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)

2018

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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.

Open to Public Inspection

A	For the	2018 calend	ar year, or tax year beginning , 2018, a	nd ending			, 20		
B	Check if ap	k if applicable C Name of organization D En			D Emplo	D Employer identification number			
	Address c	ess change St. Theresa K of C Council 8058				72-0951746			
	Name cha				E Telephone number				
=	Initial retu		645 Lori Ln.			(337) 593-7709			
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	4	F Grou	Group Exemption			
=		n pending	Sulphur, LA 70665	10	Num	ber ▶	0188		
111111		ting Method	Cash	Н	Check ▶	if	the organization is not		
	Nebsite	•					ch Schedule B		
JΤ	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or	<u></u>	(Form 99	0, 990-	EZ, or 990-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other						
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total	assets				
			5500,000 or more, file Form 990 instead of Form 990-EZ		(► \$			
1	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	es (see the	instruc	tions	for Part I)		
			the organization used Schedule O to respond to any question						
	1		ons, gifts, grants, and similar amounts received			1	100		
	2		ervice revenue including government fees and contracts		[2			
	3	_	ip dues and assessments		[3	3,136		
	4	Investmen	· .			4			
	5a		ount from sale of assets other than inventory 5a		· · ·				
	Ь		or other basis and sales expenses	·					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line)	ne 5a)		5c			
	6			10 00,	· · · h				
	a	Gross inc	Gaming and fundraising events: Gross income from gaming lattach Schedule & f greater than						
0		\$15,000)		84,579					
Revenue	Ь			contribution					
Š		from fundr	aising events reported on line 1) attach Schedule G if the	COMMIDGINO	.				
Œ	1	sum of suc	th gross income and committee acceeds \$15,000) 6b		55,816	į			
	c		t expenses from gaming and fundraising events 6c		70,434				
	ď	Net incom							
	"	line 6c)	e or (loss) from ganing and fundraising events (add lines 6a and		/	6d	69,961		
	7a	•	l li		03,301				
	, a		s of inventory, less returns and allowances	_ · · · · · · · · · · · · · · · · · ·					
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c			
	8	Other revenue (describe in Schedule O)							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					73,197		
	10		I similar amounts paid (list in Schedule O)		- 1	9	, 0, 10,		
	11		aid to or for members			11			
w	1		ther compensation, and employee benefits	·	12				
Š	12		al fees and other payments to independent contractors	·	13				
Expenses	14		/, rent, utilities, and maintenance	· ·	14	61,202			
	15	•	ublications, postage, and shipping	· · ·	15	01,202			
	16	• • •	· ·	16	······································				
	17	•	enses (describe in Schedule O)	-	17	61,202			
	18		(deficit) for the year (Subtract line 17 from line 9)			18	11,995		
ş	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with					11,333		
SSB	'		r figure reported on prior year's return)			19	79,489		
Ť.	20	-	ages in net assets or fund balances (explain in Schedule O)		-	20	79,48 9 16,235		
Net Assets	20				. r	21			
	21				• •	Æ!	63,254 Form 990-EZ (2018)		
ro!	rapen	work Reduct	ion Act Notice, see the separate instructions. Cat.	No. 10642l			1 OITH OOO TEE (2010)		

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Par		or Part II)				r age a
1 611	Check if the organization used Schedule		ny question in this I	Part II		🗆
				(A) Beginning of year	T	(B) End of year
22	Cash, savings, and investments		[32,944	22	27,33
23	Land and buildings		[294,000	23	261,33
24	Other assets (describe in Schedule O)		[24	
25	Total assets			326,944		288,66
26	, , , , , , , , , , , , , , , , , , , ,		<u>-</u>	247,456		225,41
27	Net assets or fund balances (line 27 of column			79,489	27	63,25
Par						Expenses
14/1	Check if the organization used Schedule tis the organization's primary exempt purpose?				(Rec	uired for section
	•	-1				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplistes reasured by expenses. In a clear and concise m cons benefited, and other relevant information for ea	anner, describe the	t its three largest pi e services provided	rogram services, , the number of	othe	inizations; optional for ers.)
28						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	1
29						
	/O	includes foreign and	uto abadi bara		29a	
30	<u> </u>		ints, check here .		230	
30						
						1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a t				32	<u> </u>
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a				<u> L</u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensatio		other compensation
			(ii flot paid, effect 40-)	deterred compensatio	" -	·
Willia	ım (Bill) Stetz, Grand Knight				0	•
	Is Thoronto Donate Crond Knight	6	0		~	
Deric	k Ebersole, Deputy Grand Knight	2			0	
Doug	las Como, Treasurer	<u> </u>	<u>_</u>		Ť-	
HARA		4	o		0	
Steve	en Coco, Financial Secrtary					
		4	0		0	
Dona	ld Ebersole, One Year Trustee					
		2	0		0	
Paul	(Wallace) Drounette, Two Year Trustee	ļ				
		2	0		0	
Terry	Hendrix, Three Year Trustee					,
		2	0		이	
		1				
		<u> </u>			\top	
		1				
					\top	
		1				

