

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 for the latest information.

OMB No 1545-1150

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

C Name of organization
KNIGHTS OF COLUMBUS
DBA ST JOHN NEUMANN COUNCIL 8305
Number and street (or P O box, if mail is not delivered to street address) Room/suite
10498 N FRONTAGE RD 102
City or town, state or province, country, and ZIP or foreign postal code
YUMA, AZ 85365

D Employer identification number
74-2517600
E Telephone number
(928) 210-7205
F Group Exemption Number

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: N/A

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 121,690

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	245		
	2	Program service revenue including government fees and contracts		2			
	3	Membership dues and assessments		3	2,997		
	4	Investment income		4			
	5a	Gross amount from sale of assets other than inventory	5a		5c		
	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)					
	6	Gaming and fundraising events		6d	36,241		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			92,270	
	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	26,178
	c	Less direct expenses from gaming and fundraising events	6c			82,207	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
7a	Gross sales of inventory, less returns and allowances	7a		7c			
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
8	Other revenue (describe in Schedule O)		8				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	39,483			
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	9,945		
	11	Benefits paid to or for members		11			
	12	Salaries, other compensation, and employee benefits		12	310		
	13	Professional fees and other payments to independent contractors		13	1,017		
	14	Occupancy, rent, utilities, and maintenance		14			
	15	Printing, publications, postage, and shipping		15	119		
	16	Other expenses (describe in Schedule O)		16	13,057		
	17	Total expenses. Add lines 10 through 16		17	24,448		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	15,035		
	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	30,591		
	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	45,626		

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

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Expenses

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

Promote family activities which will help children and families see the Catholic Church as a guide in their lives. We raise and distribute funds to assist our community, our parish, other organizations and some individuals who are in need.

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.

(Grants \$) If this amount includes foreign grants, check here . . . ☐

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 O)

(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

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

Form **990-EZ** (2018)

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	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
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
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	No
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	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		
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
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 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	40e	No
41 List the states with which a copy of this return is filed ▶ AZ		
42a The organization's books are in care of ▶ LARRY LICKFELT Telephone no ▶ (712) 223-2907		
Located at ▶ 10498 N FRONTAGE RD 102 YUMA , AZ ZIP + 4 ▶ 85365		
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)?	42b	No
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 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		
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
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	No
c 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 explanation in Schedule O	44d	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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

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
NONE				

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
NONE		

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
LARRY J LICKFELT Financial Sec
Type or print name and title

2019-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name
Rex A Pope

Preparer's signature

Date

Firm's name Shippen Pope & Associates PLLC

Firm's address 200 E 16th St Ste 200
Yuma, AZ 85364

Check ☐ if self-employed

PTIN P00465648

Firm's EIN 81-3095180

Phone no (928) 726-9470

May the IRS discuss this return with the preparer shown above? See instructions

Yes

No

Form 990-EZ (2018)

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 74-2517600
Name: KNIGHTS OF COLUMBUS
DBA ST JOHN NEUMANN COUNCIL 8305

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.)	
28 PROVIDE FINANCIAL AND OTHER SUPPORT TO YOUTH INCLUDING PROVIDING FUNDING FOR YOUTH RETREATS (Grants \$ 6,250) If this amount includes foreign grants, check here . . . ☐		28a	

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.)
29 PROVIDE VARIOUS LOCAL ORGANIZATIONS SUCH AS AMEN, YUMA COMMUNITY FOOD BANK, CROSSROADS MISSION, SPECIAL OLYMPICS, ETC WITH FINANCIAL SUPPORT AND SERVICE (Grants \$ 1,100) If this amount includes foreign grants, check here . . . ☐	29a

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.)	
30 PROVIDE FINANCIAL AND OTHER SUPPORT TO KOFC STATE COUNCIL AND ST JOHN NEUMANN PARISH (Grants \$ 2,595) If this amount includes foreign grants, check here . . . ☐	30a	

Form 990EZ, 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. ☒

(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
RUDOLPH J MAIKIS INSIDE GUARD	1 00	0		
LARRY J LICKFELT Financial Sec	1 00	0		
RAYMOND L JAY GRAND KNIGHT	1 00	0		
VINCENT DE PAUL MAYFIELD DEPUTY GK	1 00	0		
DOUGLAS H SINRUD JR 3 YEAR TRUSTEE	1 00	0		
WILLIAM D LEAHY CHANCELLOR	1 00	0		
Larry T Markham ADVOCATE	1 00	0		
Joe L Campbell Treasurer	1 00	0		
Steven M Miller WARDEN	1 00	0		
ROBERT J LECORCHICK OUTSIDE GUARD	1 00	0		
LAWRENCE G ORNELLAS RECORDER	1 00	0		
JOHNIE W SCHIEMER TWO YR TRUSTEE	1 00	0		
JEROME J WHALEN ONE YR TRUSTEE	1 00	0		
REV MARTINS A EDOKA CHAPLAIN	1 00	0		
ROBERT M PRATT LECTURER	1 00	0		

Supplemental Information Regarding Fundraising or Gaming Activities

2018

Open to Public Inspection

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
▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

74-2517600

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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
- b** 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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		RAFFLE (event type)	BINGO LUNCHESES (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	5,850	5,579	5,381	16,810
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	5,850	5,579	5,381	16,810
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		200		200
	8 Entertainment				
	9 Other direct expenses	5,840		3,624	9,464
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				9,664
	11 Net income summary Subtract line 10 from line 3, column (d) ►				7,146

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue	92,270		
Direct Expenses	2 Cash prizes	54,420			54,420
	3 Noncash prizes				
	4 Rent/facility costs	8,550			8,550
	5 Other direct expenses	8,529			8,529
	6 Volunteer labor	☒ Yes 100 000 % ☐ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				71,499
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				20,771

9 Enter the state(s) in which the organization conducts gaming activities AZ

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 _____

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			
a The organization's facility	<table border="1" style="display: inline-table;"><tr><td style="width: 100px;">13a</td><td style="width: 100px; text-align: right;">%</td></tr></table>	13a	%
13a	%		
b An outside facility	<table border="1" style="display: inline-table;"><tr><td style="width: 100px;">13b</td><td style="width: 100px; text-align: right;">100 000 %</td></tr></table>	13b	100 000 %
13b	100 000 %		

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► VINCENT MAYFIELD

Address ► 11336 E Via Canada
YUMA, AZ 85367

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 ► \$ _____

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ 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 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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

KNIGHTS OF COLUMBUS
DBA ST JOHN NEUMANN COUNCIL 8305

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

2018

**Open to Public
Inspection**

Employer identification number

74-2517600

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name ST JOSEPH'S YOUTH CAMP Donee's Address PO BOX 23658 TEMPE AZ 85285 Cash Amount Given \$6250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1286

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$4805

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Supplies \$6105

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Equipment Repairs \$2184

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Dues & Subscriptions \$1001

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Miscellaneous \$648

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Badges \$268

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Depreciation on Gaming Sch \$-3240

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$9859 Machinery and Equipment - Ending \$19440