

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2016**Open to Public Inspection**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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning**

, 2016, 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, Council 5207****D Employer identification number** **23-7196359****Number and street (or P O box, if mail is not delivered to street address)** **Room/suite****1831 Northwood Dr****E Telephone number****865.771.9990****City or town, state or province, country, and ZIP or foreign postal code****Knoxville, TN 37923****F Group Exemption****Number** ► **0188****G Accounting Method** Cash Accrual **Other (specify)** ►**I Website:** ► <http://www.kofcknights.org/CouncilSite/?CNO=5207>**H Check** ► **if the organization is not required to attach Schedule B**

(Form 990, 990-EZ, or 990-PF)

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) 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

SCANNED MAR 24 2017 Revenue

<input type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received <input type="checkbox"/> 2 Program service revenue including government fees and contracts <input type="checkbox"/> 3 Membership dues and assessments <input type="checkbox"/> 4 Investment income <input type="checkbox"/> 5a Gross amount from sale of assets other than inventory <input type="checkbox"/> b Less: cost or other basis and sales expenses <input type="checkbox"/> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <input type="checkbox"/> 6 Gaming and fundraising events <input type="checkbox"/> a Gross income from gaming (attach Schedule G if greater than \$15,000) <input type="checkbox"/> b Gross income from fundraising events (not including \$ 20,812 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) <input type="checkbox"/> c Less: direct expenses from gaming and fundraising events <input type="checkbox"/> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <input type="checkbox"/> 7a Gross sales of inventory, less returns and allowances <input type="checkbox"/> b Less: cost of goods sold <input type="checkbox"/> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) <input type="checkbox"/> 8 Other revenue (describe in Schedule O) <input type="checkbox"/> 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 <input type="checkbox"/> 10 Grants and similar amounts paid (list in Schedule O) <input type="checkbox"/> 11 Benefits paid to or for members <input type="checkbox"/> 12 Salaries, other compensation, and employee benefits <input type="checkbox"/> <input type="checkbox"/> 13 Professional fees and other payments to independent contractors <input type="checkbox"/> <input type="checkbox"/> 14 Occupancy, rent, utilities, and maintenance <input type="checkbox"/> 15 Printing, publications, postage, and shipping <input type="checkbox"/> 16 Other expenses (describe in Schedule O) <input type="checkbox"/> <input type="checkbox"/> 17 Total expenses. Add lines 10 through 16 <input type="checkbox"/> 18 Excess or (deficit) for the year (Subtract line 17 from line 9) <input type="checkbox"/> 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) <input type="checkbox"/> 20 Other changes in net assets or fund balances (explain in Schedule O) <input type="checkbox"/> 21 Net assets or fund balances at end of year. Combine lines 18 through 20 	<input type="checkbox"/> 1 3,753 <input type="checkbox"/> 2 <input type="checkbox"/> 3 6,988 <input type="checkbox"/> 4 14,000 <input type="checkbox"/> 5a <input type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> 6a <input type="checkbox"/> 6b <input type="checkbox"/> 6c 5,082 <input type="checkbox"/> 6d 15,730 <input type="checkbox"/> 7a <input type="checkbox"/> 7b <input type="checkbox"/> 7c <input type="checkbox"/> 8 <input type="checkbox"/> 9 40,471 <input type="checkbox"/> 10 23,607 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 13,714 <input type="checkbox"/> 15 840 <input type="checkbox"/> 16 6,248 <input type="checkbox"/> 17 44,409 <input type="checkbox"/> 18 -3,938 <input type="checkbox"/> 19 261,008 <input type="checkbox"/> 20 17,518 <input type="checkbox"/> 21 274,588
	33 MAR 06 2017 OGDE
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	19
<input type="checkbox"/> 20 Other changes in net assets or fund balances (explain in Schedule O) <input type="checkbox"/> 21 Net assets or fund balances at end of year. Combine lines 18 through 20	<input type="checkbox"/> 20 17,518 <input type="checkbox"/> 21 274,588

P 12

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	261,008	22	274,588
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets		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)	261,008	27	274,588

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

What is the organization's primary exempt purpose? Fraternal Benefit and Support of Church

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 Catholic Charities, Crisis Pregnancy Center

MR Foundation of Tennessee (mentally handicapped services)

<input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	15,220
29 Support of the Church, direct gifts, support of Church programs; Youth Faith projects, Father-Daughter Dance, Seminarian gift, students gifts for school; Right to Life support		
<input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	4,027
30 Fraternal gifts to members for hardship, family losses; startup funds for new council		
<input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	4,360
31 Other program services (describe in Schedule O)		
<input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	23,607

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.

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

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 ► 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 ►

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

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

42a The organization's books are in care of ► Russ Carvin Telephone no. ► (865) 771-9990
Located at ► 1831 Northwood Dr, Knoxville TN ZIP + 4 ► 37923

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). 42b

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 ► 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

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	 Russ Carvin, Treasurer	Date 2/19/2017
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Knights of Columbus Council 5207

Employer identification number
23-7196359

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

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 MR drive (event type)	(b) Event #2 Spring Classic (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6720	14092		20812
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	6720	14092		20812
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses		5082		
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				5082
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				15730

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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
Knights of Columbus, Council 5207

Employer identification number
23-7196459

LINE 10 Catholic Charities, Crisis Pregnancy Center. Council organized a charity Lacrosse tournament for Catholic Charities, \$8,500

In support of the MR Foundation of TN, we collected on a street drive for the mentally handicapped. Funds raised. \$6720

Miscellaneous charity and support for Sacred Heart Cathedral programs, direct gifts to clergy, Right to Life, church programs for youth. \$4072

Fraternal gifts to members in distress, new council startup. \$4360

LINE 16; Other Expenses; Dues to the State Council, Dues to Supreme, Meeting refreshments

LINE 20; Other changes; Investments and cash on hand increase by \$17,418 Investments a paper gain only