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		ie	
			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		1
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		
ь	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		1
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	L	1
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		1
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	,		
b	Gross receipts, included on line 9, for public use of club facilities	1		1
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			ľ
	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			
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		_
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 ►			
ь	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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 ▶	42b		1
	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 United States? . If "Yes," enter the name of the foreign country ▶	42c		√
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	• •	. 1	▶ □
			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		✓
	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	_	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L	✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	-		
45	explanation in Schedule O	44d 45a		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		-
U	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		1

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	<u> </u>			· · · · · · · · · · · · · · · · · · ·	····	 		Yes	No
46		ne organization engage, directly or inc							
	to car	ndidates for public office? If "Yes," co	omplete Schedule C	, Part I		· · · · ·	. 46		1
Part		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			•	ne tables	for lin	ies
		Check if the organization used Sch	ledule O to respond	to any question	II ulis Fall	VI	· · · · <u>· -</u>	Yes	No
47		he organization engage in lobbying a		section 501(h) elec	ction in eff	ect during the	tax - 47		110
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	. 48		1
49a b	Did th	ne organization make any transfers to s," was the related organization a sec	an exempt non-cha ction 527 organization	ritable related orga on?	anization?		. 49b	,	
50	Comp	plete this table for the organization's to be objected the property of the plant in the property of the proper	five highest compen	sated employees (othor than ganization.	officers, direct . If there is nor	tors, trusto ne, enter "l	cs, ar None.	nd key "
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	ealth benefits, tions to employee lans, and deferred mpensation			
			- , , 						
									
									
									·
51 	Comp \$100,	number of other employees paid over olete this table for the organization's ,000 of compensation from the organ Name and business address of each independent	s five highest componization. If there is no	ensated independe		<u> </u>	h received		e than
				1					
				***** \$100 000					
52	Did t	number of other independent contraction complete Schedule A			rganization	s must attac	ha . ⊳∐Ye :	s 🗆	No
Under p true, cor	enalties rect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	etum, including accompan officer) is based on all info	lying schedules and statement of which prepa	ements, and t rer has any kr	o the best of my k lowledge.	nowledge an	d belief	, rt ıs
		NWW 788				3/7/1	9		· · · · ·
Sign Here		Signature of officer William J. Stetz Grand Knight				Daté	,		
		Type or print name and title	10		Della	· · · · · · · · · · · · · · · · · · ·	Lower		
Paid Prep		Pnnt/Type preparer's name	Preparer's signature		Date	Check self-empk	- 1		
Use (Firm's name ▶				Firm's EIN ▶		 	
May +L	o IBC	Firm's address discuss this return with the propagator	shown above? See	instructions		Phone no.	▶ □ v -		No
		Firm's address ▶ discuss this return with the preparer	shown above? See	instructions		Phone no.	► □ Ye	s 🗆	No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 72-0951746 St. Theresa K of C Council 8058 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV. line 17. Part I 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. e Solicitation of non-government grants ☐ Solicitation of government grants f Internet and email solicitations ☐ Special fundraising events ☐ Phone solicitations 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (or retained by) fundraiser listed in (i) Name and address of individual custody or control of contributions? (or retained by) (ii) Activity from activity or entity (fundraiser) organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 **Total** 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.

	art II	(Form 990 or 990-EZ) 2018 Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 Meals	(b) Event #2	(c) Other events	(d) Total events (add col. (a), through
4			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	31667	24150		55816
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	31667	24150		55816
	4	Cash prizes				
	5	Noncash prizes				
sasue	6	Rent/facility costs		3300		3300
Direct Expenses	7	Food and beverages	6190			6190
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtr	9490 46326			
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue	84579	46300	- 0	130897
sesued	2	Cash prizes	57248	33484		90732
Exper	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses .		<u></u>		
	6	Volunteer labor	✓ Yes 100 % No	✓ Yes 100 %☐ No	☐ Yes%	9 -
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		90732
	8	Net gaming income summar	y. Subtract line 7 from l	ne 1, column (d)	<u> ▶</u>	40147
	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	onduct gaming activities	s in each of these states	s?	
10	a W	ere any of the organization's g	gaming licenses revoked	I, suspended, or termin	ated during the tax year	? . □ Yes ☑ No

b If "Yes," explain:

Schedu	ela G (Form 990 or 990-EZ) 2018		Page 3
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 activity conducted in:		
а	The organization's facility		100 %
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► William (Bill) Stetz		
	Address ▶ 421 Primrose Dr, Sulpur LA 70665		
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 ▶ \$		
С	If "Yes," enter name and address of the third party.		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ► William (Bill) Stetz, 421 Primrose Dr, Sulpur LA 70665		
	Gaming manager compensation ▶ \$0		
	Description of services provided ▶ Manages all aspsects of Bingo & Pull tabs		
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	✓ No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and (nal infor	(v); and mation.
			,

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

St. Theresa K of C Council 8058	720951746
Line 20 Equity gained in land & building	
The same of the sa	
	1
•	
•	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
·	