efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492312015569 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection 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 D Employer identification number C Name of organization Knights of Columbus Holy Spirit Council ☐ Address change 91-1526092 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 7409 W Clearwater Ave ☐ Final return/terminated (509) 783-9902 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Kennewick, WA 99336 F Group Exemption ☐ Application pending ▶ 0188 Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method 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) 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 1 7,125 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 43 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the 48,635 sum of such gross income and contributions exceeds \$15,000) 🖼 🕟 Less direct expenses from gaming and fundraising events **6**c 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 . . . b 0 Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C **7**c 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 13 200 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 37,113 17 17 Total expenses. Add lines 10 through 16 41,591 -2,722 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 78,653 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 75,931 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
	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
	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			110
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			
а	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		
С	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 sections4912, 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	Talanhara and	\F00\	702.000	2
The	e organization's books are in care of ▶ <u>David A Konzek</u> Telephone no	(509)	783-990	
	Located at ► 627 S Union Kennewick , WA ZIP + 4 ■	99336	4328	
			Yes	No
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)			ii
С	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 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
			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		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
С	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
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			No
		1		

						Yes	No
	e organization engage, directly or indire			of or in opposition to			
	lates for public office? If "Yes," complete	<u> </u>			46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations	-	ons 47- 49b and 52	2, and complete the ta	bles for l	ines 50	and
	51. Check if the organization used Schedul	e O to respond to any o	uestion in this Part VI	·			7
						Yes	No
Dıd th	e organization engage in lobbying activit	ties or have a section 50	D1(h) election in effect	during the tax year?			
	s," complete Schedule C, Part II		· · · · · · ·		. 47		
Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	. 48		
Did th	e organization make any transfers to an	exempt non-charitable	related organization?		. 49a		
If "Ye:	s," was the related organization a section	n 527 organization? .			. 49b		
	ete this table for the organization's five ach received more than \$100,000 of cor				es and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,		stimated	
		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employ benefit plans, and	yee of oth	er comp	ensatio
		<u> </u>	MISC)	deferred compensatio	n		
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		100.000					
	I number of other employees paid over s	•		<u> </u> 			
Comp	I number of other employees paid over select this table for the organization's five ensation from the organization. If there i	highest compensated in			e than \$10	00,000 o	
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Components I Tota Did con er penal	Inumber of other independent contractors the organization complete Schedule A? The properties of perjury, I declare that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief, it is true, correct, and complete wiedge Complete that I have exampled belief that I have exampl	highest compensated in s none, enter "None " each independent control each independent control each independent control each receiving over some each receiving each r	\$100,000	(b) Type of service st attach a nedules and statements, a is based on all informati 2019-11-08 Date Check	(c) Comp •	es	
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Form 990-EZ (2018)

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

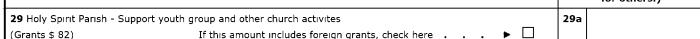
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Name: Knights of Columbus Holy Spirit Council

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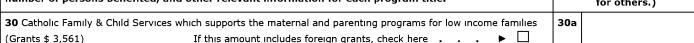
services, as measured by	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		expenses quired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)
28 Columbus Charities which	ch supports people with intellectual disibilities	28a	
(Grants \$ 3,490)	If this amount includes foreign grants, check here 🕨 🗌		

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escribe the organization's program service accomplishments for each of its three largest program ervices, as measured by expenses. In a clear and concise manner, describe the services provided, the umber 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.)



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.)



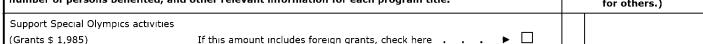
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

number of persons benefited, and other relevant information for each program dute.			for others.)
Support Local St Joseph Catholic	School		
(Cranto # 4.000)	If this amount includes foreign grants, shock here	▶ □	

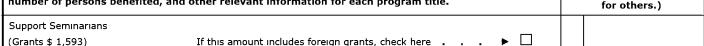
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the

number of persons benefited, and other relevant information for each program title.			for others.)
Adopt A family Program - Provide	e food, clothing, toys and household good for families at Christmas		
(Grants \$ 1,700)	If this amount includes foreign grants, check here \blacktriangleright		

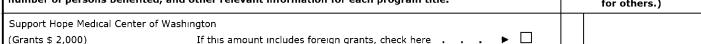
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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



