

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort 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)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

2019

Open to
Public
Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:

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

C Name of organization
PRINCE OF PEACE COUNCIL NO 7909 KNIGHTS OF COLUMBUS

% Jeffrey Bartz

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
Po Box 2577City or town, state or province, country, and ZIP or foreign postal code
Olathe, KS 660632577

D Employer identification number

48-0935060

E Telephone number

(913) 558-9662

F Group Exemption
Number ► 0188G 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: ► _____

J 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 Fraternal Benefit Society

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 ► \$ 57,953

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 | 13,146 |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | 5,102 |
| 4 | Investment income | 4 | 324 |
| 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 | 0 |
| 6 | Gaming and fundraising events | | |
| a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ 0 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 | 39,381 |
| c | Less: direct expenses from gaming and fundraising events | 6c | 19,519 |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 19,862 |
| 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 | 0 |
| 8 | Other revenue (describe in Schedule O) | 8 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 38,434 |

| | | | |
|----|--|----|---------|
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 36,010 |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | 461 |
| 13 | Professional fees and other payments to independent contractors | 13 | |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | 1,109 |
| 16 | Other expenses (describe in Schedule O) | 16 | 14,130 |
| 17 | Total expenses. Add lines 10 through 16 ► | 17 | 51,710 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -13,276 |
| 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 | 82,916 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 69,640 |

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 | 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 | 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 | 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 | |
| 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 | 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 | No |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a | 37b | No |
| b Did the organization file Form 1120-POL for this year? | 38a | 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? | 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: | 40c | |
| section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ | 40d | |
| 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 | 40e | |
| 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 | |
| 41 List the states with which a copy of this return is filed. ► _____ | | |
| The organization's books are in care of ► Jeffrey M Bartz | | Telephone no. ► (913) 558-9662 |
| 42a Located at ► 14928 W 145th Street Olathe, KS | | ZIP + 4 ► 66062 |
| 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 | |
| If "Yes," enter the name of the foreign country: ► _____ | 42c | |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? | 43 | |
| 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 ► <input type="checkbox"/> 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 | 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 | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | 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 | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | No |
| 45b 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 46 | No |

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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 47 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 49a | |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 49b | |
| 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 |
|-------------------------------------|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 Jeffrey M Bartz Financial Secretary Type or print name and title | 2020-11-02 Date | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Paid Preparer Use Only | 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

Additional Data

Software ID: 19009905
Software Version: V1.0
EIN: 48-0935060
Name: PRINCE OF PEACE COUNCIL NO 7909 KNIGHTS OF COLUMBUS

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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.) |
|---|---|
| <p>28 Church building improvement and maintenance (including 14 acres of church grounds): maintain Catholic shrine; etc. These services benefit over 3000 Catholic families (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p> | <p>28a 0</p> |

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|--|---|---|
| 29 Education -- Provide college education scholarships for parishioners; financial support to seminarians; support for Catholic education, etc. (Grants \$ 0) | 29a If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0 |

Form 990EZ, Part III - Statement of Program Service Accomplishments

| <p>Expenses 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.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> |
|---|--|
| <p>30 Youth -- Support parish youth activities, including but not limited to Scouting, sports and educational activities (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p> | <p>30a 0</p> |

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PRINCE OF PEACE COUNCIL NO 7909 KNIGHTS OF COLUMBUS

Employer identification number

48-0935060

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 Old Settlers (event type) | (b) Event #2 Fish Frys (event type) | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
|--|---|--|------------------------------------|---|
| Revenue | | | | |
| 1 Gross receipts | 10,625 | 9,671 | 19,085 | 39,381 |
| 2 Less: Contributions | 0 | 0 | 0 | 0 |
| 3 Gross income (line 1 minus line 2) | 10,625 | 9,671 | 19,085 | 39,381 |
| Direct Expenses | | | | |
| 4 Cash prizes | 0 | 0 | 0 | 0 |
| 5 Noncash prizes | 0 | 0 | 1,029 | 1,029 |
| 6 Rent/facility costs | | | 2,520 | 2,520 |
| 7 Food and beverages | 3,333 | 5,796 | 3,454 | 12,583 |
| 8 Entertainment | 0 | | 0 | 0 |
| 9 Other direct expenses | | | 3,387 | 3,387 |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 19,519 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 19,862 |

