

Form 990-EZ

## 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  
InspectionDepartment 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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2018 calendar year, or tax year beginning</b>		<b>, 2018, and ending</b>	<b>, 20</b>
<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <input type="text" value="Knights of Columbus #10047"/> <b>D Employer identification number</b> <input type="text" value="54-2183166"/>	
		<b>E Telephone number</b> <input type="text" value="402-332-3840"/>	
		<b>F Group Exemption Number</b> <input type="text" value="00"/>	
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> <input type="text" value=""/>		<b>H Check</b> <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B</b> <input type="checkbox"/>	
<b>I Website:</b> <input type="text" value="http://www.knights.org"/>		(Form 990, 990-EZ, or 990-PF) <input type="checkbox"/>	
<b>J Tax-exempt status (check only one)</b> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other			
<b>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.</b> <input type="checkbox"/> \$ <input type="text" value="000"/>			
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <input checked="" type="checkbox"/>			
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	<input type="text" value="30,758"/>
	2	Program service revenue including government fees and contracts	<input type="text" value="5,616"/>
	3	Membership dues and assessments	<input type="text" value="6,192"/>
	4	Investment income	<input type="text" value="000"/>
	5a	Gross amount from sale of assets other than inventory	<input type="text" value="5a"/>
	b	Less: cost or other basis and sales expenses	<input type="text" value="5b"/>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<input type="text" value="5c"/>
	6	Gaming and fundraising events:	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	<input type="text" value="6a"/>
	b	Gross income from fundraising events (not including \$ <input type="text" value="30,758"/> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<input type="text" value="6b"/> <input type="text" value="46,962"/>
	c	Less: direct expenses from gaming and fundraising events	<input type="text" value="6c"/> <input type="text" value="45,090"/>
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<input type="text" value="6d"/> <input type="text" value="1,872"/>
	7a	Gross sales of inventory, less returns and allowances	<input type="text" value="7a"/>
	b	Less: cost of goods sold	<input type="text" value="7b"/>
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<input type="text" value="7c"/>
	8	Other revenue (describe in Schedule O)	<input type="text" value="8"/>
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<input type="text" value="9"/> <input type="text" value="44,438"/>
Expenses	10	Grants and similar amounts paid (list in Schedule O)	<input type="text" value="10"/>
	11	Benefits paid to or for members	<input type="text" value="11"/>
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	<input type="text" value="12"/>
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	<input type="text" value="13"/>
	14	Occupancy, rent, utilities, and maintenance	<input type="text" value="14"/>
	15	Printing, publications, postage, and shipping	<input type="text" value="15"/>
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	<input type="text" value="16"/>
	17	<b>Total expenses.</b> Add lines 10 through 16	<input type="text" value="17"/> <input type="text" value="51,186"/>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<input type="text" value="18"/> <input type="text" value="-6,748"/>
	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)	<input type="text" value="19"/> <input type="text" value="31,990"/>
	20	Other changes in net assets or fund balances (explain in Schedule O)	<input type="text" value="20"/>
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<input type="text" value="21"/> <input type="text" value="25,242"/>

**7 Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	21,990	22 15,242
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	10,000	24 10,000
25	<b>Total assets</b>	31,990	25 25,242
26	Total liabilities (describe in Schedule O)	26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	31,990	27 25,242

**7 Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? \_\_\_\_\_

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.

7 28 \_\_\_\_\_

7	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	▶ <input type="checkbox"/>	28a	7
29	_____	_____	_____	_____
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	▶ <input type="checkbox"/>	29a	_____
30	_____	_____	_____	_____
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	▶ <input type="checkbox"/>	30a	_____
31	Other program services (describe in Schedule O) _____	_____	_____	_____
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	▶ <input type="checkbox"/>	31a	_____
32	<b>Total program service expenses</b> (add lines 28a through 31a) _____	▶ <input type="checkbox"/>	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 

7 (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
Donald Rockwell				
Grand Knight		0	0	0
James Hain				
Deputy Grand Knight		0	0	0
Adam Noonan				
Recorder		0	0	0
Marty Stednitz				
Financial Secretary		0	0	0
Greg Reitmeyer				
Treasurer		0	0	0
James Barnes				
Trustee		0	0	0
Randy Meerlan				
Trustee		0	0	0
Duane Benes				
Trustee				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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	✓
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	
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40a	
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	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	
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	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►	42b	✓
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).	42c	✓
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 ►	42d	
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	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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	45b	✓

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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>Part VI Section 501(c)(3) Organizations Only</b>					
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 <input type="checkbox"/>					
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/> 7		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a			
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 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)		
<b>f Total number of other employees paid over \$100,000</b>		►			
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		
<b>d Total number of other independent contractors each receiving over \$100,000</b>		►			
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	<i>Marty W. Stednitz</i> Signature of officer		<i>5-15-2019</i> Date		
	<i>Marty W. Stednitz Financial Secretary</i> 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				► <input type="checkbox"/> Yes <input type="checkbox"/> 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

ANSWER

Signature of officer W. Deam Date 5-15-2019

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

Marly W. Steinitz Financial Secretary

Type or print name and title

**Paid** Print/Type preparer's name Preparer's signature Date Check  if **PTIN**

Preparer \_\_\_\_\_ self-employed \_\_\_\_\_

**Firm's name ►** **Firm's EIN ►**

**Use Only** Firm's address ► **Phone no.**

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

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**Knights of Columbus #10047**

Employer identification number

**542183166**

**Part I, Line 16: Other expenses**

**Donations and gifts** **36,762**

**Dues and assessments** **5,806**

**Meeting expenses** **4,792**

**Other expenses** **2,924**

**Insurance** **475**

**Advertising** **427**

**Total other expenses, line 16** **51,186**