

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****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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**

1/1

, 2019, and ending

12/31

, 20 19

**B Check if applicable.**

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

**C Name of organization**

Knights of Columbus 8886 Jack Driscoll Council

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

150 Brian Berg Ln

**D Employer identification number**

56-1464894

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

Brevard, NC 28712

**E Telephone number**

828-883-9572

**F Group Exemption  
Number**

0188

**G Accounting Method:**  Cash  Accrual  Other (specify) ►**I Website:** ► none**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 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)) are \$500,000 or more, file Form 990 Instead of Form 990-EZ . . . . . ► \$ 85,057

**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 APR 16 2021

Revenue

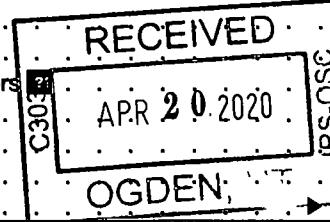
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	6,536
2	Program service revenue including government fees and contracts . . . . .	2	0
3	Membership dues and assessments . . . . .	3	1,787
4	Investment income . . . . .	4	3
5a	Gross amount from sale of assets other than inventory . . . . .	5a	4,677
b	Less: cost or other basis and sales expenses . . . . .	5b	5,183
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	-506
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	149
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	15,123
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	4,630
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	10,642
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	54,575
b	Less: cost of goods sold . . . . .	7b	53,300
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c	1,275
8	Other revenue (describe in Schedule O) . . . . .	8	2,207
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	21,944

10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	16,416
11	Benefits paid to or for members . . . . .	11	0
12	Salaries, other compensation, and employee benefits	12	0
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	732
16	Other expenses (describe in Schedule O)	16	4,414
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	21,562

18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	382
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	19,361
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	1,600
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	21,343

For Paperwork Reduction Act Notice, see the separate Instructions.

Cat. No. 10642I

Form **990-EZ** (2019)

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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 . . . . .	11,136	22
23	Land and buildings . . . . .	0	23
24	Other assets (describe in Schedule O) . . . . .	8,225	24
25	<b>Total assets . . . . .</b>	<b>19,361</b>	<b>25</b>
26	<b>Total liabilities (describe in Schedule O) . . . . .</b>	<b>0</b>	<b>26</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .</b>	<b>19,361</b>	<b>27</b>
		21,343	

**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

making charitable contributions to the community

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	Donated money and participated in fundraising events for The Center for Women located in Brevard, NC to help that organization's operation of a pregnancy center that benefits a large number of women in the Brevard/Transylvania County area by providing ultrasounds, pregnancy and newborn support.	
28	(Grants \$ 4,000 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Helped to raise and donated funds to the LAMB Foundation of NC. This is a state-wide organization that supports intellectually challenged people of the state. 15% of funds raised locally go to the state organization and the remainder is donated to Special Olympics, county schools special education programs and vocational services.	
29	(Grants \$ 3,184 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	Donated funds to Sacred Heart Catholic Church in Brevard NC to assist in its maintenance, upkeep and programs. Included in the grant amount are funds for retired religious, support for the annual community Christmas dinner and upkeep of the facilities.	
30	(Grants \$ 2,457 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) . . . . .	
31	(Grants \$ 6,775 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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

**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 . . . . .

Yes

No

33 ✓ 21

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 ✓

35b ✓

35c ✓

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 . . . . .

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 ✓ 23

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

37b ✓

b Did the organization file Form 1120-POL for this year? . . . . .

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 ✓ 23

38b ✓

b If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations. Enter:

39a

39b

a Initiation fees and capital contributions included on line 9 . . . . .

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

23

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 . . . . .

40c

23

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 . . . . .

40d

23

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .

40e

23

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 ► none

42a The organization's books are in care of ► Terrence B Jednaszewski Telephone no. ► 828-877-4523

Located at ► 353 Aberdeen Ln, Brevard, NC ZIP + 4 ► 28768-8905

42b

✓

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).

42c

✓

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 ►

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 . . . . ►

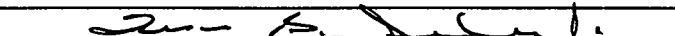
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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.

<b>Sign Here</b>			<i>4/2/2020</i>			
	Signature of officer					
	Terrence B Jednaszewski, Financial Secretary					
<b>Paid Preparer Use Only</b>	Type or print name and title		Date			
	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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

Knights of Columbus 8886 Jack Driscoll Council

Employer identification number

56-1464894

Form 990EZ, Part 1, Line 8 - Other revenue \$2207

Christmas party social ticket sales \$1,470

Penny a Day disaster relief fund \$193

Refund from parent council \$500

Name badge sales \$14

Refund of bank charges \$30

Form 990EZ, Part I, Line 10 Grants and similar amounts paid \$16,416

Center for Women \$4,000

LAMB Foundation of NC \$3,184

Sacred Heart Catholic Church \$2,457

Sharing House of Transylvania County \$1,500

Habitat for Humanity \$1,475 in household goods, tools, etc that were donated for garage sales and not sold by the council

Sacred Heart Youth Groups \$1,000

Tom Frain Fund for needy families of Sacred Heart Parish \$1,000

Bread of Life, Brevard, NC \$500

Backpack Buddies, Brevard, NC \$500

James Tweed, seminarian \$500

Veterans Restoration Quarters of Asheville, NC \$250

Special Olympics of Transylvania County \$50

--- continued on page 2 ---

Name of the organization Knights of Columbus 8886 Jack Driscoll Council	Employer identification number 56-1464894
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Form 990EZ, Part 1, Line 16 - Other expenses \$4,414

Council Christmas party social event \$2,060
Assessments by parent councils \$941
Purchase of name badges \$27
Misc supplies \$196
Convention mileage \$62
Council expenses as listed below \$1,128
Council expenses
Gifts to clergy and parish staff \$550
Mother's Day breakfast \$153
Council picnic social \$151
Penny-a-day state disaster fund paid to parent council \$200
Blood drive expense \$43
Bank charges \$30

Form 990EZ, Part 1 Line 20 - Other changes in net assets or fund balances \$1600

The council sells grocery store gift cards as a fundraiser. We buy the cards at a discount and sell them at face value. The amount of \$1600 represents the difference in face value of the cards held by the council at the beginning and end of 2019
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Form 990EZ, Part II Line 24 Other assets

As mentioned above, the council sells grocery store gift cards. The amount of \$8,225 is the face value of card held at the beginning of 2019 and the amount of \$9,825 is the face value of cards held at the end of 2019
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--- continued on page 3 ---

Name of the organization

Knights of Columbus 8886 Jack Driscoll Council

Employer identification number

56-1464894

Form 990EZ, Part III, Line 31 Other program services \$6,775

The following program services were not listed on page 2, Part III of Form 990EZ

Sacred Heart Youth Groups - donation to help defray costs of regional and national meeting attendance \$1,000

Habitat for Humanity - donated \$1,475 in household goods, tools, etc collected for council garage sale and not sold at those garage sales

Tom Frain Fund for needy families of Sacred Heart Parish donated \$1,000

Bread of Life, Brevard, NC donated \$500 to this soup kitchen for the homeless

Backpack Buddies, Brevard, NC donated \$500 to this ministry that provides food for needy children on weekends when school lunches are not available

Sharing House of Transylvania County - donated \$1,500 to this ministry to the needy of our county

Veterans Restoration Quarters, Asheville, NC - donated \$250 to help provide a dinner celebration on Independence Day

James Tweed, seminarian - donated \$500 to help with books, weekend meals, etc. while at minor seminary

Special Olympics of Transylvania County - donated \$50 to a fundraising event