

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

1706  
2016Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

JULY 1

, 2016, and ending

JUNE 30

, 2017

B Check if applicable:

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

C Name of organization

KNIGHTS OF COLUMBUS COUNCIL 9510

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

P.O. BOX 142

D Employer identification number

94 344288

Room/suite

08

E Telephone number

316-706-5493

F Group Exemption

0188

Number

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (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 ► \$

## 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

1	Contributions, gifts, grants, and similar amounts received	1	72703
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	5575
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 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	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory—less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	78278
10	Grants and similar amounts paid (list in Schedule O)	10	39796
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1118
16	Other expenses (describe in Schedule O)	16	25295
17	Total expenses. Add lines 10 through 16	17	66209
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12069
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	30837
20	Other changes in net assets or fund balances (explain in Schedule O)	20	1013
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	31850

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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Form 990-EZ (2016)

64

**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 . . . . .	18011	22 17530
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .	12826	24 14320
<b>25 Total assets . . . . .</b>	<b>30837</b>	<b>25 31850</b>
<b>26 Total liabilities (describe in Schedule O) . . . . .</b>		<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .		<b>30837</b> <b>27 31850</b>

**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?

## Charity

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 SUPPORT CATHOLIC SEMINARIANS AND NOVICE NUNS IN THEIR EDUCATION**

?) If this amount includes foreign grants, check here   28a 8000 ?

**29 SUPPORT IMMACULATE HEART OF MARY SISTERS MOTHER HOUSE CONSTRUCTION**

(Grants \$ ) If this amount includes foreign grants, check here  **29a** **7000**

### **30 SUPPORT SONIGRAM INITIATIVE**

(Grants \$ ) If this amount includes foreign grants, check here . . . . ►  30a 3445

**31 Other program services (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here . . . ►  **31a** **21351**

**32 Total program service expenses (add lines 28a through 31a)**

**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

**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.

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 Yes  No

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 Yes  No

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 Yes  No

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 Yes  No

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 Yes  No

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 Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37b Yes  No

b Did the organization file Form 1120-POL for this year? . . . . .

38a Yes  No

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? . . . . .

38a Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

38b

39 Section 501(c)(7) organizations. Enter:

39a

a Initiation fees and capital contributions included on line 9 . . . . .

39b

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b Yes  No

section 4911 ► ; section 4912 ► ; section 4955 ►

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 . . . . .

40e Yes  No

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ►

Telephone no. ►

Located at ►

ZIP + 4 ►

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)?

42b Yes  No

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 Yes  No

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 ►

43 Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .

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 Yes  No

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 Yes  No

c Did the organization receive any payments for indoor tanning services during the year? . . . . .

44c Yes  No

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 Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45a Yes  No

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 Yes  No

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 . . . . .

	Yes	No
47		✓

?

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

48		✓
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		✓
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?

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

49b		✓
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?

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 . . . . . ► None

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 . . . . . ► None

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

► Joseph P. Spexarth

Date

2-10-18

Signature of officer

JOSEPH SPEXARTH GRAND KNIGHT

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
	PAUL KEAR	<u>Paul Kear</u>	<u>2-10-18</u>		
	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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**KNIGHTS OF COLUMBUS COUNCIL 9510**

Employer identification number

**94 3442881**

**LINE 10 - CONTRIBUTIONS OF FUNDRAISING EVENT PROCEEDS ( SEE PART III)**

**LINE 16 - MISC EVENT AND OTHER GENERAL EXPENSES**

**LINE 20 - INTEREST ON INVESTMENT ACCOUNT**

**LINE 24 - INVESTMENT ACCOUNT**

**LINE 31 - MISC CONTRIBUTIONS OF FUNDRAISING EVENT PROCEEDS ( TOOTSIE ROLL PROGRAM, LORDS DINER, SOLIDARITY CROSSES**

**CYO, KANSAS SONOGRAM INITIATIVE, GIRARD HOUSE, A BETTER CHOICE, ETC. )**