

Click on the question-mark icons to display help windows.
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

Form 990-EZ

Short Form

OMB No 1545-0047

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

- Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Knights of Columbus #10047

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 177

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Gretta, NE 68028

D Employer identification number

542183166

E Telephone number

402-332-3840

F Group Exemption

Number ►

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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)) 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

	RECEIVED		
1	36,999		2
2	6,658		3
3	6,464		4
4			
5a			5c
b			
c			
6			
a	6a		
b	36,999	of contributions	
c	51,589		
d	47,905		
6d	3,684		
7a			
b	7b		
c			
8			
9	53,805		
10			
11			
12			
13			
14			
15			
16	64,204		
17	64,204		
18	-10,399		
19	25,242		
20			
21	14,843		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2019)

SCANNED APR 30 2021 Revenue

Expenses	10 Grants and similar amounts paid (list in Schedule O)	
	11 Benefits paid to or for members	
	12 Salaries, other compensation, and employee benefits	
	13 Professional fees and other payments to independent contractors	
	14 Occupancy, rent, utilities, and maintenance	
	15 Printing, publications, postage, and shipping	
	16 Other expenses (describe in Schedule O)	
	17 Total expenses. Add lines 10 through 16	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	
	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)	
	20 Other changes in net assets or fund balances (explain in Schedule O)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	

2949200907041

25

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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,242	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	10,000	24
25	Total assets	25,242	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,242	27
			14,843

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 <input type="checkbox"/>	
What is the organization's primary exempt purpose?		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.			

28			
28a			
29			
29a			
30			
30a			
31	Other program services (describe in Schedule O)		
31a			
32	Total program service expenses (add lines 28a through 31a)		
32			

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 <input type="checkbox"/>	

21 (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 L. Hain Grand Knight	As required	0	0	0
Marty W. Stednitz Financial Secretary	As required	0	0	0
Joseph F. Krajicek III Deputy Grand Knight	As required	0	0	0
John C. Schaffert III Chancellor	As required	0	0	0
Adam J. Noonan Recorder	As required	0	0	0
Greg R. Reitmeier Treasurer	As required	0	0	0
Randy R. Meerian Trustee	As required	0	0	0
Duane D. Benes Trustee	As required	0	0	0
Donald S. Rockwell Trustee	As required	0	0	0

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	✓
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	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ 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 ► _____	42c	✓
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	✓
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	✓

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.

Mandy W. Stalnitz 7-2-2020

Sign
Here _____ Signature of Officer _____ Date _____
Marty W. Stednitz Financial Secretary

Type or print name and title

Paid Preparer Print type preparer's name _____ Check if self-employed _____

Use Only Firm's name ► Firm's EIN ►
Firm's address ► Phone no.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

**Open to Public
Inspection**

Employer identification number