(Rev January 2020)

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

▶ Do not enter social security numbers on this form as it may be made public. ¿

Open to Public Department of the Treasury Internal Povenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 2019, and ending For the 2019 calendar year, or tax year beginning Jul Jun **. 20** 2 0 Check if applicable C Name of organization KNIGHTS OF COLUMBUS 9708 COUNCIL D Employer identification number Doing business as Address change 42-1765300 E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) Room/suite 3131 EL DORADO BLVD. Initial return (832)240-4336City or town, state or province, country, and ZIP or foreign postal code Final return/terminated HOUSTON, TX 77059 Amended return G Gross receipts \$ 934,285. F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes No JOHN R DEFLORA, 15803 MESA VERDE DR HOUSTON H(b) Are all subordinates included? Yes No Tax-exempt status 501(c)(3) **X** 501(c) (8) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► N/A H(c) Group exemption number ▶ Form of organization X Corporation Trust Association L Year of formation 2008 M State of legal domicile TX Part I Briefly describe the organization's mission or most significant activities: A FRATERNAL ORGANIZATION OF CATHOLIC MEN DEDICATED TO PROMOTING AND CONDUCTING 1 Activities & Governance EDUCATIONAL, CHARITABLE, RELIGIOUS, PATRIOTIC, SOCIAL WELFARE, PUBLIC RELIEF, AND OTHER ACTIVITIES. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 140 Total unrelated business revenue from Part VIII, column (C), line 12 7a 17,466. Net unrelated business taxable income from Form 990-T, line 39 7b 0. Prior Year **Current Year 2 2** 2020 8 Contributions and grants (Part VIII, line 1h) 8,767 13,217. Revenue 9 Program service revenue (Part VIII, line 2d) Investment income (Part VIII, column (A), lines 3-4, and 7d) 10 621 987 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 42,933 49,002 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 52,321 63,206. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,311 11,400. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,223 24,413. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,534. 35,813. 19 Revenue less expenses. Subtract line 18 from line 12 . 25,787. 27,393. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 52,196 85,718. 21 Total liabilities (Part X, line 26) . 6,689. 22 Net assets or fund balances. Subtract line 21 from line 20 52,196. 79,029. Part II Signature Block Under penalties of perjury, I decigre 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 Signature of officer Here JOH DEFLORA, FINANCIAL SECRETARY Type or brint name and title Print/Type preparer's name PTIN Check I If Paid self-employed P01648503 Philip E. Smith **Preparer** Firm's name ▶ PHILIP E SMITH CPA PC Firm's EIN ► 81-4773070 Use Only

Form 990 (2019)

Phone no (469) 305-0080

Firm's address ▶ 245 Cedar Sage Dr Suite 210, May the IRS discuss this return with the preparer shown above? (see instructions)

Garland

Part	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	· · · 🔼
•	•A FRATERNAL ORGANIZATION OF CATHOLIC MEN DEDICATED TO PROMOTING AND CONDUCT:	[NG
	EDUCATIONAL, CHARITABLE, RELIGIOUS, PATRIOTIC, SOCIAL WELFARE, PUBLIC	
	RELIEF, AND OTHER ACTIVITIES.	•
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes □ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program] s
	services?]Yes ⊠No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	moseured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ions to others
	the total expenses, and revenue, if any, for each program service reported.	
40	(Code: \(\(\(\(\(\) \\ \) \) \(\) \(\(\)	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$ CONTRIBUTIONS TO EDUCATIONAL, CHARITABLE, RELIGIOUS, PATRIOTIC, SOCIAL	
	WELFARE, PUBLIC RELIEF, AND OTHER ACTIVITIES. THIS INCLUDES SUPPORT OF THE C	
	SCHOOL, AND YOUTH SCHOLARSHIPS.	
		•••••
		••••
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
76	(Code) (Expenses #) (Nevende #)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		•
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{\text{(Revenue \$}}	
4e		