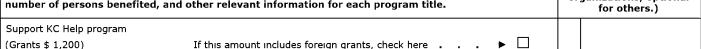
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services, as measured by expenses. In a clear and concise manner, describe the services provided, the	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional
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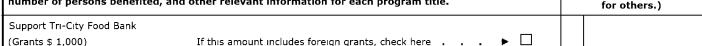
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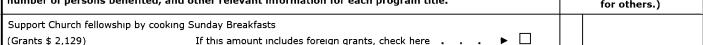
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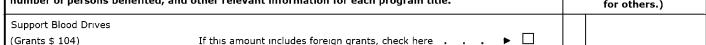
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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)



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	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

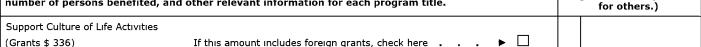


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samilana na manauwad bu ayonanana. To a alang aud angalan magunay danayiba tha angulana gyayidad tha 🔝	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

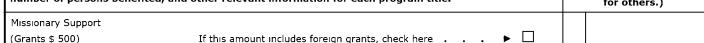


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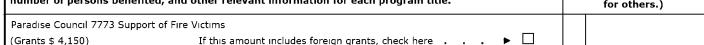
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number of persons benef	ited, and other relevant information for each program title	: .			for others.)
East Lake Church - Christm	as Packages				
(Grants \$ 1,400)	If this amount includes foreign grants, check here		•		

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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.)



Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees Ilst 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			

Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** Knights of Columbus Holy Spirit Council 10653 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018

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.

DLN: 93492312015569 OMB No 1545-0047

Open to Public

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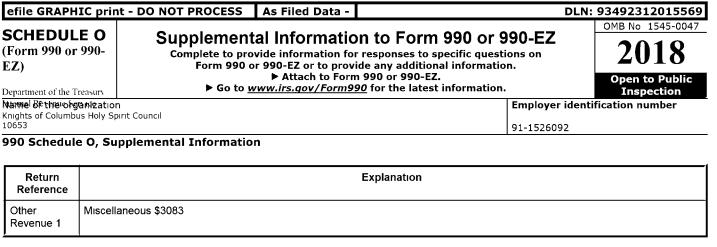
SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3		
11	Does the organization conduct gaming	activities with nonmemb	bers?		☐ Yes ☐ No			
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		☐ Yes ☐ No			
13	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a		%		
b	An outside facility			13b		%		
14	Enter the name and address of the pers	son who prepares the or	rganization's gaming/special events books and re	cords				
	Name ►							
	Address ►							
15a	Does the organization have a contract version revenue?	with a third party from v	whom the organization receives gaming		☐ Yes ☐ No			
Ь	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization • \$ and th	e				
С	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							
а	Is the organization required under state retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No			
b	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent * \$					
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor					
	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2018



990 Schedule O, Supplemental Information Return Explanation Reference Vests/Badges \$196

Other Revenue 2

990 Schedule O, Supplemental Information Return Explanation Reference

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

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$227

Other Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference Other Misc \$4250 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference Other Fire Victims \$4150

Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 3 Catholic Schools \$4080

990 Schedule O, Supplemental Information Return Explanation Reference

Other Catholic Charities \$3561
Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference Other Columbus Charities \$3490

Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference

Other Council Breakfasts/Dinners \$2129
Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference Other Hope Medical \$2000

Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference

Other Special Olympics \$1985
Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference

Other Equipment repairs \$1766
Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

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

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Expenses 11

Seminarian Support \$1593

990 Schedule O, Supplemental Information Return Explanation Reference

Other East Lake Church \$1400

Expenses 12

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other KC Help program \$1200
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Reference

Other Tri-City Food Bank \$1000
Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Other Missionary Support \$500
Expenses 15

990 Schedule O, Supplemental Information Return Explanation Reference

Other Supreme Culture of Life \$336
Expenses 16

990 Schedule O, Supplemental Information Return Explanation Reference

Other Blood Drives \$104 Expenses 17

990 Schedule O, Supplemental Information Return Explanation Reference

Holy Spirit Parish \$82

Other Expenses 18

990 Schedule O, Supplemental Information Return Explanation Reference

Other State Exemplification Fees \$77
Expenses 19

Return Explanation

990 Schedule O, Supplemental Information

Reference
Other
Assets 1003

Machinery and Equipment - Beginning \$26294 Machinery and Equipment - Ending \$26294