

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

OMB No 1545-1150

2018**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.

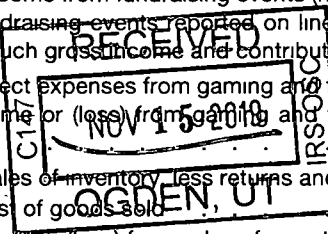
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning July 1, 2018, and ending June 30, 2019	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Knights of Columbus #6153 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. Box 2042 City or town, state or province, country, and ZIP or foreign postal code Springfield VA 22152-2042
D Employer identification number 23-7110122	
E Telephone number 703-455-4646	
F Group Exemption Number ▶ 0188	
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶	
I Website: ▶ http://uknight.org/CouncilSite/index.asp?CNO=6153	
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. ▶ \$ 67,912	

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	1,381
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	9,782
	4 Investment income	4	-1,628
	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	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	255
Expenses	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	55,268
	c Less: direct expenses from gaming and fundraising events	6c	26,290
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	29,233
	7a Gross sales of inventory, less returns and allowances	7a	1,710
	b Less: cost of goods sold	7b	1,860
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-150
	8 Other revenue (describe in Schedule O)	8	1,716
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,622
	10 Grants and similar amounts paid (list in Schedule O)	10	33,712
	11 Benefits paid to or for members	11	4,910
	12 Salaries, other compensation, and employee benefits	12	895
	13 Professional fees and other payments to independent contractors	13	0
14 Occupancy, rent, utilities, and maintenance	14	0	
15 Printing, publications, postage, and shipping	15	805	
16 Other expenses (describe in Schedule O)	16	125	
17 Total expenses. Add lines 10 through 16	17	40,448	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,826
	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	256,322
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	92
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	254,588

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)SCANNED
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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	255,022	22 253,196
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	1,300	24 1,392
25 Total assets	256,322	25 254,588
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)	256,322	27 254,588

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 III ☐What is the organization's primary exempt purpose? Mens Fraternal Service Organization

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	<u>Mentally and physically handicapped: our members spend many hours raising funds for the handicapped</u>	
	(Grants \$) If this amount includes foreign grants, check here ☐	28a
29	<u>Community: Our member have spent many hours raising funds for & distributing cribs for poor expectant mothers, collecting food & distributing to local food banks & sponsoring blood drives</u>	
	(Grants \$) If this amount includes foreign grants, check here ☐	29a
30	<u>Youth. Sponsored youth events (little league, soccer, school groups, etc.), contests & scholarships</u>	
	(Grants \$) If this amount includes foreign grants, check here ☐	30a
31	<u>Other program services (describe in Schedule O)</u>	
	(Grants \$) If this amount includes foreign grants, check here ☐	31a
32	<u>Total program service expenses (add lines 28a through 31a)</u>	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 ☐

(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
John E. Conners, Grand Knight				
7005 Maple Tree Lane, Springfield VA 22152-3612	15	0	0	0
Donald Howell, Deputy Grand Knight				
6774 Edge Cliff Dr Alexandria, VA 22315	10	0	0	0
Christopher A. Gentile, Financial Secretary				
8054 Felecity Court, Springfield VA 22153-2938	10	896	0	0
Simeon Pollak, Recorder				
7604 Elgar St, Springfield VA 22151-2621	1	0	0	0
Alan Bartholomew, Treasurer				
5408 Waycross Dr, Alexandria VA 22310	1	0	0	0
Joseph S. McDonnell, Trustee				
193 Pohick Stream Pl, Springfield VA 22093-3040	1	0	0	0
Douglas C. Mills, Trustee				
24 Burchleigh Circle, Alexandria VA 22315-3635	1	0	0	0
Thomas Smith, Trustee				
7757 Chars Lane, Springfield VA 22153-1842	1	0	0	0
Glenn Caron, Warden				
8338 Wind Fall Rd., Springfield VA 22153-3862	2	0	0	0
Thomas J. Lennox, Advocate				
822 Oak Leather Burke, VA 22015	1	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		
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:		
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	
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Christopher A. Gentile Telephone no. ▶ 703-455-4346		
Located at ▶ 8054 Felecity Court, Springfield VA ZIP + 4 ▶ 22153-2938		
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 ▶	42b	✓
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 ▶ ☐ 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
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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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 	Date <u>11/10/2019</u>
	Christopher A. Gentile, Financial Secretary	11/10/2019
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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

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 #6153

Employer identification number

23-7110122

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
		Yes	No			
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 Tree Sales (event type)	(b) Event #2 Project Manger (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25736.00	10720.0	6165.0	42621.0
	2 Less: Contributions	0.0	0.0	0	0
	3 Gross income (line 1 minus line 2)	25736.0	10720.0	6165.0	42621.0
Direct Expenses	4 Cash prizes	0.0	0	0	0
	5 Noncash prizes	0.0	0	1873.72	1873.72
	6 Rent/facility costs	476.94	0	400.00	876.94
	7 Food and beverages	61.44	0	659.0	720.44
	8 Entertainment	0.0	0	0.0	0
	9 Other direct expenses	12770.45	0	927.17	13697.62
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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

2019

**Open to Public
Inspection**

Name of the organization

Knights of Columbus #6153

Employer identification number

23-7110122

Part 1, Line 1

Penny a Knight a Day (PKD) contributions \$787.23

VA KofC Charities (VKCCI) \$293.39

Individual misc donations \$300.75

Part 1, Line 8, Other Revenue- (IRS Refund for FY2017 Tax Year Penalty) \$1,716.05

Part 1, Line 10 -Community Support: Ecumenical Community Helping Others (ECHO) \$1,200

St. Bernadette's School--Scholarship Fund \$1,272.21

Youth-Summer Theater Program (STP) \$175.00

Project Manger (Cribs for the poor) \$10,720

St. Bernadette Teacher Award \$250.00

Vocations (Seminarian support)-\$1,000.00

Virginia K of C Charities, Inc (VKCCI)-\$293.39

Young Man/Woman of the Year \$500.00

KOVAR - Knights of VA Assisting Retarded \$4,210.22

Penny a Knight a Day (PKD VA KOFC) \$728.23

St. Bernadette March For Life \$500.00

St. Bernadette School \$500.00

St. Bernadette Church \$2,000.00

Archdiocese Military Services \$500.00

Gabriel Homes (Intellectually Disabled) \$300.00

WSLL Little League Sponsfor \$725.00

Boy Scouts Scouting Scholarship \$150.0

Diocese/St. Bernadette Youth Work Camp \$561.00

Catholic Charities St. Lucy Project \$500.00

Community Support-Holiday Baskets for the poor \$293.73

Community Support-School Supplies for the needy \$500.00

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
Knights of Columbus #6153	23-7110122

Community- Coats for Kids \$796.21

St. Bernadette Fall Festival \$184.48

St. Bernadette Our Lady of Guadalupe Reception \$389.97

Knights of Columbus Supreme Assessment (Per Capita) \$878.81

Supreme Assessment (Cath. Advertising) \$296.00

Supreme Culture of Life Assessment \$552.00

Virginia Knights of Columbus State Assessment (Per Capita) \$1176.00

Supplies \$1,453.69

Insurance \$1,047.00

Part 1 Line 15, Printing, publications, postage, and shipping

Web Site \$150.00

Postage \$655.25

Part1, Line 16 Other Expenses Misc. (Bank Fees) \$125.30

Part 1, Line 20, Other changes in Net Assets Change in Life Insurance Policy Redemption Value \$92.27

Part 2, Line 24, Other Assets Member Insurance Policy-Redemption Value \$1,391.92