



990-EZ

COUNCIL 140

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2018 calendar year, or tax year beginning **, 2018, and ending**, 20

B Check if applicable	C Name of organization KNIGHTS OF COLUMBUS COUNCIL 140		D Employer identification number 0 2-0154973
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) P O BOX 609		E Telephone number 603-436-8259
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code GREENLAND N H 03840		F Group Exemption Number ► 0188
<input type="checkbox"/> Final return/terminated			08
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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: ►

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

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **10,493 18****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

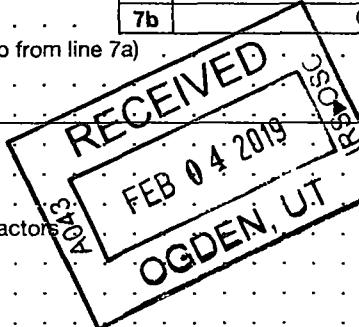
1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	0
3 Membership dues and assessments	3	780 00
4 Investment income	4	(21,001 12)
5a Gross amount from sale of assets other than inventory	5a	0
b Less: cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Gaming and fundraising events:		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	4,409 65
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	0
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,409 65
7a Gross sales of inventory, less returns and allowances	7a	0
b Less: cost of goods sold	7b	0
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	26,304 65
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10,493 18
10 Grants and similar amounts paid (list in Schedule O)	10	0
11 Benefits paid to or for members	11	0
12 Salaries, other compensation, and employee benefits	12	0
13 Professional fees and other payments to independent contractors	13	0
14 Occupancy, rent, utilities, and maintenance	14	0
15 Printing, publications, postage, and shipping	15	0
16 Other expenses (describe in Schedule O)	16	39,969 85
17 Total expenses. Add lines 10 through 16	17	39,969 85
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(29,476 67)
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	263,458 81
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	233,982 14

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2018)

SCANNED MAR 22 2019 Revenue Expenses



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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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	263,458 81	22 233,982 14
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	263,458 81	25 233,982 14
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	263,458.81	27 233,982 14

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
	Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	
What is the organization's primary exempt purpose?	We are a charitable and fraternal organization	
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	We gave \$4,440 12 for Church support		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a
29	We gave special needs children \$3,753 99		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a
30	We gave \$2,700 for Catholic education		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32	Total program service expenses (add lines 28a through 31a)		32

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 <input type="checkbox"/>

(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
Robert Allard - Grand Knight	8	0		0
Joseph Gagnon - Deputy Grand Knight	8	0	0	0
Francis Sheehan - Chancellor	8	0	0	0
Don Miller - Rec Secretary	8	0	0	0
Robert Valen - Treasurer	8	0	0	0
Pete Johnson - Fin Secretary	8	0	0	0
Timothy Connors - Advocate	2	0	0	0
Brian O'Hara - Warden	2	0	0	0
Warren Goddard - Outside Guard	2	0	0	0
Mark Larrivee - Inside Guard	2	0	0	0
Danti Tusu - Lecturer	2	0	0	0
Lee Seifert - Trustee	2	0	0	0
Gil Travers - Trustee	2	0	0	0
Dan Denman - Trustee	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

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

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?

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

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

a Initiation fees and capital contributions included on line 9

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42a The organization's books are in care of ► Pete Johnson Telephone no. ► 603-988-4210
Located at ► 9 Beane Lane, Newington, ZIP + 4 ► 03801

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 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 United States?
If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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

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

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

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

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

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37a	0	
37b	✓	
38a	✓	
38b		
39a		
39b		
40b		
40c		
40d		
40e	✓	
42b	✓	
42c	✓	
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b	✓	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		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	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	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 ► 0

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 ► 0

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	<i>Francis R. Sheehan</i>	Date <i>1/18/19</i>
	Signature of officer Francis R. Sheehan - Chancellor Council 140	
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 980 or Form 990-EZ.

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

Name of the organization

Employer identification number

02-0154973

Knights of Columbus Council 140

Part I | Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Fundraising Activities. Complete if the organization answers "Yes".
Form 800 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.

2a. Which of the organization's funds may be used for 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

2b. 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.

(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" 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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				

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			4,409 65	4,409 65
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 checked="" type="checkbox"/> Yes 100 % <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) ►				4,409 65

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

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: _____

New Hampshire

11	Does the organization conduct gaming activities with nonmembers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	0 %
b	An outside facility	13b	100 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		

Name ► Dan Denman

Address ► 480 Bracket Rd Rye, NH 03870

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 ► \$ 4,409.65 and the amount of gaming revenue retained by the third party ► \$ 12,599

c If "Yes," enter name and address of the third party:

Name ► Cheers Poker Room and Casino

Address ► 286 North Broadway - Salem, NH 03079

16 Gaming manager information:

Name ► Dan Denman

Gaming manager compensation ► \$ 599 \$599

Description of services provided ► Teas Hold Em Chairman

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 to be 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.

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

OMB No. 1545-0047

2018Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS COUNCIL 140

Employer identification number

02-0154973

FORM 990 EZ - LINE 8 OTHER REVENUE

ASSEMBLY 1445 - \$10,000

TOOTSIE ROLL DRIVE - \$3,713.99

SEAFOOD FESTIVAL - \$1,200.00

MISCELLANEOUS - # \$1,394.59

CHRISTMAS CAEDS - \$331.95

CHRISTMAS WAFFERS - \$268.00

COUNCIL JACKETS & CLOTHING - \$149.00

SCHOLARSHIP FUND - \$50.00

FORM 990 EZ - LINE 16 - OTHER EXPNSES

SUPREMRE COUNCIL - \$834.72

STATE COUNCIL - \$1,573.40

CHURCH SUPPORT - \$5,305.00

CLERGY SUPPORT - \$200.00

COMMUNITY SOCIAL ACVTIVITY - \$1,650.00

FOOD FOR CROSSROADS - \$710.98

LIITTLE LEAGUE BASRBALL TEAM - \$778.10

LOCAL FUNDRAISER RUPPORT - \$1,500.00

MISC CHARITIES - \$925.12

PEASE GREETERS SUPPORT - \$694.50

PRO LIFE - NEW GENERATIONS - \$1,200.00

SCHOLARSHIPS - \$3,200.00

SEMINARIANS - \$1,700.00

Name of the organization

KNIGHTS OF COLUMBUS COUNCIL 149

Employer identification number

02-0154973

TOOTSIE ROLL DRIVE - \$3,733.99

WIDOWS POINSETTIAS - \$359.52

YOUTH ACTIVIES - \$324.12

NH VETERANS HOME - \$400.00

SPA BASKETBALL COURT - \$2,500.00

SPECIAL OLYMPICS - \$500.00

CAMP ALLEN - \$850.00

SRACOAST BIRTHRIGHT - \$100.00

UNH STUDENTS FOR LIFE - \$200.00

MEDICAL MISSIONARIES OF MARY - \$250.00

CONVENTIONS AND MEETING - \$1,616.71

COUNCIL AWARDS - \$950

FOOD FOR MEETINGS - \$926.11

FS TREASURER,RECORDER EXPENSES - \$1,800

ADVERTISING - \$550.95

MISC. - \$336.00

SUPPLIES - \$384.88

TEXAS HOLD EM EXPENSES - \$600.00

TRAVREL & ENTERTSAINMENT - \$50.00

COUNCIL CLOTHING - \$542.00