

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
IMMACULATE HEART OF MARY COUNCIL #12845
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1343 CENTERVILLE LANE
City or town, state or province, country, and ZIP or foreign postal code
GARDNERVILLE, NV 89410

D Employer identification number
88-0498247
E Telephone number
(775) 782-2852
F Group Exemption Number 0188

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 \$ 90,368

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	2,970
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,965
	4	Investment income	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	64,528
	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	19,900
Expenses	c	Less direct expenses from gaming and fundraising events	6c	57,944
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,484
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	5
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	32,424
	10	Grants and similar amounts paid (list in Schedule O)	10	25,691
	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	281
	16	Other expenses (describe in Schedule O)	16	4,674
	17	Total expenses. Add lines 10 through 16	17	30,646
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,778
	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	29,479
	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	31,257

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	29,345	22	31,209
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	134	24	48
25 Total assets	29,479	25	31,257
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)	29,479	27	31,257

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?
TO PROVIDE MUTUAL AID AND ASSISTANCE TO SICK, DISABLED, AND NEEDY MEMBERS AND THEIR FAMILIES TO PROMOTE SOCIAL AND INTELLECTUAL FELLOWSHIP AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE, WAR RELIEF, AND PUBLIC RELIEF WORKS

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
See Additional Data Table

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

28a

29 See Additional Data Table

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

29a

30

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

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

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

32 26,670

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
MICHAEL HOUDYSHELL	0 00	0	0	0
GRAND KNIGHT				
RON SANCHEZ	0 00	0	0	0
GRAND DEPUTY KNIGHT				
THOMAS P BRITANIK	0 00	0	0	0
TREASURER				
RAYMOND J SMITH	0 00	0	0	0
RECORDER				
EDWARD SUTOR	0 00	0	0	0
THREE YEAR TRUSTEE				
RONALD L BANKOFIER	0 00	0	0	0
TWO YEAR TRUSTEE				
MICHAEL F HOWELL	0 00	0	0	0
ONE YEAR TRUSTEE				
WILLIAM H MCKENZIE	0 00	0	0	0
WARDEN				
EDWARD RUBIO	0 00	0	0	0
CHANCELOR				
REV CHRIS KANOWITZ	0 00	0	0	0
CHAPLAIN				
STEVE J THALER	0 00	0	0	0
FINANCIAL SECRETARY				
EDWARD SUTOR	0 00	0	0	0
LECTURER				

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	
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 0	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	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	
b Gross receipts, included on line 9, for public use of club facilities	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 ▶		
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 ▶ NV		
42a The organization's books are in care of ▶ TOM BRITANIK Telephone no ▶ (775) 782-2852		
Located at ▶ 1343 CENTERVILLE LANE GARDNERVILLE , NV ZIP + 4 ▶ 89410		
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	
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	

		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	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 ☐

		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

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		2019-11-12 Date		
	TOM BRITANIK, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BILL W JOHNSON	Preparer's signature	Date 2019-11-12	Check ☐ if self-employed	PTIN P00175595
	Firm's name ► DAVID JOHNSON & LARSEN LTD			Firm's EIN ► 88-0168251	
	Firm's address ► PO BOX 1968 ZEPHYR COVE, NV 89448			Phone no. (775) 588-5672	

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

Additional Data

Software ID:

Software Version:

EIN: 88-0498247

Name: KNIGHTS OF COLUMBUS
IMMACULATE HEART OF MARY COUNCIL #12845

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 THE KNIGHTS OF COLUMBUS PROVIDED FINANCIAL AID AND VOLUNTEER SERVICES FOR NEEDY MEMBERS AND THEIR FAMILIES (Grants \$ 11,423) If this amount includes foreign grants, check here . . . ☐	28a	14,670

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 THE KNIGHTS OF COLUMBUS PROVIDED FUNDS TO COLUMBUS HALL OF IMMACULATE HEART OF MARY TO FACILITATE BUILDING OF A MEETING HALL (Grants \$ 12,000) If this amount includes foreign grants, check here . . . ☐	29a 12,000

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: KNIGHTS OF COLUMBUS

IMMACULATE HEART OF MARY COUNCIL #12845

EIN: 88-0498247

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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)
		(event type)	BINGO FOOD SALES (event type)	5 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts		9,050	10,850	19,900
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)		9,050	10,850	19,900
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		8,081		8,081
	8 Entertainment				
	9 Other direct expenses			6,266	6,266
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,347
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				5,553

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))
Direct Expenses	1 Gross revenue	64,528			64,528
	2 Cash prizes	30,761			30,761
	3 Noncash prizes				
	4 Rent/facility costs	3,450			3,450
	5 Other direct expenses	9,386			9,386
	6 Volunteer labor	☒ Yes 100.000 % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				43,597
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				20,931

