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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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 foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Knights of Columbus Holy Spirit Council
10653

Number and street (or P O box, if mail is not delivered to street address)Room/suite
7409 W Clearwater Ave

City or town, state or province, country, and ZIP or foreign postal code
Kennewick, WA 99336

D Employer identification number
91-1526092

E Telephone number
(509) 783-9902

F Group Exemption Number
0188

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.rc-net/washington/kofc10653

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K 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. \$ 89,679

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I ☒			
Revenue	1	Contributions, gifts, grants, and similar amounts received	6,187
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	4,396
	4	Investment income	162
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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)	73,199
Expenses	6c	Less direct expenses from gaming and fundraising events	41,662
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	31,537
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less cost of goods sold	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	5,735
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	48,017
	10	Grants and similar amounts paid (list in Schedule O)	1,947
	11	Benefits paid to or for members	1,950
	12	Salaries, other compensation, and employee benefits	
Net Assets	13	Professional fees and other payments to independent contractors	100
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	38,111
	17	Total expenses. Add lines 10 through 16	42,108
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	5,909
	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)	73,997
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	79,906

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	59,932	22	53,612
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	14,065	24	26,294
25 Total assets	73,997	25	79,906
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,997	27	79,906

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?
Fraternal organization whose purpose is to support the Catholic Church and engage in works of charity to benefit the less fortunate

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

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

32 33,124

Part IV

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2013)

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	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	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		
b	Did the organization file Form 1120-POL for this year?	37b	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	Section 501(c)(3) and 501(c)(4) 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	40b	
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	No
41	List the states with which a copy of this return is filed ☐ _____		
42a	The organization's books are in care of ☐ <u>David A Konzek</u> Telephone no ☐ <u>(509) 783-9902</u> Located at ☐ <u>627 S Union Kennewick, WA</u> ZIP + 4 ☐ <u>993364328</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ☐ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ☐ ☒ and enter the amount of tax-exempt interest received or accrued during the tax year ☐ 43		
		Yes	No
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? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	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? <i>If "No," provide an explanation in Schedule O</i>	44d	No
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	No

		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		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 ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	▶	☐ Yes ☐ No
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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	*****	2014-11-14				
	Signature of officer		Date			
Paid Preparer Use Only	David A Konzek Finan Secretary					
	Type or print name and title					
	Print/Type preparer's name Thomas McCaulley	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00081632	
	Firm's name ▶ CEDAR TAX & CONSULTING SERVICES INC			Firm's EIN ▶		
Firm's address ▶ 1470 N 20TH ST WASHOUGAL, WA 986718278			Phone no (360) 606-5262			