Part IV Checklist of Required Schedul	Part IV	Checklis	t of Require	d Schedule:
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>×</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	×	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_ 1	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	23 24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	 ^
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			3-
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1.00	+
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		·
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	┼──
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a	×	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	×	-
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30	-	┼─
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
b	If "Yes," enter the name of the foreign country	4a		×
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	İ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>-</u>		-
_		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┼—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	i	i
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			ŀ
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			l
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		ĺ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedu	relow, ar	nd for a	a "No" ictions			
	Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management			. (2)			
			Yes	s No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13					
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	. 2	!	X			
3	Did the organization delegate control over management duties customarily performed by or under the di supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3	1	×			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil			X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	· · · · · ·		<u> </u>			
6	Did the organization have members or stockholders?	. 6	j	×			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app one or more members of the governing body?		а	×			
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb						
	stockholders, or persons other than the governing body?)	_ X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken du the year by the following:	ring					
а	The governing body?	. 8		<u> </u>			
b	Each committee with authority to act on behalf of the governing body?		b ×	 			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		×			
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal R	evenue					
4.0		<u> </u>	Yes	+			
10a	Did the organization have local chapters, branches, or affiliates?	. 10	<u>a</u>	 ×			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	? 10	$\overline{}$	ļ			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12		 ×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		<u></u>	 			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	. 12	\rightarrow				
13	Did the organization have a written whistleblower policy?			×			
14	Did the organization have a written document retention and destruction policy?		<u> </u>	×			
15	Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?	/°	. 7 3			
а	The organization's CEO, Executive Director, or top management official	<u> </u>		×			
b	Other officers or key employees of the organization	. 15	<u>b </u>	<u> </u>			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16	a	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		<i>i</i>				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			كسرا			
Soct:	organization's exempt status with respect to such arrangements?	. 16	<u>D </u>	J			
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and						
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	290-1 (S	SCHOIL	JU 1(C)			
10		hat af	toract	nolicii			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confiand financial statements available to the public during the tax year.			policy,			
20	State the name, address, and telephone number of the person who possesses the organization's books at JOHN R. DEFLORA. 15803 MESA VERDE DR. HOUSTON, TX 77059 (832) 240-4336	nd record	ıs ►				

 nnn	(2019	١١

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than box, unless person is be officer and a director/true				n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BILL HOFF	10.00							-		
GRAND KNIGHT		×		×			ļ			
(2) LUIS ZEPEDA DEPUTY GRAND KNIGHT	10.00			×						
(3) MAURICIO RODRIGUEZ CHANCELLOR	10.00			×						
(4) MEL HIZON RECORDER	10.00			×						
(5) MARK KRADZINSKI TREASURER	10.00			×						
(6) ERNEST DAVILA ADVOCATE	5.00			×						
(7) STAN LEWIS WARDEN	5.00			×						
(8) CHARLES CONAWAY INSIDE GUARD	5.00			×						
(9) JEFF KING OUTSIDE GUARD 1	5.00	-		×						
(10) PAUL LALICATA OUTSIDE GUARD 2	5.00			×						
(11) DAVE FRONICK 3 YEAR TRUSTEE	1.00	×								
(12) GORDON DUCOTE 2 YEAR TRUSTEE	1.00	×								
(13) BILL CORY 1 YEAR TRUSTEE	1.00	×								
(14) JOHN DEFLORA FINANCIAL SECRETARY	1.00	×		×						

Part	VII Section A. Officers, Directors,	Trustees,	Key l	<u>Em</u>	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
	(A) Name and title		box,	unles er and	Pos heck ss pe	rson	e than on the street to the st	an tee)	(D) Reportable compensation from the	(E) Report compen from re	able sation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(15)												
(16)												
(17)												
(18)					-							
(19)		-										
(20)												
(21)												
(22)						_						
(23)												
(24)			<u> </u>									
(25)												
1b	Subtotal		·	•	•		•	•				
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		:	:			▲				
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) wi	ho received more	e than \$1	00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s								oyee, or highes	•	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portat	ole d	com	per	nsatio					
5	Did any person listed on line 1a receive of for services rendered to the organization											
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	ices	C	(C) Compensation
						_	-			r		
					_				·		· · · · ·	
												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed above	e) who		

