

Form **990-EZ****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)

2019**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

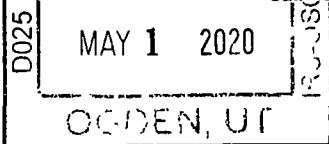
A For the 2019 calendar year, or tax year beginning		, 2019, and ending		, 20
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change		Knights of Columbus Council 10160		47-0731980
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return		16701 "S" Street		(402) 312-8857
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Amended return		Omaha, NE 68135		F Group Exemption Number ► N/A
<input type="checkbox"/> Application pending				
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►		
I Website: ► http://uknight.org/CouncilSite/index.asp?CNO=10160				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		Fraternal Benefit Society		
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.				► \$

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	6,822
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,949
	4 Investment income	4	5,159
	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	2,503
Expenses	b Gross income from fundraising events (not including \$ 0 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	77,747
	c Less: direct expenses from gaming and fundraising events	6c	33,800
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,450
	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	66,380
	10 Grants and similar amounts paid (list in Schedule O)	10	45,745
Net Assets	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	745
	16 Other expenses (describe in Schedule O)	16	7,248
	17 Total expenses. Add lines 10 through 16	17	53,738
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	12,642
	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	160,842
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	30,412
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	191,254

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2019)

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	160,842	22	191,254
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	160,842	25	191,254
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,842	27	191,254

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?

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 _____

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

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

88

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the
Instructions for a definition of Officers, Directors, Trustees, and Key Employees)

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
James Spurgin: 5515 S 171ST St, Omaha, NE 68135				
Grand Knight	3	0	0	0
Scott Napierala: 1337 S 176th St, Omaha, NE 68135				
Deputy Grand Knight	3	0	0	0
Michael Leahy: 16910 H Circle, Omaha, NE 68135				
Financial Secretary	3	0	0	0
Pat Kirlin: 5932 S 175 Avenue Circle, Omaha, NE 68135				
Treasurer	3	0	0	0

G10

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

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

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

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

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

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 35b

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

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

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 0

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 ► 40b

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

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 40c 0

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e 0

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

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Pat Kirlin Telephone no. ► (402) 312-8857
Located at ► 5932 S 175 Avenue Circle, Omaha, NE 68135 ZIP + 4 ►

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)?

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 United States? 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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

b 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
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37a	0	
37b	✓	
38a	✓	
38b	0	
39a	0	
39b	0	
40b	✓	
40c	0	
40e	✓	
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
45b	✓	

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.

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."		

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		Date <u>APRIL 26, 2020</u>		
	Pat Kirlin, Treasurer  Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Self prepared	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no			
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

Form 990-EZ (2019)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Knights of Columbus Council 10160

Employer identification number

47-0731980

Part I Fundraiser

47-0731980

Knights of Columbus Council 10160 47-0731980

Part I Fundraising Activities. Complete if the organization answers "Yes" to the question above. 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
1		Yes	No		
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 (6) Fish Fries (event type)	(b) Event #2 (5) Breakfasts (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	59,281	7,163		66,444
	2 Less: Contributions	159	164		323
	3 Gross income (line 1 minus line 2)	59,122	6,999		66,121
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	25,508	2,815		28,323
	8 Entertainment				
	9 Other direct expenses	56	46		102
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► 28,425
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 37,696

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:

a The organization's facility 13a %

b An outside facility 13b %

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

2019Open to Public
Inspection

Name of the organization

Knights of Columbus Council 10160

Employer identification number

47-0731980**Line 10: Grants and similar amounts paid: \$45,745**

St Stephen the Martyr Catholic Church (SSMCC) \$8,718; Knights of Columbus Intellectual Disabilities \$7,007;

SSMCC Tuition Assistance \$5,250; Council of Catholic Women \$3,725; Catholic Charities Coats for Kids \$3,622

Council 10160 Scholarships \$3,000; IXIM Spirit of Solidarity \$2,500; Seminarian's Support \$2,000. Camp Virtus Et Veritas \$2,000

One Rose One Life \$1,753; SSMCC Priest and Deacon Religious Appreciation \$1,350; Food Bank of the Heartland \$1,000

SSMCC Adoration Chapel Restoration \$900; FOCUS \$750; KoC Nebraska State Council Disaster Relief \$750; KoC Culture of Life \$720

Armburst YMCA \$250; KVSS Catholic Radio \$250; Boy Scouts \$200

Line 16: Other expenses: \$7,248

Knights of Columbus (KoC) Per Capita \$2,069; Fund Transfers \$980; Meeting Refreshments \$912; Membership Funerals \$837

KoC Culture of Life \$764; KoC Conventions \$643; KoC Shirt Purchases \$489; Administrative Supplies \$198; Catholic Advertising \$161

Membership Appreciation \$150; Meeting expenses \$45

Line 20 Other changes in net assets for fund balances

Investment Accounts	Bal @ 12.31.18	Bal @ 12.31.19	Change
Cash	\$5,352	\$5,217	\$(135)
Oppenheimer Senior Floating Bond	\$28,408	\$27,634	\$(774)
Clearbridge Energy	\$25,525	\$27,610	\$2,085
Avia Maria Fund	\$60,445	\$76,194	\$15,749
FNB of Omaha Savings Account	\$21,759	\$22,604	\$845
Totals		\$141,490	\$159,259
			\$17,770