May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Additional Data

Software ID: 13000170

Software Version: 2013v3.1

EIN: 91-1526092

Name: Knights of Columbus Holy Spirit Council
10653

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

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 Columbus Charities which supports people with intellectual disabilities (Grants \$ 762) If this amount includes foreign grants, check here . . . ☐	28a	
29 Holy Spirit Parish - Support youth group and other church activites (Grants \$ 288) If this amount includes foreign grants, check here . . . ☐	29a	
30 Catholic Family & Child Services which supports the maternal and parenting programs for low income families (Grants \$ 2,000) If this amount includes foreign grants, check here . . . ☐	30a	
Support Local St Joseph Catholic School (Grants \$ 4,400) If this amount includes foreign grants, check here . . . ☐		
Adopt A family Program - Provide food, clothing, toys and household good for 4 families at Christmas (Grants \$ 1,500) If this amount includes foreign grants, check here . . . ☐		
Support Special Olympics activities (Grants \$ 1,611) If this amount includes foreign grants, check here . . . ☐		
Support Seminarians (Grants \$ 1,722) If this amount includes foreign grants, check here . . . ☐		
Support Local Pro Life Activites (Grants \$ 2,949) If this amount includes foreign grants, check here . . . ☐		
Support Quo Vadis Days, a retreat for those seeking a discernment to religious life (Grants \$ 300) If this amount includes foreign grants, check here . . . ☐		
Support Surgical Implant Generation Network (Grants \$ 1,000) If this amount includes foreign grants, check here . . . ☐		
Support Culture of Life Activities (Grants \$ 319) If this amount includes foreign grants, check here . . . ☐		
Support Catholic Campus Ministries (Grants \$ 700) If this amount includes foreign grants, check here . . . ☐		
Support Catholic Daughters of America (Grants \$ 215) If this amount includes foreign grants, check here . . . ☐		
Support Catholic High Schools (Grants \$ 12,045) If this amount includes foreign grants, check here . . . ☐		
Blood Drives (Grants \$ 196) If this amount includes foreign grants, check here . . . ☐		
Support Holy Spirit Assembly (Grants \$ 2,000) If this amount includes foreign grants, check here . . . ☐		
Support Church fellowship by cooking Sunday Breakfasts (Grants \$ 1,117) If this amount includes foreign grants, check here . . . ☐		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Armando Trenti Dep Grnd Knight	1 00	0		
David A Konzek Finan Secretary	8 00	0		
Kennneth Wise Advocate	1 00	0		
Duane L Garner Lecturer	3 00	0		
Brent Thomas Trustee	3 00	0		
Mathew J Haass Trustee	8 00	0		
Jerome Calvey Warden	1 00	0		
Russell E Flye Recorder	1 00	0		
William A Brever Treasurer	2 00	0		
Donald J Hanny Grand Knight	3 00	0		
Joseph K Carson Trustee	1 00	0		
Ray C Witt Inside Guard	1 00	0		
Bernie IP Chancellor	1 00	0		
Stanley G Hicks Outside Guard	1 00	0		
Msgr Perron J Auve Chaplin	0	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization Knights of Columbus Holy Spirit Council 10653	Employer identification number 91-1526092
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Part I Fundraising Activities. Complete if the organization answered "Yes" to 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
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 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" to 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			State Convention Dinner	Ice Cream Booth	1	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	31,873	27,519	13,807	73,199	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	31,873	27,519	13,807	73,199	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	22,997	15,862	2,803	41,662
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(41,662)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					31,537

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 operates gaming activities _____

a Is the organization licensed to operate 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 _____

Does the organization operate 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 operated 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 complete this part to provide any additional information (see instructions).

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

2013

Open to Public Inspection

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 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.

Name of the organization Knights of Columbus Holy Spirit Council 10653	Employer identification number 91-1526092
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Misc events/activities \$2790
Other Revenue 2	Breakfasts/Dinners \$1639
Other Revenue 3	Christmas Card Sales \$680
Other Revenue 4	Culture of Life \$250
Other Revenue 5	Vests/Badges \$186
Other Revenue 6	Liability Insurance \$122
Other Revenue 7	Misc \$52
Other Revenue 8	Initiations \$16
Other Expenses 1001	Advertising and Promotion \$527
Other Expenses 1007	Conferences, Conventions, and Meetings \$1034
Other Expenses 1012	Insurance \$368
Other Expenses 1	Catholic High School \$12045
Other Expenses 2	Catholic Schools \$4400
Other Expenses 3	Pro Life \$2949
Other Expenses 4	Special Olympics \$2373
Other Expenses 5	Catholic Charities \$2000
Other Expenses 6	Holy Spirit Assembly \$2000
Other Expenses 7	Seminarian \$1722
Other Expenses 8	Adopt-A-Family Program \$1500
Other Expenses 9	Council Breakfasts/Dinners \$1117

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	SIGN Fracture Care Intl \$1000
Other Expenses 11	Equipment repairs \$941
Other Expenses 12	Campus Ministries \$700
Other Expenses 13	Misc \$698
Other Expenses 14	Supplies \$657
Other Expenses 15	Misc Administrative \$604
Other Expenses 16	Supreme Culture of Life \$319
Other Expenses 17	Quo Vadis Days \$300
Other Expenses 18	Holy Spirt Parish \$288
Other Expenses 19	Catholic Daughters \$215
Other Expenses 20	Blood Drives \$196
Other Expenses 21	Licenses \$95
Other Expenses 22	State Exemplification Fees \$63
Other Assets 1003	Machinery and Equipment - Beginning \$14065 Machinery and Equipment - Ending \$26294