enter total number of other organizations listed in the line 1 table	rganizations liste	ed in the line 1 table				•	2
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Page 2

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III 2 9

### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Knights of Columbus Oklahoma State Council	23-7107061
	<del></del>
Form 990, Part VI, Section B, Line 11b. Reviewed and accepted at Board meeting	
Form 990, Part VI, Section C, Line 19. Upon request	
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