

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information"

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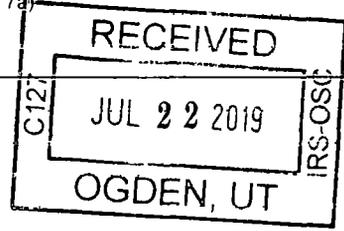
Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning **04/01/18**, and ending **03/31/19**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Francis Xavier Home Assn of Knights of Columbus Council 6430 Number and street (or P O box if mail is not delivered to street address) Room/suite 5112 Gesina Drive City or town, state or province, country and ZIP or foreign postal code Jefferson City MO 65101	D Employer identification number 23-7381782
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	E Telephone number 573-395-4475
I Website N/A	J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Group Exemption Number <input type="checkbox"/>
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 134,037	

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	23,167
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	9,588
	4	Investment income	4	253
	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	
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	101,029	
c	Less direct expenses from gaming and fundraising events	6c	62,868	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,161	
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		
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	71,169	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	10,258
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,315
	14	Occupancy, rent, utilities, and maintenance	14	25,601
	15	Printing, publications, postage, and shipping	15	1,431
	16	Other expenses (describe in Schedule O)	16	13,372
	17	Total expenses Add lines 10 through 16	17	51,977
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,192
Net Assets or Fund Balances	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	256,301
	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	275,493



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

910

5

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

	Yes	No
46		X

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
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: Wayne Thoenen *Wayne Thoenen* Date: _____
 Type or print name and title: **Home Assoc Treasurer**

Paid Preparer Use Only
 Preparer's name: Jacqueline Forck Preparer's signature: *Jackie Forck* Date: 07/14/19 Check if self-employed PTIN: P00633179
 Firm's name: **Seaver & Forck CPAs** Firm's EIN: **26-1136632**
 Firm's address: **3523 Amazonas Drive Jefferson City, MO 65109-5717** Phone no: **573-636-5507**

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

▶ Yes No

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

◆ Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

Name of the organization

**St. Francis Xavier Home Assn of
Knights of Columbus Council 6430**

Employer identification number

23-7381782

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
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(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) Total events
		<u>Dinners, Dances</u> (event type)	<u>Hall Rental</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	84,859	16,170	101,029
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	84,859	16,170	101,029
Direct Expenses	4	Cash prizes	17,800		17,800
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	44,551		44,551
	8	Entertainment			
	9	Other direct expenses	517		517
	10	Direct expense summary: Add lines 4 through 9 in column (d)			
11	Net income summary: Subtract line 10 from line 3, column (d)				38,161

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? 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

13a		%
13b		%

 - a The organization's facility
 - 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 to be 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	St. Francis Xavier Home Assn of Knights of Columbus Council 6430	Employer identification number	23-7381782
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Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name: Various

Address: Various

Jefferson City, MO 65101

Cash contribution: 10,258

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Safe Deposit Box	\$ 60
Meetings	\$ 1,014
Dues to State & National	\$ 3,206
Licenses & Fees	\$ 103
Miscellaneous	\$ 4,615
SOS Registration	\$ 11
Non-investment Depreciation	\$ 4,363
Total	\$ 13,372

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 35	\$ 0
Ballfield Improvements	\$ 63,163	\$ 80,493
Less Accumulated Depreciation	\$ 10,013	\$ 14,376
Total	\$ 53,185	\$ 66,117

Name of the organization

Employer identification number

St. Francis Xavier Home Assn of

23-7381782

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 442 \$	0