

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

2019

Department of the Treasury  
Internal Revenue Service

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

<b>A For the 2019 calendar year, or tax year beginning</b>		July 1	, 2019, and ending	June 30	, 2020
<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <input checked="" type="checkbox"/> <b>Knights of Columbus</b> Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite <b>PO Box 3521</b> City or town, state or province, country, and ZIP or foreign postal code <b>Richmond, VA 23235</b>		<b>D Employer identification number</b> <input checked="" type="checkbox"/> <b>510135675</b> <b>E Telephone number</b> <b>(804) 379-3235</b> <b>F Group Exemption Number</b> <input checked="" type="checkbox"/> <b>0188</b>	
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <b>Other (specify)</b> ► _____				<b>H Check</b> <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B</b> <input checked="" type="checkbox"/> (Form 990, 990-EZ, or 990-PF).	
<b>I Website:</b> ► <b>N/A</b>					
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other					
<b>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</b> ► \$ _____					
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <input checked="" type="checkbox"/> Check if the organization used Schedule O to respond to any question in this Part I . . . . . <input type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3680	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	7531	
	4	Investment income	4	39	
	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 \$ 28731 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		
c	Less: direct expenses from gaming and fundraising events	6c	21603		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7128		
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			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	18378		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	17538	
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12		
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	13		
	14	Occupancy, rent, utilities, and maintenance	14		
	15	Printing, publications, postage, and shipping	15	724	
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>	16	7569	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	25831	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	(7453)	
	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	41305	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	33852	

**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
<b>22</b>	Cash, savings, and investments . . . . .	41305	<b>22</b> 33852
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	41305	<b>25</b> 33852
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	41305	<b>27</b> 33852

**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?      Raise money to give to charities**

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 \$4,596 was collected for KOVAR, a charity to provide assistance to tax exempt organizations who provide assistance to citizens with intellectual disabilities			
<input checked="" type="checkbox"/>	(Grants \$ 4596) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29 \$3,291 was provided to St. Edward Church to provide assistance with operations and capital improvements			
<input checked="" type="checkbox"/>	(Grants \$ 3,291) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30 \$1,200 was provided as financial assistance to a seminary student studying for the priesthood.			
<input checked="" type="checkbox"/>	(Grants \$ 1200) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . .			
<input checked="" type="checkbox"/>	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .			32

**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.

**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		✓
34		✓
35a		✓
35b		
35c		✓
36		✓
37a	37a	
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		✓
41		
42a	Telephone no. ►	
42b	ZIP + 4 ►	
42c		✓
43	43	□
44a		
44b		✓
44c		✓
44d		
45a		✓
45b		✓

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 21

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 21

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)?

a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

b 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 21

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 21

Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

Did the organization file Form 1120-POL for this year? 37b

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

a If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

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

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 21

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 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

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

List the states with which a copy of this return is filed ►

The organization's books are in care of ► Telephone no. ► Located at ►

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 21

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 21

Did the organization receive any payments for indoor tanning services during the year? 21

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 21

Did the organization have a controlled entity within the meaning of section 512(b)(13)? 21

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 21

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	✓



**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**

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Yes No

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 . . . . ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Warren J. McKeon	8/11/2020
	Signature of officer	Date
	Warren J. McKeon, Financial Secretary	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**SCHEDULE 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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2019

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Department of the Treasury  
Internal Revenue Service

## **Knights of Columbus**

**Employer identification number**

51-0135675

**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.

(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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

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 Fish Fries (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	16795			16795
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	16795			16795
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	11643			11643
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► 11643
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				► 5152

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
Direct Expenses	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: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 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 to be 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**Open to Public  
InspectionName of the organization  
**Knights of Columbus**Employer identification number  
**51-0135675****Form 990EZ Line 10-Grants and similar amounts paid**

VKCCI Awards	800
KOVAR	4596
Catholic Diocese of Richmond Bicentennial Fund	350
Downs Syndrome	500
Homeless Veterans Shelter	300
Outreach in Love	800
Gifts to Clergy	850
St. Edward Church	2391
St. Edward School	100
St. Jude Hospital	100
PKD Vocations	1305
Pointsettias for Widows	287
Seminarian Support	1200
St. Edward Music Ministry	900
St. Edward and Waverly Food Banks	1074
Father Bader Fund	200
Persons in Need	185
Pediatric Advisory Association	250
Achiles International	250
Otooles Go Fund Me	500
Air Force Aid Society	100
Little Sisters of the Poor	500
<b>Total Line 10 Grants and Similar Amounts Paid</b>	<b>17538</b>

Name of the organization <b>Knights of Columbus</b>	Employer identification number <b>51-0135675</b>
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**Form 990EZ Line 16 Other Expenses**

<b>Advertising</b>	<b>330</b>
<b>Culture of Life</b>	<b>513</b>
<b>State Council of Dues</b>	<b>1117</b>
<b>Supreme Council Dues</b>	<b>873</b>
<b>Bank Fees</b>	<b>101</b>
<b>Council Website Fees</b>	<b>140</b>
<b>Easter Egg Hunt</b>	<b>228</b>
<b>Funeral Expense</b>	<b>495</b>
<b>CARITAS</b>	<b>171</b>
<b>Shirt Purchase</b>	<b>536</b>
<b>Name Badges</b>	<b>237</b>
<b>Recruitment</b>	<b>448</b>
<b>Deep Fat Fryer</b>	<b>994</b>
<b>Liability Insurance</b>	<b>1236</b>
<b>Veterans Bingo</b>	<b>150</b>
<b>Total Line 16 Other Expense</b>	<b>7569</b>