efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492317015657 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization Knights of Columbus Holy Spirit Council ☐ Address change 91-1526092 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 7409 W Clearwater Ave ☐ Final return/terminated (509) 783-9902 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Kennewick, WA 99336 F Group Exemption ☐ Application pending ▶ 0188 Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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 ☐ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 4,986 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 98 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 44,109 sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 16,884 Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 27,225 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 4.842 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 37,151 10 10 Grants and similar amounts paid (list in Schedule O) 1,539 11 11 Benefits paid to or for members 810 12 Salaries, other compensation, and employee benefits . 12 13 200 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 30.845 17 Total expenses. Add lines 10 through 16 17 33,394 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,757 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 86,421 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 90,178 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Form	990-EZ (2016)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	е	
	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
25-	·			
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
h	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
	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	1		
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
h	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 sections4912, 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			
е	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 ▶ 1	(509) 7	83-9902	<u>2</u>
	Located at ▶ 627 S Union Kennewick, WA ZIP + 4 ▶	9933	364328	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		, I	
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
		420		INO
	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)			
С	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			
_			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
ь	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
С	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	44d		No
4 5~	explanation in Schedule O	44u 45a		No
				INU
430	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

Form	990-EZ	(2016)						Page 4
							Yes	No
46		e organization engage, directly or indire ates for public office? If "Yes," complete				46		N
Par	t VI	Section 501(c)(3) organization	ns only			46		No
		All section 501(c)(3) organizations Check if the organization used Schedul	must answer quest	ions 47-49b and 52	2, and complete the ta	ables for li	nes 50	and 51
		Check if the organization used Schedul	e O to respond to any o	question in this Part V	·	<u> </u>	Yes	⊔ No
47	D. J. H.			01/h) alaatiaa in affaa	. d			
47		e organization engage in lobbying activit ," complete Schedule C, Part II		or(n) election in ellec		. 47		
48	Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E .	. 48		
49a	Did the	e organization make any transfers to an	exempt non-charitable	related organization?		. 49a		
b	If "Yes	," was the related organization a section	n 527 organization? .			. 49b		
50		ete this table for the organization's five				ees and key	employ	rees)
		ach received more than \$100,000 of cor Name and title of each employee	npensation from the org	ganization If there is (c) Reportable	none, enter "None " (d) Health benefits	s. (e) Es	stimated	amount
			hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to emplo	yee of oth		
NONE	=							
f	Total	number of other employees paid over s	100.000					
51	Compl	ete this table for the organization's five	highest compensated in	ndependent contractor	rs who each received mo	re than \$10	00,000 o	 f
	compe	nsation from the organization If there i	·		I # 1			
		(a) Name and business address of	each independent contr	actor	(b) Type of service	(c) Comp	ensation	1
NONE	=							
								_
								_
d	Total	number of other independent contractor	ors each receiving over	\$100,000				—
52		the organization complete Schedule A?		c)(3) organizations m		▶ □		
		•				· • 🗆 Y		
know		ies of perjury, I declare that I have exand belief, it is true, correct, and complet vledge						
		*****			2017-11-13			
Sign Here		Signature of officer Date						
пете	•	David A Konzek Finan Secretary Type or print name and title						
<u> </u>		Print/Type preparer's name Thomas McCaulley	Preparer's signature	Date	Check 🔲 if p	TIN 00081632		
Paid Pre	d parer	Firm's name ► CEDAR TAX & CONSU			self-employed Firm's EIN ▶			
	Only	Firm's address ▶ 1470 N 20TH ST			Phone no (360) 6	06-5262		
		WASHOUGAL, WA 9	86718278					
May t	he IRS	discuss this return with the preparer sh	own above? See instruc	ctions	<u></u> .	☑ Yes	□ No	
						F	- AAA E	7 (2016

Additional Data

Software ID: 16000303

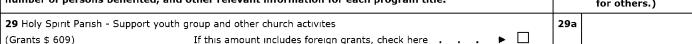
Software Version: 2016v3.0 **EIN:** 91-1526092

Name: Knights of Columbus Holy Spirit Council

10653

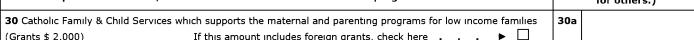
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(c	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 Columbus Charities whi	ch supports people with intellectual disibilities	28a		
(Grants \$ 468)	If this amount includes foreign grants, check here 🕨 🗌			

Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



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.

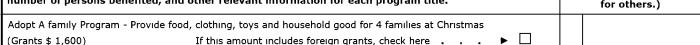
Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional
for others.)



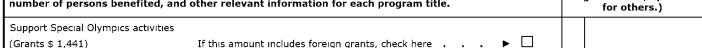
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

number of persons benef	for others.)		
Support Local St Joseph Ca	tholic School		
(Grants \$ 2,000)	If this amount includes foreign grants, check here	▶ □	

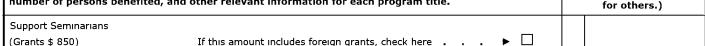
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



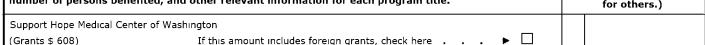
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i	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



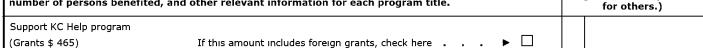
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional



·	
annicae na managurad bu ayunangan Tu a alany and annaina manunay danayiba tha annicae nyayidad tha 🕕	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

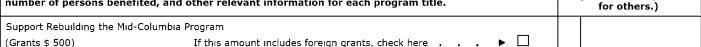


Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the	Expenses (Required for section 501(c)(3) and 501(c)(4)
services, as measured by expenses. In a clear and concise manner, describe the services provided, the	organizations; optional