Par	t VIII	Statement of Rever	nue						raye
		Check if Schedule O	contains a re	espor	nse or note to an	y line in this Pa	art VIII		🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts İts	1a	Federated campaigns		1a					
iran	b	Membership dues .		1b	5,970.				
S, G	С	Fundraising events .		1c					
ar / ar	d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (co		1e	 				
tion sr S	f	All other contributions, and similar amounts not in		1f	7,247.				
ib di	q	Noncash contributions		- "	7,247.				
d C]	lines 1a–1f		1g	\$				
<u>8</u>	h	Total. Add lines 1a-1f				13,217.			
		•			Business Code				
Program Service Revenue	2a								
e e	b								
re.	C								-
gram Ser Revenue	d								
, j	e f	All other program service				-			
<u>α</u>	'g	Total. Add lines 2a-2f			•				
	3	Investment income (in							
		other similar amounts)				987.	987.	0.	0.
	4	Income from investmen			<u> </u>				
	5	Royalties	·		▶				
			(ı) Rea	1	(ii) Personal				
	6a	Gross rents 6a	_						
	b	Less: rental expenses 6t							
	C	Rental income or (loss) 6			·				
	d	Net rental income or (lo							
	7a	Gross amount from	(i) Securi	iles	(ii) Other				
		sales of assets other than inventory 7a			1				·
a)	h	Less, cost or other basis	1		 				
enne		and sales expenses . 7t	,						
	С	Gain or (loss) 70	_						
Other Rev	d				▶				
the	8a	Gross income from	fundraising						
0		events (not including \$							
		of contributions report		_					
		1c). See Part IV, line 18		8a	44,683.				
	l	Less: direct expenses		8b	12,843.	21 040			
	C	Net income or (loss) fro Gross income from		g eve	nts ▶	31,840.		0.	31,840.
	9a	activities. See Part IV, li		9a	875,398.				
	b	Less: direct expenses		9b	858,236.				
		Net income or (loss) fro				17,162.	-304.	17,466.	0.
		Gross sales of inver				·		· · · · · · ·	
		returns and allowances		10a					
	b	Less: cost of goods sol		10b					
	С	Net income or (loss) fro	m sales of ir	vento					
Z Z					Business Code				
Jeo Teo	11a								
Miscellaneous Revenue	b								
Sce	c d	All other revenue .							
Ξ̈́		Total. Add lines 11a-11		•	•				
	12	Total revenue. See ins				63,206.	683.	17,466.	31,840.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	3,400.	3,400.		
2	Grants and other assistance to domestic				- · · · · · · · · · · · · · · · · · · ·
	individuals. See Part IV, line 22	8,000.	8,000.		
3	Grants and other assistance to foreign	- 0,000.			
J	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	_				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	"			
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	893.		893.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	2,109.		2,109.	
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	1,764.	1,764.		
22	Depreciation, depletion, and amortization .	'			
23	Insurance	694.		694.	
24	Other expenses. Itemize expenses not covered				·
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				l !
	(A) amount, list line 24e expenses on Schedule O.)			·	ı
а	PARISH SUPPORT	9,226.	9,226.		
b	FAITH IN ACTION - FAITH	1,599.	1,599.		
С	FAITH IN ACTION - COMMUNITY	1,304.	1,304.		
d	FAITH IN ACTION - LIFE	960.	960.		
е	All other expenses	5,864.	3,020.	2,844.	
25	Total functional expenses. Add lines 1 through 24e	35,813.	29,273.	6,540.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	35,811.	1	35,783.
	2	Savings and temporary cash investments [10,601.	2	27,034.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
şts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	· ·
4	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	-	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,784.	15	22,901.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	52,196.	16	85,718.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
ja	00			22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	······································
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	6 600
	26	Total liabilities. Add lines 17 through 25		25 26	6,689. 6,689.
(0	20	Organizations that follow FASB ASC 958, check here ► 🗵			0,009.
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	52,196.	27	79,029.
H 18	28	Net assets with donor restrictions		28	-
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Iss	31	Retained earnings, endowment, accumulated income, or other funds		31	
at/	32	Total net assets or fund balances	52,196.	32	79,029.
ž	33	Total liabilities and net assets/fund balances	52,196.	33	85,718.
					Form QQ () (2010)

