

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)

2019

Open to Public
InspectionDepartment 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 January 1, 2019, and ending December 31, 2019

B Check if applicable	C Name of organization Knights of Columbus 7449		D Employer identification number 58-1395211
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) PO Box 38152		E Telephone number 901-834-6807
<input type="checkbox"/> Name change	Room/suite 08		
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Germantown, Tennessee 38183 - 0152		F Group Exemption Number ► 0188
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) (insert no.) 4947(a)(1) or 527K 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. ► \$

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 14,198
		2 Program service revenue including government fees and contracts	2 0
		3 Membership dues and assessments	3 8,027
		4 Investment income	4 297
		5a Gross amount from sale of assets other than inventory	5a 0
		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
		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 37,731
		c Less: direct expenses from gaming and fundraising events	6c 21,657
		d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 16,074
		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)	8 658
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 39,254
	Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 20,278
		11 Benefits paid to or for members	11 0
		12 Salaries, other compensation, and employee benefits	12 662
		13 Professional fees and other payments to independent contractors	13 3,118
		14 Occupancy, rent, utilities, and maintenance	14 0
		15 Printing, publications, postage, and shipping	15 808
		16 Other expenses (describe in Schedule O)	16 10,954
		17 Total expenses. Add lines 10 through 16	17 35,820
	Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 3,434
		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 62,187
		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 65,621
		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED B637 FEB 13 2020 OPEN, UT </div>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

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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	62,187	22 65,621
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	62,187	25 65,621
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)	62,187	27 65,621

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?

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 Support of Catholic Church activities			
(Grants \$) If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	28a 9,888
29 Birthright of Memphis			
(Grants \$) If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	29a 4,100
30 MR Foundation of Tennessee			
(Grants \$) If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	30a 1,675
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here . . . ►	<input type="checkbox"/>	31a 4,615
32 Total program service expenses (add lines 28a through 31a)			32 20,278

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
Vincent Morelli				
Grand Knight	7	0	0	0
Thomas J. Kirk				
Financial Secretary	15	662	0	0
Edward J. Cabrera				
Deputy Grand Knight	1	0	0	0
James M. Clark				
Treasurer	4	0	0	0
Dale E. Jackson				
Trustee (One Year)	1	0	0	0
Thomas E. Wilson				
Trustee (Two Year)	2	0	0	0
George Michael Richert				
Trustee (Three Year)	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	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	
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?	38b	
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	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	
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 ► _____		
42a The organization's books are in care of ► James M Clark	Telephone no. ► 901-277-6353	
Located at ► PO Box 38152 Germantown, TN	ZIP + 4 ► 38183 0152	
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 ► <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	✓
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 **46** **✓**

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		Date
Signature of officer Thomas J. Kirk 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

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

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- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Geramtown Knights of Columbus #7449

Employer identification number

58-1395211

Line 8 - Miscellaneous Operating Expense Refunds

Line 10 - Payments for program services donated for various charitable purposes

Line 16 - Primarily Council general administrative and operating expenses incurred in charitable works performed

Line 31 - Payments for services donated for charitable purposes