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 | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | <input type="checkbox"/> Yes % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

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

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 | % |
| b An outside facility | 13b | % |

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

Name ► _____

Address ► _____

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 ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

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 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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.**2019****Open to Public
Inspection**

Department of the Treasury

Name of the organization

PRINCE OF PEACE COUNCIL NO 7909 KNIGHTS OF COLUMBUS

Employer identification number

48-0935060

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 10 | [Grants And Similar Amounts Paid, Amount] Archdiocese of Kansas City in Kansas 12615 Parallel Parkway; Kansas City KS 66109 Archdiocese Campaign, \$500 Archdiocese of Kansas City in Kansas 12615 Parallel Parkway; Kansas City KS 66109 Archdiocese Faith, \$1250 George Rhodes 15743 S. Central St.; Olathe KS 66062 Seminarian Support, \$500 Andrew Gaffney 6726 SE US Highway 40; Tecumseh KS 66542 Seminarian Support, \$500 Alex Rickert 12626 W. 101st Ter.; Lenexa KS 66215 Seminarian Support, \$500 Catholic Charities 9720 W. 87th St.; Overland Park KS 66212 Food Pantry Donations, \$2500 Harvesters-The Community Food Network 3801 Toppling Ave; Kansas City MO 64129 Food Pantry Donations, \$1000 Knights of Columbus Kansas State Council 1202 Hickory St; Victoria KS 67671 Emergency Disaster Aid, \$300 Knights of Columbus Charities 1 Columbus Plaza; New Haven CT 06510 Puerto Rico Earthquake Relief, \$500 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Senior Citizen Group Social Sup, \$1046 Villa St. Francis 16600 W 126th St Olathe KS 66062 Senior Living Community Support, \$780 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Various Youth Activities, \$550 Scholarships HS Seniors Various Individual Addresses Education Support, \$4500 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Military Veterans Dinner, \$677 Shalom House Homeless Shelter 2100 N. 13th St.; Kansas City KS 66104 Homeless Men Shelter, \$462 Homeless Uplift 1516 Prospect Ave.; Kansas City MO 64127 Homeless Outreach Program, \$149 Olathe Parks and Recreation 1205 E. Kansas City Rd.; Olathe KS 66061 Special Olympics, \$4690 Kansans Life Rally The Capitol Building in Topeka Culture of Life, \$500 Nativity House 721 N 31st St Kansas City KS 66102 Culture of Life Donation, \$500 Olathe Pregnancy Clinic 1313 E. Santa Fe Olathe KS 66061 Culture of Life Donation, \$500 St. Thomas Aquinas High School 11411 Pflumm Rd.; Overland Park KS 66215 Culture of Life Donation, \$500 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Mothers Day Carnations, \$288 Habitat for Humanity of Kansas City 1423 E. Linwood Blvd.; Kansas City MO 64109 Affordable Housing, \$360 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Clergy Support, \$1303 Prince of Peace Catholic Church 16000 W. 143rd St.; Olathe KS 66062 Facility Repair and Renovation, \$11000 Prince of Peace Catholic Church 16000 W 143rd St; Olathe KS 66062 Religious Renewal Group Support, \$655 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 16 | Other Expenses:, Amount: Bank Service Charges, \$136 Council Supplies, \$1224 Ceremonia l & Name Badges, \$162 Dues and Subscriptions, \$1770 Per Capita Tax -- State, \$380 Per C apita Tax -- Supreme, \$915 Culture of Life -- Supreme, \$635 Catholic Advertising -- Supr eme, \$371 Taxes - State Sales and Use, \$2525 Equipment Repairs, \$392 Equipment Purchase s, \$641 Liability/Property Insurance, \$926 Property Taxes, \$149 Council Social Activiti es, \$2955 Masses for Deceased Brothers, \$60 Council Relief Fund, \$300 Funeral Dinners, \$70 Dues and Subscriptions, \$519 |