

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

| | | |
|--|---|---|
| B Check if applicable: <input 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 KNIGHTS OF COLUMBUS % Thomas W Grote Number and street (or P O box, if mail is not delivered to street address) Room/suite 223 Wind Haven Ln City or town, state or province, country, and ZIP or foreign postal code Lafayette, LA 70506 | D Employer identification number 90-0369721 E Telephone number (337) 988-2467 F Group Exemption Number ▶ |
|--|---|---|

| | |
|--|---|
| G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| I Website: ▶ | |
| 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 ☐ Corporation ☐ Trust ☐ Association ☒ 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 64,293

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 | 6,691 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 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 | |
| | 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 | |
| | c | Less direct expenses from gaming and fundraising events | 6c | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 0 |
| | b | Less cost of goods sold | 7b | 0 |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| | 8 | Other revenue (describe in Schedule O) | 8 | 57,602 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 64,293 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 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 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 64,081 |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 64,081 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 212 |
| | 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 | 32,220 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 32,432 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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Check if the organization used Schedule O to respond to any question in this Part II ☐

| (a) Name and title | (b) Average | (c) Reportable | (d) Health benefits, | (e) Estimated amount |
|--------------------|-------------|----------------|----------------------|----------------------|
|--------------------|-------------|----------------|----------------------|----------------------|

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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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | |
| 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 | No |
| 41 List the states with which a copy of this return is filed ▶ LA | | |
| 42a The organization's books are in care of ▶ Raymond P Patout Telephone no ▶ (337) 988-2467 Located at ▶ 223 Wind Haven Ln Lafayette, LA ZIP + 4 ▶ 70506 | | |
| 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 | No |
| 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 U S ? | 42c | No |
| 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 ▶ <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 | No |
| 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 | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | No |
| 45b 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 | No |

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 | |
| 49b | 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 ▶ _____

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 | | 2018-02-02 Date | |
| | Raymond P Patout Financial Secretary 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 ▶ ☐ **Yes** ☐ **No**

Additional Data

Software ID: 17005074
Software Version: V1.0
EIN: 90-0369721
Name: KNIGHTS OF COLUMBUS

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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 benefitted, and other relevant information for each program title. | | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|-----|
| 28 Collect money through donations through our annual Tootsie Roll Drive The money is to help the mentally handicapped We donate the money to the Alleman Center (LARC) which helps the local mentally handicapped people Over 100 people benefitted (Grants \$ 3,651) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | 28a | 100 |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|---|--|
| 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.) |
| <div>29</div> <div>We help St Edmond Catholic Church by paying monthly dumpster fees, keeping up the prayer garden and doing maintenance around the church grounds We pay for half of the calendar given out each year to the parishioners Entire church community of 1700 families benefit</div> <div>(Grants \$ 3,946)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>29a</div> <div>0</div> |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|--|--|
| 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.) |
| <div>30</div> <div>Assist the youth of our church parish by sending 25 children to Steubenville on the bayou We support our youth through donations to the KOC Youth Expansion Program which benefits 100's state wide</div> <div>(Grants \$ 2,100)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>30a</div> <div>0</div> |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|---|--|
| 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.) |
| Make donations to two catholic seminarians to help in their support and made donations to help 35 seminarians from Louisiana to participate in a mission trip (Grants \$ 2,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization
KNIGHTS OF COLUMBUS

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

2017

**Open to Public
Inspection**

Employer identification number

90-0369721

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 8 | Other Revenues , Amount Petroleum Club Christmas Party, \$4807 Fish Fry, \$29481 Barbe que, \$9858 RSVP matching from Supreme on Seminarian support and Mission Fund donations , \$890 Pro-Life Walk Donations, \$3608 Meeting Meals, \$1588 Tootsie Roll Drive, \$3456 Gre co Memorial Fund Donations , \$99 Pasture Appreciation Program (Dinner), \$3265 Miscellaneous Income, \$550 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| Part I, line 16 | Other Expenses , Amount KOC Supreme per Capita, \$1065 57 LA State KOC per Capita, \$16 18 19 Barbeque, \$5077 30 Fish Fry, \$13776 00 Awards Banquet, \$1031 00 Childrens Christ mas Party (Gumbo), \$710 00 KC Mass, Patrotic Rosary, \$363 00 Church Picnic and Church Ea ster Egg Hunt, \$587 00 Poster and Free Throw Contest, \$0 00 Christmas Baskets, \$566 00 Officers Installation, \$154 00 Prayer Garden Maintenance, \$27 00 Sporting Tournaments an d Cook-Offs, \$254 00 Pro-Life Walk, \$6791 00 Membership Blitz and Initiation Fees, \$345 00 Newsletter, \$0 00 Grand Knight and Financial Secretary Supplies, \$352 00 Church Misc ellaneous and Calandar, \$3359 00 State Convention, \$736 00 Liability Insurance, \$399 00 Postage, \$195 00 Crawfish Social, \$617 00 Meeting Meals, \$1297 00 Miscellaneous, \$181 00 YEP, \$1600 00 Greco Memorial Fund, \$50 00 Seminarian Mission Fumd, \$500 00 Tootsie Roll Drive, \$3651 00 Desormeaux Center, \$2050 00 Seminarians and Priest Support, \$3956 0 0 Ladies KC Auxilary, \$1000 00 CYLA Banquet and Awards, \$563 00 Boy Scouts (Sandwich Wr aps, etc), \$200 00 Retired Religious, \$600 00 Youth Group and Lunch with the Lord, \$199 00 Stubenville South, \$500 00 Special Plympics, \$0 00 Just US Grilling, \$457 00 Misce llaneous for the Poor, \$4663 00 Petroleum Club Christmas Party, \$4591 00 |