

Form 990EZ

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.

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

2019

Open to
Public
Inspection**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization
KNIGHTS OF COLUMBUS

% Bobby L Green

Number and street (or P O box, if mail is not delivered to street address) Room/suite
223 Wind Haven LnCity 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** Cash Accrual Other (specify) ► _____**H** Check ► 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) - 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 60,315****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

1	Contributions, gifts, grants, and similar amounts received	1	15,125
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 \$ 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	45,190
c	Less direct expenses from gaming and fundraising events	6c	23,008
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22,182
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	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	37,307

10	Grants and similar amounts paid (list in Schedule O)	10	3,423
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	2,640
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	31,708
17	Total expenses. Add lines 10 through 16 ►	17	37,771
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-464
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	23,799
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	23,335

Part II Balance Sheets (see the instructions for 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	23,799	22	23,335
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	23,799	25	23,335
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,799	27	23,335

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?

What is the organization's primary exempt purpose?
The Knights of Columbus is a Catholic Fraternal organization dedicated to promoting and conducting educational, charitable, religious and social welfare works entering mutual aid and assistance to sick and needy members and their families

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.

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here . . . ►

283

29 See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here ►

30 See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

31 Other program services (describe in Schedule Q)

31 Other pri

If the above is not true, check here and attach a statement explaining why.

If this amount includes foreclosures, check here

31a

Part IV - List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated) see the instructions for 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 Q 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
Bobby L Green	1	0	0	0
Grand Knight				
Raymond P Patout	2	0	0	0
Financial Secretary				
Karl Guidry	1	0	0	0
Treasur				

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	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	39a	
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 ► _____	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	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 ► _____	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40b	
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	Telephone no ► (337) 988-2467	
42a The organization's books are in care of ► Raymond P Patout	ZIP + 4 ► 70506	
42b Located at ► 223 Wind Haven Ln Lafayette, LA		
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	No
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.? If "Yes," enter the name of the foreign country ► _____	42c	No
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	

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> 46	<input type="checkbox"/> 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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	*****	2020-02-05
	Signature of officer	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: 19009905
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 benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<p>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 \$ 3,618)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a 0</p>

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.)
<p>29 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 (Grants \$ 3,080)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a 0</p>

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>30 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 (Grants \$ 500)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a 0</p>

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>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 \$ 2,000)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	0

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
KNIGHTS OF COLUMBUS

Employer identification number

90-0369721

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
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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Catfish Fry (event type)	Barbecue (event type)	(total number)	
Revenue					
1	Gross receipts	34,697	10,493		45,190
2	Less Contributions	0	0		0
3	Gross income (line 1 minus line 2)	34,697	10,493		45,190
Direct Expenses					
4	Cash prizes	0	0		0
5	Noncash prizes	0	0		0
6	Rent/facility costs	0	0		0
7	Food and beverages	18,002	5,006		23,008
8	Entertainment	0	0		0
9	Other direct expenses	0	0		0
10	Direct expense summary Add lines 4 through 9 in column (d)				23,008
11	Net income summary Subtract line 10 from line 3, column (d)				22,182

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 _____

Yes No

a Is the organization licensed to conduct gaming activities in each of these states? _____

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

13a	%
13b	%

a The organization's facility

b An outside facility

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 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.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.

2019**Open to Public
Inspection**Name of the organization
KNIGHTS OF COLUMBUS

Employer identification number

90-0369721

990 Schedule O, Supplemental Information

Return Reference	Explanation
Doing Business As Names	St Edmond Knights of Columbus Council 10293

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	Activity , Grantee Name , Grantee Address , Amount , Relationship Tootsie Roll Drive for Mentally Handicapped , LARK INC, "Lafayette, LA", \$2567 00, None Tootsie Roll Drive for the benefit of Mentally Handicapped, St Mary's Residential Training Scho, "Alexandria, LA", \$856 00, None

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	Other Expenses , Amount Church Calendars, \$500 00 Church Miscellaneous, \$60 00 Award s Banquet, \$1059 00 Children's Christmas Party (Gumbo), \$1072 00 KOC Mass and Patriotic Rosary, \$389 00 Church Easter Egg Hunt, \$230 00 Awards for Free Throw Contest, \$100 00 Christmas Baskets, \$486 00 Aprons for workers, \$485 00 Entry fees for cook-off and KOC s porting events, \$150 00 Keep Christ in Christmas Bill Boards, \$1000 00 Grand Knight and Financial Sec supplies, \$347 00 KOC State Convention, \$772 00 Liability Insurance, \$418 00 Postage, \$143 00 Crawfish Social, \$506 00 Meeting Meals, \$1902 00 Miscellaneous, \$8 69 00 YEP, \$1430 00 Greco Memorial Fund, \$50 00 Desormeaux Center, \$1250 00 Seminarian RSVP Support, \$2000 00 Ladies Auxiliary, \$1000 00 CYLA banquet and awards, \$300 00 BSA Troop 162 sandwich wraps for their poorboy sale , \$200 00 Retired Religious, \$750 00 Yo uth Group and Lunch with the Lord, \$500 00 Stubenville South, \$500 00 Special Olympics, \$45 00 Petroleum Club Christmas Party, \$1596 00 Miscellaneous for the poor and others, \$ 2450 00 KOC Supreme Per Capita, \$1010 00 Louisiana State Per Capita, \$1380 00 Miscellan eous Council Expenses, \$5795 00 Other most expense, \$464 00 Seminarian Mission Fund Raf fle, \$500 00