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

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; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">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; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">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 recordsName ► CHUCK RIPOLI AND BINGO COMMITTEEAddress ► 1343 CENTERVILLE LANE
GARDNERVILLE, NV 89410**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 informationName ► CHUCK RIPOLI AND BINGO COMMITTEEGaming manager compensation ► \$ 0Description of services provided ► OVERSIGHT OF BINGO OPERATIONS☒ 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

IMMACULATE HEART OF MARY COUNCIL #12845

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**

88-0498247

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST INCOME AMOUNT 5

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME KNIGHTS OF COLUMBUS SUPREME COUNCIL AFFILIATE ADDRESS 1 COLUMBUS PLAZA N EW HAVEN, CT 06510 PURPOSE OF PAYMENT MEMBERSHIP DUES AMOUNT OF PAYMENT 728

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME KNIGHTS OF COLUMBUS NV STATE COUNCIL AFFILIATE ADDRESS 2332 QUARTZ PEAK ST LAS VEGAS, NV 89134 PURPOSE OF PAYMENT MEMBERSHIP DUES AMOUNT OF PAYMENT 1,540 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,268

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION BUILDING FUNDS GRANTEE NAME COLUMBUS HALL OF IMMACULATE HEART GRANTEE ADDRESS 1343 CENTERVILLE LN GARDNERVILLE, NV 89410 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 12,000 DATE OF GIFT 07/23/18 AMOUNT GIVEN 12,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME WELCOME ALL VETS EVERYWHERE, INC GRANTEE ADDRESS 36 BATTLE BORN WAY SPARKS , NV 89431 GRANTEE RELATIONSHIP PUBLIC CHARITY PR OPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 1,000 DATE OF GIFT 09/28/18 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME ST GALL CHURCH GRANTEE ADDRESS 1343 CENTERVILLE LN GARDNERVILLE, NV 89410 GRANTEE RELATIONSHIP RELIGIOUS CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 3,000 DATE OF GIFT 07/23/18 AMOUNT GIVEN 3,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME BACK PACK BUDDIES GRANTEE ADDRESS 1295 BRIDLE WAY MINDEN, NV 89423 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 550 DATE OF GIFT 05/11/18 AMOUNT GIVEN 550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME FOOD CLOSET GRANTEE ADDRESS 1251 WATER LOO LANE GARDNERVILLE, NV 89410 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 750 DATE OF GIFT 02/09/18 AMOUNT GIVEN 750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SUICIDE PREVENTION GRANTEE ADDRESS 162 5 NV-88 #203 MINDEN, NV 89423 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 910 DATE OF GIFT 01/12/18 AMOUNT GIVEN 910

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME HORSES AND HUMANS GRANTEE ADDRESS 15670 CHARDON WINDSOR RD HUNTSBURG, OH 44046 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 1,300 DATE OF GIFT 04/27/18 AMOUNT GIVEN 1,300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME PEYTON HEDWAL GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 07 /01/18 AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME ANGELICA RODRIGUEZ GRANTEE RELATIONS HIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 1,500 DATE OF GIFT 05/28/18 AMOUNT GIVEN 1,500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTS GRANTEE NAME KATHY DELOREY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED T O DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 713 DATE OF GIFT 12/17/18 AMOUNT GIVEN 713

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION DONATIONS GRANTEE NAME SPECIAL OLYMPICS GRANTEE ADDRESS 5670 WYNN RD SUITE H LAS VEGAS , NV 89118 GRANTEE RELATIONSHIP PUBLIC CHARITY PROPERTY DESCRIPTION CASH METHOD USED TO DETERMINE BOOK VALUE CASH VALUE METHOD USED TO DETERMINE FMV SAME AS CASH VALUE BOOK VALUE OF PROPERTY 200 DATE OF GIFT 03/12/18 AMOUNT GIVEN 200 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 23,423

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 86 DESCRIPTION OTHER EXPENSES AMOUNT -86

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 472 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 125 DESCRIPTION WEBSITE EXPENSES AMOUNT 75 DESCRIPTION OFFICE EQUIPMENT DEPRECIATION EXPENSE AMOUNT 86 DESCRIPTION MEETING ROOM RENTS AMOUNT 152 DESCRIPTION COMMUNITY EVENTS-PROGRAM EXPENSE AMOUNT 2,887 DESCRIPTION CHURCH SUPPLIES-PROGRAM EXPENSE AMOUNT 361 DESCRIPTION TRAVEL AMOUNT 516 TOTAL TO FORM 990-EZ, LINE 16 4,674

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 134 END OF YEAR AMOUNT 48