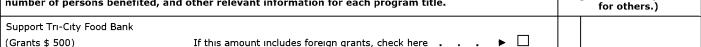


Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



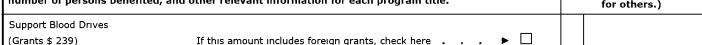
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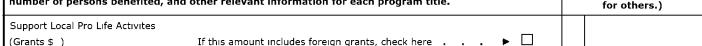
amiliana na managunad kur ayunamana. Tu a alang aud anggina magunan danagika tha angginan mgayidad, tha 🔝	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

number of persons benefited, and other relevant information for each program title.					for others.)		
Support Church fellowship by	cooking Sunday Breakfasts						
(Grants \$ 5,527)	If this amount includes foreign grants, check here				•		

• •	
services, as measured by expenses. In a clear and concise manner, describe the services provided, the	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional
number of persons benefited, and other relevant information for each program title.	organizations; optional

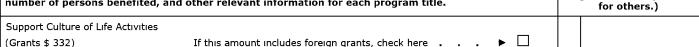


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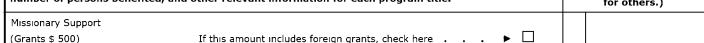


Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

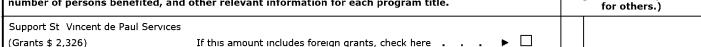
Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



, ,	
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.)



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number of persons benefited, and other relevant information for each program title.	for others.)



(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 Trentı Trustee	1 00	0		
David A Konzek Finan Secretary	8 00	0		
Kennneth Wise Trustee	1 00	0		
Robin A Rego Lecturer	1 00	0		
Stephen B Hunter Grand Knight	8 00	0		
Mathew J Haass Advocate	1 00	0		
Stan Hicks Warden	1 00	0		
Russell E Flye Recorder	1 00	0		
William A Brever Treasurer	3 00	0		
Bernard C Ip Trustee	1 00	0		
Darrell D Kahl Dep Grnd Knight	1 00	0		
Ray C Witt Inside Guard	1 00	0		
Roger Willis Chancellor	1 00	0		
Msgr Perron J Auve Chaplain	1 00	0		

DLN: 93492317015657 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Knights of Columbus Holy Spirit Council 10653 91-1526092 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

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. (b) Event #2 (c)Other events (a)Event #1 (d) Total events **Ice Cream Booth** Irrigation sprinkler (add col (a) through blowout Fair (total number) col (c)) Revenue (event type) (event type) 1 Gross receipts. 19,905 17,308 6,896 44,109 2 Less Contributions. 3 Gross income (line 1 minus 19,905 17,308 6,896 line 2) 44,109 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 11,354 2,077 3,453 16,884 10 Direct expense summary Add lines 4 through 9 in column (d) 16,884 11 Net income summary Subtract line 10 from line 3, column (d) . . . 27,225 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. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No	
13	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords			
	Name •						
	Address >						
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			anization 🕨 \$ and th	e			
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name ►						
	Address ►						
16	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilder$ $\$$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions						
а	,	te law to make charitable di	stributions from the gaming proceeds to		_		
_	retain the state gaming license?				☐ Yes	□No	
b	·		uted to other exempt organizations or spent				
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt	
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid				
	Return Reference		Explanation				
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492317015657						
SCHEDULE 0 Supplemental Information to Form 990 or 990-F7			OMB No 1545-0047			
SCHEDULE O (Form 990 or 990- EZ) Complete to provide 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.						
Internal Revenue & Name of the org Knights of Columbi 10653			Employer ider 91-1526092	Employer identification number 91-1526092		
990 Schedule	e O, Su	pplemental Information	·			
Return Reference		Explanation				
Other Revenue 2	Christmas Card Sales \$800					

990 Schedule O, Supplemental Information Return Explanation Reference Other Miscellaneous \$500 Revenue 3

990 Schedule O, Supplemental Information Return Explanation Reference Other Initiations \$10 Revenue 5

990 Schedule O, Supplemental Information Return Explanation

Reference	
	Conferences, Conventions, and Meetings \$1457
Expenses 1007	

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$199 Expenses 1012

Other

990 Schedule O, Supplemental Information Return Explanation Reference Other Misc \$6069 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Council Breakfasts/Dinners \$5527
Expenses 2

990 Schedule O, Supplemental Information Return Explanation

Reference	
Other	St Vincent de Paul Support \$2326
Evnoncoc 3	

990 Schedule O, Supplemental Information Return Explanation Reference Other Catholic Schools \$2000

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference

Other Catholic Charities \$2000 Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other Hope Medical \$2000 Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Equipment repairs \$1736
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other Adopt-A-Family Program \$1600 Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other Special Olympics \$1441
Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other Seminarian Support \$850
Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other Holy Spirit Parish \$608
Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other | Missionary Support \$500 |
Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Other Mid-Columbia Rebuild Program \$500
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Other Tri City Food Bank \$500 Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Columbus Charities \$468
Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference Other KC Help program \$465

Expenses 16

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Other

Supreme Culture of Life \$332 Expenses 17

990 Schedule O, Supplemental Information Return Explanation Reference

Other Blood Drives \$239
Expenses 18

990 Schedule O, Supplemental Information Return Explanation Reference

Other State Exemplification Fees \$28
Expenses 19

Return Explanation

990 Schedule O, Supplemental Information

Assets 1003

Reference
Other Machinery and Equipment - Beginning \$26294 Machinery and Equipment - Ending \$26294