

Form 990EZ

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

2018

Open to  
Public  
Inspection**A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018**
**B Check if applicable**

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

<b>C Name of organization</b>	KNIGHTS OF COLUMBUS 612	<b>D Employer identification number</b>	48-6131596
Number and street (or P O box, if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b>
1200 W 15TH			(620) 663-1736
City or town, state or province, country, and ZIP or foreign postal code			<b>F Group Exemption Number</b>
HUTCHINSON, KS 67501			► 0188

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ►**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( 8) ► (insert no)  4947(a)(1) or  527**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Form of organization**  Corporation  Trust  Association  Other **NON PROFIT****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 ► \$ 151,099****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 Program service revenue including government fees and contracts . . . . .	2	9,600
	3 Membership dues and assessments . . . . .	3	11,155
	4 Investment income . . . . .	4	4
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	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	
Expenses	c Less direct expenses from gaming and fundraising events . . . . .	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	130,340
	b Less cost of goods sold . . . . .	7b	58,941
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	71,399
	8 Other revenue (describe in Schedule O) . . . . .	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	92,158
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	17,470
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
Net Assets	13 Professional fees and other payments to independent contractors . . . . .	13	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	2,553
	16 Other expenses (describe in Schedule O) . . . . .	16	72,128
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17	92,151
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	7
	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	245,874
	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	245,881

Part II Balance Sheets (see the instructions for 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
<b>22 Cash, savings, and investments</b> . . . . .	36,705	<b>22</b> 27,077
<b>23 Land and buildings</b> . . . . .	209,169	<b>23</b> 218,804
<b>24 Other assets (describe in Schedule O)</b> . . . . .	<b>24</b>	
<b>25 Total assets</b> . . . . .	245,874	<b>25</b> 245,881
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	<b>26</b>	
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	245,874	<b>27</b> 245,881

**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

**Expenses**  
(Required for section 501(c)  
(3) and 501(c)(4)  
organizations, optional for  
others )

What is the organization's primary exempt purpose?

## What is the organization RELIGIOUS EDUCATION

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 . . . ►

28

**29** See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here . . . ►

---

**30** See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here  ►

31 Other program services (describe in Schedule Q) \_\_\_\_\_

If the answer includes a *for your records* check box, check here.

(Grants \$ )

If this amount includes foreign grants, check here . . . ►

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 C to respond to any question in this Part IV.



**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

 Yes No

**Part VI Section 501(c)(3) organizations only**

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

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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

47

 Yes No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48

 Yes No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a

 Yes No

**b** If "Yes," was the related organization a section 527 organization? . . . . .

49b

 Yes No

**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

**f** Total number of other employees paid over \$100,000 . . . . . ►

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ►

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

\*\*\*\*\*  
Signature of officer

2019-05-16

Date

JAY RUSSELL FINANCIAL SECRETARY  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name FRANCIS G HAGEMAN	Preparer's signature	Date 2019-05-16	Check <input type="checkbox"/> if self-employed	PTIN P00369439
	Firm's name ► HAGEMAN ACCOUNTING CO			Firm's EIN ► 48-1195990	
	Firm's address ► 406 N MAIN HUTCHINSON, KS 67501			Phone no (620) 663-5841	

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

## Additional Data

**Software ID:** 18007443

**Software Version:**

**EIN:** 48-6131596

**Name:** KNIGHTS OF COLUMBUS 612

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p><b>28</b> COLLECT FUNDS FROM PUBLIC TO ASSIST PHYSICALLY AND MENTALLY HANDICAPPED PERSONS-ANNUAL TOOTSIE ROLL DRIVE (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>28a</b></p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>29</b> SELL PIZZAS AND REFRESHMENTS AT STATE FAIR-MONIES RAISE TOWARD RELIGIOUS EDUCATION PROBLEMS IN HUTCHINSON AND SURROUNDING AREA (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>29a</b></p>

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>
<p><b>30</b> ANNUAL SAUSAGE DINNER MONIES RAISED TOWARD RELIGIOUS EDUCATION IN HUTCHINSON TRINTY HIGH SCHOOL (Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p><b>30a</b></p>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

**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](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**Name of the organization  
KNIGHTS OF COLUMBUS 612Employer identification number  
48-6131596**990 Schedule O, Supplemental Information**

Return Reference	Explanation
990EZ PART 1 LINE 10	CHARITABLE DONATIONS 5567 CHRISTMAS GIFT 3950 EDUCATION FUND 1000 FIRE VICTIMS 500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 10	SEMINARIAN 2500 SPECIFIC PURPOSE TOOTSIE ROLLS 2610 PENNY'S FROM HEAVEN 13423

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	BAR TENDER 2537 COMPUTER 109 EASTER EGG HUNT 124

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	FINANCIAL SECRETARY 825 FIRE SAFETY 52 INSURANCE 8208

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	K OF C SOFTBALL TOURNEY EXP 1834 LICENSES AND PERMITS 385 LIQUOR TAX 2573

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	MAJOR DEGREE 150 STATE COUNCIL 1550 SUPREME COUNCIL 1803

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	ACCOUNTING 330 PROPERTY TAX 6496 DISCREPENCIES 1 PO BOX 90

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	REPAIRS 1215 BUILDING REPAIRS 760 EQUIPMENT REPAIR 1074 REPAIRS FAIR STAND 1762

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	SALES TAX 6703 SOFTBALL TOURNEY 199 SUPPLIES 276 CLEANING 3349

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	MOTEL ROOM 358 TRAVEL 139 UTILITIES 692 CABLE TV 4249

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	GAS AND ELECTRIC 10183 WATER 312 OTHER EXPENSES 1976

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	CHECKS 151 SAUSAGE DINNER 5316 SAUSAGE DINNER START UP 665

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	TERMIT CONTROL 340 TERMITE YEARLY RENEWAL 40 TOOTSIE ROLL PURCHASE 975 TRASH 1284

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
990EZ PART 1 LINE 16	TREES 229 DEPRECIATION 2814