

Form **990-EZ****Short Form**

OMB No 1545-0047

Return of Organization Exempt From Income Tax**2019**

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

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 July 1, 2019, and ending June 30, 2020**B** Check if applicable

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

C Name of organization ☒

Knights of Columbus 6357 Fr. Peter Boerding Council

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

Room/suite

PO Box 464

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

Belle Chasse, LA 70037

D Employer identification number ☒

23-7281877

E Telephone number

504-884-8208

F Group ExemptionNumber ▶ ☒ 0188**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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. ▶ \$ 64,318**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		Expenses		Net Assets	
<input checked="" type="checkbox"/>	1 Contributions, gifts, grants, and similar amounts received	<input checked="" type="checkbox"/>	10 Grants and similar amounts paid (list in Schedule O)	<input checked="" type="checkbox"/>	18 Excess or (deficit) for the year (subtract line 17 from line 9)
	8,058		5,408		-8,039
<input checked="" type="checkbox"/>	2 Program service revenue including government fees and contracts	<input checked="" type="checkbox"/>	11 Benefits paid to or for members	<input checked="" type="checkbox"/>	19 Net assets or fund balances at beginning of year (from line 22 of 2019 (A)) (must agree with end-of-year figure reported on prior year's return)
					433,558
<input checked="" type="checkbox"/>	3 Membership dues and assessments	<input checked="" type="checkbox"/>	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20 Other changes in net assets or fund balances (explain in Schedule O)
	4,473				
<input checked="" type="checkbox"/>	4 Investment income	<input checked="" type="checkbox"/>	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21 Net assets or fund balances at end of year. Combine lines 18 through 20
					425,519
	5a Gross amount from sale of assets other than inventory		14 Occupancy, rent, utilities, and maintenance		
	5a		36,140		
	b Less: cost or other basis and sales expenses		15 Printing, publications, postage, and shipping		
	5b		925		
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>		
	5c		15,775		
			58,248		
	6 Gaming and fundraising events:		17 Total expenses. Add lines 10 through 16		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)		337		
	6a				
	1,464				
	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				
	24,323				
	c Less: direct expenses from gaming and fundraising events				
	6c				
	14,109				
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
	6d				
	11,678				
	7a Gross sales of inventory, less returns and allowances				
	7a				
	b Less: cost of goods sold				
	7b				
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)				
	7c				
	8 Other revenue (describe in Schedule O)				
	8				
	26,000				
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				
	9				
	50,209				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 1545-0047

Form **990-EZ** (2019)

SCANNED NOV 15 2021

Revenue

Expenses

Net Assets

NOV 23 2020

Ogden, UT

96

6

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	433,558	22 425,519
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	433,558	25 425,519
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)	433,558	27 425,519

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

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		
29	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a
30	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ▶	32

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 ▶ <u>None</u>		
42a The organization's books are in care of ▶ <u>Donald Verett Jr.</u> Telephone no. ▶ <u>504-884-8208</u>		
Located at ▶ <u>305 Good News Ave. Belle Chasse, LA</u> ZIP + 4 ▶ <u>70037</u>		
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)?	42b	<input checked="" type="checkbox"/>
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

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

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" 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
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
None		

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
Mike Mariana, Grand Knight
Type or print name and title

Date 11/12/2020

Paid Preparer Use Only

Print/Type preparer's name Robert Johnson	Preparer's signature 	Date 11/12/2020	Check <input type="checkbox"/> if self-employed	PTIN P02146274
Firm's name R. Johnson CPA & Business Advisors, LLC	Firm's EIN 82-4270042			
Firm's address 170 Bergeron Dr Belle Chasse, LA 70037	Phone no 504-343-1394			

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 6357 Fr Boerding Council

Employer identification number

23-7281877

Part I Revenue - Line 8 Other Revenue

Transfer from Money Market - \$26,000

Part 1 Expenses - Line 16 Other Expenses

Per Capita Supreme - \$832

Per Capita State - \$2929

General Expenses - \$12,104

Total Other Expenses