


Form **990EZ**


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

Department of the Treasury
Internal Revenue Service

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 Holy Spirit Council
10653
Number and street (or P O box, if mail is not delivered to street address) Room/suite
7409 W Clearwater Ave
City or town, state or province, country, and ZIP or foreign postal code
Kennewick, WA 99336

D Employer identification number
91-1526092
E Telephone number
(509) 783-9902
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: ▶ www.rc.net/washington/kofc10653

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 ▶ \$ 59,082

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	7,125
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	43
	5a	Gross amount from sale of assets other than inventory	5a	
	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)	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		48,635
Expenses	c	Less direct expenses from gaming and fundraising events 6c		20,213
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		28,422
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	3,279
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	38,869
	10	Grants and similar amounts paid (list in Schedule O)	10	2,128
	11	Benefits paid to or for members	11	2,150
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	200
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	37,113
	17	Total expenses. Add lines 10 through 16 ▶	17	41,591
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,722
	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	78,653
	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	75,931

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	52,359	22 49,637
23 Land and buildings		23
24 Other assets (describe in Schedule O)	26,294	24 26,294
25 Total assets	78,653	25 75,931
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,653	27 75,931

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	Expenses
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Check if the organization used Schedule O to respond to any question in this Part III ☐ (Required for section 501(c)

What is the organization's primary exempt purpose?

<p>Fraternities and societies, other than those mentioned in the preceding items, whose purpose is to support the Catholic Church and engage in works of charity to benefit the less fortunate</p>	<p>organizations, optional for others)</p>
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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.

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See Additional Data Table		
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(Grants \$) If this amount includes foreign grants, check here . . . ☐ **28a**

29 See Additional Data Table	29a
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(Grants \$) If this amount includes foreign grants, check here . . . ☐

30 See Additional Data Table	30a
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(Grants \$) If this amount includes foreign grants, check here . . . ☐

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

[illegible]

Part IV		List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
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Check if the organization used Schedule O to respond to any question in this Part IV. ☒

[illegible]

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 ▶ _____		
42a	The organization's books are in care of ▶ <u>David A Konzek</u> Telephone no ▶ <u>(509) 783-9902</u>		
	Located at ▶ <u>627 S Union Kennewick, WA</u> ZIP + 4 ▶ <u>993364328</u>		
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 <input type="checkbox"/> 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

		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	
49b	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
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	2019-11-08 Date
	David A Konzek Finan Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Thomas McCaulley	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00081632
	Firm's name ► CEDAR TAX & CONSULTING SERVICES INC			Firm's EIN ► 65-1214979	
	Firm's address ► 1470 N 20TH ST WASHOUGAL, WA 986718278			Phone no (360) 606-5262	

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 91-1526092
Name: Knights of Columbus Holy Spirit Council
10653

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 Columbus Charities which supports people with intellectual disabilities (Grants \$ 3,490) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	

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29 Holy Spirit Parish - Support youth group and other church activites (Grants \$ 82) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	

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30 Catholic Family & Child Services which supports the maternal and parenting programs for low income families (Grants \$ 3,561) <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>	30a	

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Support Local St Joseph Catholic School (Grants \$ 4,080) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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Adopt A family Program - Provide food, clothing, toys and household good for families at Christmas (Grants \$ 1,700) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

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Support Special Olympics activities (Grants \$ 1,985) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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Support Seminarians (Grants \$ 1,593) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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Support Hope Medical Center of Washington (Grants \$ 2,000) If this amount includes foreign grants, check here <input type="checkbox"/>		

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

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Support KC Help program (Grants \$ 1,200) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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Support Tri-City Food Bank (Grants \$ 1,000) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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Support Church fellowship by cooking Sunday Breakfasts (Grants \$ 2,129) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

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Support Blood Drives (Grants \$ 104) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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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.)	
Support Culture of Life Activities (Grants \$ 336) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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Missionary Support (Grants \$ 500) <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		

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East Lake Church - Christmas Packages (Grants \$ 1,400) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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Paradise Council 7773 Support of Fire Victims (Grants \$ 4,150) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		

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
David A Konzek Finan Secretary	8 00	0		
Kennneth Wise Advocate	1 00	0		
Robin A Rego Lecturer	1 00	0		
Stephen B Hunter Trustee	8 00	0		
Patrick A McCabe Chancellor	1 00	0		
Russell E Flye Recorder	1 00	0		
William A Brever Treasurer	3 00	0		
Bernard C Ip Trustee	1 00	0		
Darrell D Kahl Trustee	1 00	0		
Ray C Witt Inside Guard	1 00	0		
Roger Willis Grand Knight	1 00	0		
Robin A Rengo D Grand Knight	0	0		
Msgr Perron J Auve Chaplain	1 00	0		
John P McCabe Warden	0	0		
Stanley G Hicks Outside Guard	0	0		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Knights of Columbus Holy Spirit Council
10653

Employer identification number
91-1526092

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Ice Cream Booth Fair (event type)	Irrigation sprinkler blowout (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	24,466	16,928	7,241	48,635
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	24,466	16,928	7,241	48,635
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		1,472	829	2,301
	8 Entertainment				
	9 Other direct expenses	11,975	1,330	4,607	17,912
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				20,213
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				28,422

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
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 ►

Address ►

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

Internal Revenue Service

Knights of Columbus Holy Spirit Council
10653

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

91-1526092

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Miscellaneous \$3083

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	Vests/Badges \$196

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$1483

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$227

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Misc \$4250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Fire Victims \$4150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Catholic Schools \$4080

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Catholic Charities \$3561

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Columbus Charities \$3490

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Council Breakfasts/Dinners \$2129

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Hope Medical \$2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Special Olympics \$1985

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Equipment repairs \$1766

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Adopt-A-Family Program \$1700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Seminarian Support \$1593

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	East Lake Church \$1400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	KC Help program \$1200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Tri-City Food Bank \$1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	Missionary Support \$500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	Supreme Culture of Life \$336

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	Blood Drives \$104

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	Holy Spirit Parish \$82

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	State Exemplification Fees \$77

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$26294 Machinery and Equipment - Ending \$26294