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)

▶ 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.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Knights of Columbus Immaculate Heart of Mary

Number and street (or P.O. box if mail is not delivered to street address): 1343 Centerville lane

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Gardnerville, NV 89410

D Employer identification number: 88-0498247

E Telephone number: (775) 782-2852

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: ▶ N/A

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 127,036.

**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 | 1,327. |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | 1,722. |
| | 4 | Investment income | | 4 | |
| | 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 | 80,168. | |
| | 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 | 42,810. | |
| | c | Less: direct expenses from gaming and fundraising events | 6c | 67,554. | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | 6d | 55,424. |
| | 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 | 1,009. |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | 9 | 59,482. |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | 26,747. |
| | 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 | 420. |
| | 16 | Other expenses (describe in Schedule O) | | 16 | 4,344. |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | | 17 | 31,511. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 9) | | 18 | 27,971. |
| | 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 | 31,257. |
| | 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 | 59,228. |

**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 | 31,209. | 22 | 46,895. |
| 23 | Land and buildings | 0. | 23 | 0. |
| 24 | Other assets (describe in Schedule O) | 48. | 24 | 12,333. |
| 25 | Total assets | 31,257. | 25 | 59,228. |
| 26 | Total liabilities (describe in Schedule O) | 0. | 26 | 0. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 31,257. | 27 | 59,228. |

**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? see schedule O

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 The Knights of Columbus Provided Financial aid and Volunteer Services for needy members and their families.

(Grants $ 11,543.) If this amount includes foreign grants, check here ▶ ☐ 28a 16,167.

29 The Knights of Columbus provided Funds to Columbus hall of Immaculate Heart of Mary to facilitate building of a meeting hall.

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 29a 8,000.

30

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 24,167.

**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 |
|---|---|---|---|---|
| Steven Thaler<br>Financial Secretary | 0 | 0 | 0 | 0 |
| Ron Sanchez<br>Deputy Grand Knight | 0 | 0 | 0 | 0 |
| Robert Mosel<br>Chancellor | 0 | 0 | 0 | 0 |
| Raymond Smith<br>Recorder | 0 | 0 | 0 | 0 |
| Raymond Longre<br>Advocate | 0 | 0 | 0 | 0 |
| William McKenzie<br>Warden | 0 | 0 | 0 | 0 |
| Andrew Aldax<br>One year Trustee | 0 | 0 | 0 | 0 |
| Ronald Bankofier<br>Two year Trustee | 0 | 0 | 0 | 0 |
| Edward Sutor<br>Three year Trustee | 0 | 0 | 0 | 0 |
| Michael Houdyshell<br>Grand Knight | 0 | 0 | 0 | |
| Thomas Britanik<br>Treasurer | 0 | 0 | 0 | 0 |
| Richard Hamzik<br>Inside Guard | 0 | 0 | 0 | 0 |

GO



**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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | X | |
| 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 | | X |
| 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 | | |
| 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 | | X |
| 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 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 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 | N/A | |
| 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 | | X |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ▶ Thomas P. Britanik Telephone no. ▶ (775) 267-2105 | | | |
| | Located at ▶ PO box 1352 Genoa, NV ZIP + 4 ▶ 89411-1352 | | | |
| 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 | | X |
| | 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? | 42c | | X |
| | 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 | | | |

| | | | 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 | | X |
| 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 | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| 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 | | X |
| 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 |
|---|---|---|---|---|
| 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 | | 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 ☐

| | | | 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 | | X |
| 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."

| (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 ▶ 0

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 ▶ 0

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

Thomas P. Britanik, Treasurer

Type or print name and title

Date 4/24/2020

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ✓ if self-employed | PTIN |
|---|---|---|---|---|
| Michael Navin | | 4-23-2020 | | P00639669 |

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ 139 Jobe Dr. Dayton, NV 89403 | Phone no 916-849-1151

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

**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, 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.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

**Knights of Columbus Immaculate Heart of Mary Council**

Employer identification number

**88-0498247**

## 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? Yes | (iii) No | (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 | | | | | | | |
| 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 _____ (event type) | (b) Event #2 Bingo Food (event type) | (c) Other events 0 (total number) | (d) Total events (add col. (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | | 10,986. | 31,824. | 42,810. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | | 10,986. | 31,824. | 42,810. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | 8,380. | | 8,380. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | 16,001. | 16,001. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 24,381. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 18,429. |

**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 | 80,168. | | | 80,168. |
| Direct Expenses | 2 Cash prizes | 36,106. | | | 36,106. |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | 7,067. | | | 7,067. |
| | 6 Volunteer labor | ☒ Yes 100.0 % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 43,173. |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 36,995. |

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

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10 a 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 | 100.00% |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Michael Houdyshell And Committee

