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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 foundations)

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

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2014

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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](http://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. \$ 51,265

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	2,248
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	4,389
	4	Investment income . . . . .	4	104
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less cost or other basis and sales expenses . . . . .	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	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 \$ _____ 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	38,707
	c	Less direct expenses from gaming and fundraising events . . . . .	6c	16,088
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	22,619
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	b	Less cost of goods sold . . . . .	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8	Other revenue (describe in Schedule O) . . . . .	8	5,817
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	35,177
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	2,066
	11	Benefits paid to or for members . . . . .	11	2,525
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	100
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe in Schedule O) . . . . .	16	36,014
	17	Total expenses. Add lines 10 through 16 . . . . .	17	40,705
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-5,528
	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	79,906
	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	74,378

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

	(A) Beginning of year	(B) End of year	
<b>22</b> Cash, savings, and investments . . . . .	53,612	<b>22</b>	48,084
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	26,294	<b>24</b>	26,294
<b>25 Total assets</b> . . . . .	79,906	<b>25</b>	74,378
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . .	79,906	<b>27</b>	74,378

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

<b>28</b> See Additional Data Table			
Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O )			
Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶		<b>32</b>	29,054

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

[illegible]

Part VOther 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), 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 . . . . .	40b	
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	No
41 List the states with which a copy of this return is filed ▶ . . . . .		
42a The organization's books are in care of ▶ David A Konzek Telephone no ▶ (509) 783-9902 Located at ▶ 627 S Union Kennewick, WA ZIP + 4 ▶ 993364328 . . . . .		
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	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) . . . . .		
c At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	42c	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	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	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? <b>NOTE.</b> All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .	▶	<input type="checkbox"/> Yes <input type="checkbox"/> 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	***** Signature of officer			2015-11-13 Date	
	David A Konzek Finan Secretary Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Thomas McCaulley		Preparer's signature		Date
	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 . . . . .	▶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Data

Software ID: 14000265

Software Version: 2014v5.0

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.)	
<b>28</b> Columbus Charities which supports people with intellectual disabilities (Grants \$ 1,295) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Holy Spirit Parish - Support youth group and other church activites (Grants \$ 11,814) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b> 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 . . . <input type="checkbox"/>	<b>30a</b>	
Support Local St Joseph Catholic School (Grants \$ 2,000) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
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 . . . <input type="checkbox"/>		
Support Special Olympics activities (Grants \$ 515) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Seminarians (Grants \$ 2,546) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Oso Mudslide victims (Grants \$ 671) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Quo Vadis Days, a retreat for those seeking a discernment to religious life (Grants \$ 300) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Kevin Nerney Firefighter Fund (Grants \$ 250) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Boy Scout Program (Grants \$ 680) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Knights of Columbus Wheel Chair Progorm (Grants \$ 150) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Catholic High Schools (Grants \$ 153) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Church fellowship by cooking Sunday Breakfasts (Grants \$ 3,965) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Blood Drives (Grants \$ 180) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Catholic Radio (Grants \$ 100) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Local Pro Life Activites (Grants \$ 110) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Culture of Life Activities (Grants \$ 325) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		
Support Food Bank (Grants \$ 500) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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

(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
Armando Trenti Grand 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		
Stephen Hunter Chancellor	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 Trustee	3 00	0		
Joseph K Carson Trustee	1 00	0		
Ray C Witt Inside Guard	1 00	0		
Bernie IP Dep Grnd Knight	1 00	0		
Stanley G Hicks Outside Guard	1 00	0		
Msgr Perron J Auve Chaplain	1 00	0		

SCHEDULE G  
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Knights of Columbus Holy Spirit Council  
10653

Employer identification number  
  
91-1526092

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	
			<u>Ice Cream Booth</u>	<u>Irrigation sprinkler</u>	<u>1</u>	(add col (a) through	
			(event type)	blowout	(total number)	col (c))	
1	Gross receipts	. . .	17,833	13,871	7,003	38,707	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	17,833	13,871	7,003	38,707	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	9,432	3,461	3,195	16,088
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(16,088)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					22,619

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 . . . . .	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	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 activities 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

\$ and the \$

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
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Schedule G (Form 990 or 990-EZ) 2014

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

2014

Open to Public Inspection

Name of the organization Knights of Columbus Holy Spirit Council 10653	Employer identification number  91-1526092
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Breakfasts/Dinners \$2068
Other Revenue 2	Misc events/activities \$1775
Other Revenue 3	Misc \$1040
Other Revenue 4	Christmas Card Sales \$487
Other Revenue 5	Culture of Life \$248
Other Revenue 6	Liability Insurance \$123
Other Revenue 7	Vests/Badges \$46
Other Revenue 8	Initiations \$30
Other Expenses 1001	Advertising and Promotion \$166
Other Expenses 1002	Office Expenses \$360
Other Expenses 1007	Conferences, Conventions, and Meetings \$900
Other Expenses 1012	Insurance \$370
Other Expenses 1	Holy Spirt Parish \$11814
Other Expenses 2	Council Breakfasts/Dinners \$3965
Other Expenses 3	Semnarian \$2546
Other Expenses 4	Misc \$2103
Other Expenses 5	Catholic Schools \$2000
Other Expenses 6	Catholic Charities \$2000
Other Expenses 7	Equipment repairs \$1984
Other Expenses 8	Adopt-A-Family Program \$1500

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 9	Columbus Charities \$1295
Other Expenses 10	Licenses \$733
Other Expenses 11	Boy Scouts \$680
Other Expenses 12	Oso Mud Slide Fund \$671
Other Expenses 13	Special Olympics \$515
Other Expenses 14	Food Bank \$500
Other Expenses 15	Supreme Culture of Life \$325
Other Expenses 16	Quo Vadis Days \$300
Other Expenses 17	Supplies \$293
Other Expenses 18	Firefighter Fund \$250
Other Expenses 19	Blood Drives \$180
Other Expenses 20	Catholic High School \$153
Other Expenses 21	Wheel Chairs \$150
Other Expenses 22	Pro Life \$110
Other Expenses 23	Catholic Radio \$100
Other Expenses 24	State Exemplification Fees \$51
Other Assets 1003	Machinery and Equipment - Beginning \$26294 Machinery and Equipment - Ending \$26294