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63,2	206.
2	Total expenses (must equal Part IX, column (A), line 25)	2			313.
3	Revenue less expenses. Subtract line 2 from line 1	3		27,3	393.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		52,1	196.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-5	60.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		79,0)29.
Part	·				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in ,		
	Schedule O.				. 13
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or .	`	
	reviewed on a separate basis, consolidated basis, or both:		3		Fm:
	Separate basis Consolidated basis Both consolidated and separate basis			<u></u>	1.6
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a	٠	1,50
	separate basis, consolidated basis, or both:			7.3	
	Separate basis Consolidated basis Both consolidated and separate basis				ref. gr
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, experience	xplain (on 📜	,	Z.
	Schedule O.			2/2/	0.5
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th	1 1		
	Single Audit Act and OMB Circular A-133?		3a		×
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		ne 3b		
	<u> </u>	audits .	1		<u></u>
	REV 06/02/20 PRO		Forr	n 990	(2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization		Employer identification number
KNI	GHTS OF COLUMBUS 9708 COUNCIL		42-1765300
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		eld in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal contro	ol?
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or for	or any other purpose
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	'Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		or a certified mistoric structure
2	Complete lines 2a through 2d if the organization he	ald a qualified consequation contribution	un in the form of a conceniation
~	easement on the last day of the tax year.	ad a quaimed conservation continuatio	Held at the End of the Tax Year
а	T		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
u	historic structure listed in the National Register		
3	Number of conservation easements modified, trans		
3	tax year ►	sterred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conser	vation easement is located	
5	Does the organization have a written policy reg		oection handling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$\bigs\$	g, handling of violations, and enforcing	conservation easements during the year
_		0/4/	470/17/47/07/
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		ancial statements that describes the
Part			Other Similar Assets
	Complete if the organization answered "		Other Online Assets.
4-			
та	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
_	• •	_	
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held provide the following amounts relating to these item	for public exhibition, education, or res	
			. ▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial gain provide the
_	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		• \$

REV 06/02/20 PRO

Part	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	or O	ther Similar A	\ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	ne follov	ving that make	significant	use of its
а	Public exhibition				or exchang				
b	☐ Scholarly research		е	☐ Other			••••		
С	☐ Preservation for future generations	S							
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	the org	ganization's exe	empt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta							s 🗌 No
Part	Complete if the organization 990, Part X, line 21.		" on Fo	rm 990, i	Part IV, lin	e 9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					tions oi	other assets	not . Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the f	ollowing to	able:		- ₋		
								Amount	
С	Beginning balance					10	:		
d	Additions during the year					10	<u> </u>		
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amou								
<u>b</u>	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provide	ed on Part XIII	<u></u> .	
Par	V Endowment Funds.								
	Complete if the organization	n answered "Yes	" on Fo	m 990, F	Part IV, lin	e 10.			
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								-
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current vear en	d baland	e (line 1a	. column (a	ı)) held	as		
а	Board designated or quasi-endowme	nt ▶	%	` `	, ,	,,			
b	Permanent endowment ▶	%	••						
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and		nn%						
3a	Are there endowment funds not in th	•		zation the	at are hold	and ad	munistered for t	ho	
Ja	organization by:	e possession or th	e organi	Zation the	at are rielu	and ad	iriiriistered for t		Yes No
	(i) Unrelated organizations							3a(i)	103 110
						• •		3a(ii)	-
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses	-	•			• •	• • • • •	. 30	
Part			ni s ena	JWIIIGIIL IC	JI 103.				
rart	Complete if the organization		' on Eo	000 E	Part IV/ June	. 11.	Saa Farm 000	Dort V II	no 10
	• • • • • • • • • • • • • • • • • • • •			,					
	Description of property	(a) Cost or other			r other basis ther)		Accumulated epreciation	(d) Book	value
	l and	Įssiini	-· <i>,</i>		,	-			
	Land								
b	Buildings			-					
C	Leasehold improvements	•	-	-					
d	Equipment	•							
<u>е</u>	Other	·	20 5	<u> </u>	(D) (1 11				
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	θυ, Part ,	ĸ, column	(B), IINE 10	/C.)	>		

