

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

▶ 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.

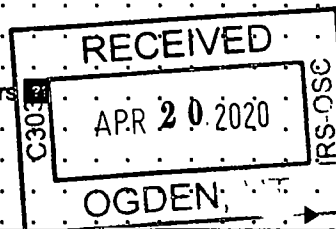
A For the 2019 calendar year, or tax year beginning 1/1, 2019, and ending 12/31, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization 21 Knights of Columbus 8886 Jack Driscoll Council Number and street (or P.O. box if mail is not delivered to street address) 21 Room/suite 150 Brian Berg Ln City or town, state or province, country, and ZIP or foreign postal code 08 Brevard, NC 28712 D Employer identification number 21 56-1464894 E Telephone number 828-883-9572 F Group Exemption Number 21 0188 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 21 I Website: ▶ none 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: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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) **21**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	6,536
	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 \$ 0 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	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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,944	
Expenses	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 21	12	0
	13 Professional fees and other payments to independent contractors 21	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) 21	16	4,414
	17 Total expenses. Add lines 10 through 16	17	21,562
Net Assets	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 Net assets or fund balances at end of year. Combine lines 18 through 20	21	21,343

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2019)SCANNED
APR 16 2021

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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 11,518
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	8,225	24 9,825
25	Total assets	19,361	25 21,343
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)	19,361	27 21,343

21	Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose?	making charitable contributions to the community
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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 organizations 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. | |
| 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. | |
| 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. | |
| 31 | Other program services (describe in Schedule O) | |
| 32 | Total program service expenses (add lines 28a through 31a) | |

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 ☐

[illegible]

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 0		
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 ▶ 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		
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	✓

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 ▶

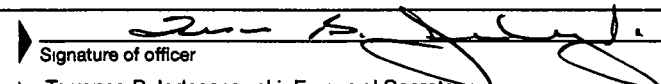
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  **Date** 4/12/2020
 Signature of officer
 Terrence B Jednaszewski, 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

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 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.

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.

--- 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