Address ▶ 1343 Centerville Ln Gardnerville, 89410

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 ▶ Michael Houdyshell And Committee

Gaming manager compensation ▶ $ _____

Description of services provided ▶ Oversight of Bingo Operations

☒ 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

2019

Open to Public Inspection

Name of the organization

Knights of Columbus Immaculate Heart of Mary Council

Employer identification number

88-0498247

Part I Line 8
Other Revenue - Interest Income $9

Bingo MAchine Sale $1,000 Total Line 8 $ 1,009

part I Line 10
Payment to Affiliates-Knights of Columbus Supreme Council

1 Columbia Plaza, New haven , Ct 06510

Pourpose: Membership Dues

Amount: $662

Knights of Columbus NV State Council

2332 Quartz Peak St, Las Vegas, NV 89134

Purpose: Membership Dues

Purpose: Membership Dues

Amount: $2867

ACTIVITY: Building Funds

GRANTEE: Columbus Hall of Immaculate Heart

ADDRESS: 1343 centerville Ln, Gardnerville, NV 89410

RELATIONSHIP: Public Charity

BOOK VALUE: $8,000

ACTIVITY: Donations DATE:

GRANTEE: Welcome all Vets Everywhere

ADDRESS: 36 Battle Born Way, Sparks, NV 89431

RELATIONSHIP: Public charity

Amount$500

Name of the organization: Knights of Columbus Immaculate Heart of Mary Council #12845

Employer identification number: 88-0498247

PART 1 LINE 10 DONATIONS AND GRANTS

ACTIVITY: DONATION GRANTEE: BACK PACK BUDDIES RELATIONSHIP: PUBLIC CHARITY

ADDRESS: 1295 BRIDLE WAY, MINDEN NV 894236

PROPERTY DESCRIPTION: CASH AMOUNT: $1,000

ACTIVITY: DONATION GRANTEE: HORSES AND HUMANS RELATIONSHIP PUBLIC CHARITY

ADDRESS: 15670 CHARDON WINDSOR RD, HUNTSBURG, OH 44046

PROPERTY: CASH AMOUNT: $1,140

ACTIVITY: DONATION GRANTEE: SUICIDE PREVENTION RELATIONSHIP: PUBLIC CHARITY

ADDRESS: 1625 NV-88 #203 MINDEN, NV 89423

PROPERTY: CASH AMOUNT: $1,100

ACTIVITY: DONATION GRANTEE: FORE THE KIDS RELATIONSHIP: PUBLIC CHARITY

PROPERTY: CASH AMOUNT. $1,060

ACTIVITY: SCHOLARSHIP RELATIONSHIP; NONE

PROPERTY: CASH AMOUNT: $1,500

ACTIVITY: SCHOLARSHIP RELATIONSHIP; NONE

PROPERTY: CASH AMOUNT $1,500

ACTIVITY: DONATION GRANTEE: ST GALLS CHURCH RELATIONSHIP: RELIGIOUS CHARITY

ADDRESS: 1343 CENTERVILLE LN, GARDNERVILLE, NV 89410

PROPERTY: CASH AMOUNT: $5,918

Name of the organization: Knights of Columbus Immaculate Heart of Mary Council #12845
Employer identification number: 88-049-824

ACTIVITY; DONATION RELATIONSHIP: NONE

PROPERTY: CASH AMOUNT: $675

ACTIVITY; DONATION RELATIONSHIP: NONE

PROPERTY: CASH AMOUNT: $825

TOTAL PART I LINE 10 GRANTS AND SIMILAR AMOUNTS $26,746

PART I LINE 16 OTHER EXPENSES

| | |
|---|---|
| TRAVEL | $389 |
| COUNCIL ACTIVITIES/COMMUNITY EVENTS | $2,292 |
| BUSINESS MEMBERSHIP | $125 |
| IT EXPENSES | $75 |

TOTAL PARTI LINE 16 OTHER EXPENSES $2,971

TOTAL PARTI LINE 16 OTHER EXPENSES $4,344

FORM 990EZ, PART II LINE 24 OTHER ASSETS

| DESCRIPTION | BEG OF YEAR | END OF YEAR |
|---|---|---|
| OTHER DEPRECIABLE ASSETS | 48 | 12,333 |

FORM 990EZ PART III PRIMARY EXEMPT PURPOSE - TO PROVIDE MUTUAL AID AND ASSISTANCE TO SICK, DISABLED AND NEEDY MEMBI

THEIR FAMILIES. TO PROMOTE SOCIAL AND INTELLECTUAL FELLOWSHIP AMONG MEMBERS AND THEIR FAMILIES THROUGH SOCIAL WEL

EDUCATIONAL, CHARITABLE, RELIGIOUS, WAR RELIEF AND PUBLIC RELIEF WORKS