Part VII	Investments - Other Securities.			
	. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
	••••••			
				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.	<u> </u>	<u> </u>	
T are viii	Complete if the organization answered "Yes" on Fo	rm 990 Part IV line	e 11c. See Form	990 Part Y line 13
	(a) Description of investment	(b) Book value		od of valuation
	(a) Description of investment	(b) book value		of-year market value
(1)				
(2)		***		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	000 D-+ N/ E-	. 44-1-0	000 5 17/1 45
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
(1) DOUTE	(a) Description			(b) Book value
(2)	IN TEXAS STAR BINGO			22,901.
(3)			-	
(4)		<u>.</u> .		
(5)				
(6)				
(7)		······································		
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15.)			22,901.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2) RESERV	E SWEEP PAYABLE			2,163.
	ITY TO ST CLARE SCHOOL FOR GOLF			4,026.
(4) LIABII	ITY FOR DONATION TO PREG. CENTER			500.
(5)	<u> </u>			
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)	(h)	· · · · · · · · · · · · · · · · · · ·		
		. , , ,		6,689.
	uncertain tax positions. In Part XIII, provide the text of the footn			

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,		
	Total revenue, gains, and other support per audited financial statements	3	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		_
	Donated services and use of facilities		
	Recoveries of prior year grants		_
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part 2			er Return.
	Complete if the organization answered "Yes" on Form 990,		
	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		_
	Prior year adjustments		_]
	Other losses		
	Other (Describe in Part XIII.)		<u> </u>
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		_
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	ne 18.)	5
2; Part	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional ii	nformation.
	······································		
	·		

Schedule D (Fo		Page \$
Part XIII	Supplemental Information (continued)	
	•	
•		
	·	
		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

OMB No. 1545-0047

Name o	of the organization					Employer identifi	cation number
	GHTS OF COLUMBUS 9708 (42-1765300	
Par	Form 990-EZ filers are r					orm 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds			•	, , ,	
а	<u> </u>						
b							
C	3 openimization g over the contract of the						
đ	☐ In-person solicitations						
2a	Did the organization have a wri- or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	d individuals or	entities (fun		•	•	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(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
			Yes	No			
1							
2							
3							
4							
5							
6						······································	
7	-	1	<u> </u>	1			-
8						····	
9				<u> </u>			
10			· · · · · · · · · · · · · · · · · · ·		 	· · · ·	
Total			1	·			
Total 3	List all states in which the organ registration or licensing.	anization is regis	stered or lic	censed to s	Solicit contributions	s or has been notifi	ed it is exempt from
						·	
	••••						
	•						
						•••••	
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		(Form 990 or 990-EZ) 2019 Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater tha	ng event contributions	ion answered "Yes" or and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1 a	Page 2 ne 18, or reported more and 6b. List events with
	•	gross receipts greater tria	(a) Event #1 GOLF TOURNAMENT	(b) Event #2 CASINO NIGHT	(c) Other events	(d) Total events (add col (a) through col (c))
ا يو			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	10,733.	23,912.	10,038.	44,683.
	2	Less: Contributions				
;	3	Gross income (line 1 minus				
\perp		line 2)	10,733.	23,912.	10,038.	44,683.
	4	Cash prizes				· -
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .	2,682.	2,826.	7,335.	12,843.
10		Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		12,843.
1	1	Net income summary. Subtra	- A Illiana 40 formula lorra 0		► F	
Part	Ш	Gaming. Complete if the	e organization answe		▶ 90, Part IV, line 19, o	31,840. or reported more than
Part	Ш		e organization answe			
Part	1	Gaming. Complete if the	e organization answe Z, line 6a.	ered "Yes" on Form 9	90, Part IV, line 19, o	or reported more than
Part		Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answe Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, o	or reported more than (d) Total gaming (add col. (a) through col. (c))
Part	1	Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answer, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, o	(d) Total gaming (add col. (a) through col (c))
Part	12	Gaming. Complete if the \$15,000 on Form 990-E2 Gross revenue	e organization answer, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	90, Part IV, line 19, o	(d) Total gaming (add col. (a) through col (c))
Part Niect Expenses Hevenne	1 2 3	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue	e organization answer, line 6a. (a) Bingo 299, 820. 290, 500.	(b) Pull tabs/instant bingo/progressive bingo 575,579. 401,078.	90, Part IV, line 19, o	(d) Total gaming (add col. (a) through col (c)) 875, 399. 691, 578.
Part Expenses Hevenue	1 2 3	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes	e organization answer, line 6a. (a) Bingo 299, 820. 290, 500.	(b) Pull tabs/instant bingo/progressive bingo 575,579.	90, Part IV, line 19, o	(d) Total gaming (add col. (a) through col (c)) 875,399.
Direct Expenses Hevenue	1 2 3 4	Gaming. Complete if the \$15,000 on Form 990-EZ Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	e organization answer., line 6a. (a) Bingo 299,820. 290,500. 1,591. 8,033. Yes% No	(b) Pull tabs/instant bingo/progressive bingo 575,579. 401,078. 29,859. 127,176. Yes% No	90, Part IV, line 19, o	(d) Total gaming (add col. (a) through col (c)) 875, 399. 691, 578.

Enter the state(s) in which the organization conducts gaming activities: TX Is the organization licensed to conduct gaming activities in each of these states?	⊠ Yes	□ No
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	⊠ No

11	Does the organization conduct gaming activities with nonmembers?		∐ 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:	<u></u>	
а	The organization's facility		%
b	An outside facility		
	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
14	records:		
	Name ► TEXAS BINGO SOLUTIONS		
	Address ► 12011 BELLA ITALIA, SUITE 300 FORT WORTH TX 76126		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b			
С	amount of gaming revenue retained by 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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	✓ Yes	□No
b	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		
	,		
			•••••

Page 3

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2019

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ (h) Purpose of grant or assistance X Yes 42-1765300 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance KNIGHTS OF COLUMBUS 9708 COUNCIL, (p) EIN 1 (a) Name and address of organization or government Part | Part 8 6 8 5 12 E 8 € ල Ō 9 E

REV 06/02/20 PRO For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 8,000. (c) Amount of cash grant REV 06/02/20 PRO ဖ (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIP Part IV ₽¥ က Ŋ 9 N 4

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

KNIGHTS OF COLUMBUS 9708 COUNCIL	42-1765300
Pt III, Line 2: KNIGHTS OF COLUMBUS JOINED A BINGO HALL: TEXAS ST	'AR BINGO
Pt VI, Line 11b: RETURN IS REVIEWED BY BOARD BEFORE FILING	
Pt IX, Line 24e:	
Description: FAITH IN ACTION - FAMILY	
Total: \$1,015	
Program services: \$1,015	
Description: SOCIAL EVENTS	
Total: \$1,303	
Program services: \$1,303	
Description: AWARDS	
Total: \$702	
Program services: \$702	······
Description: STORAGE	
Total: \$2,650	······································
Management and general: \$2,650	
Description: OTHER .	
Total: \$194	······
Management and general: \$194	
	·····
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