

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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

2019

► 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.**Open to Public
Inspection****A For the 2019 calendar year, or tax year beginning** **July 1**, **, 2019, and ending** **June 30**, **, 20** **20**

B Check if applicable	C Name of organization Knights of Columbus 13204, St. Brigid Council	D Employer identification number 522382357
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 3400 Old Alabama Rd	Room/suite 08
<input type="checkbox"/> Name change	E Telephone number 678-393-0060	
<input type="checkbox"/> Initial return	F Group Exemption Number ► 0188	
<input type="checkbox"/> Final return/terminated	G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
<input type="checkbox"/> Amended return	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
<input type="checkbox"/> Application pending	J Tax-exempt status (check only one) — <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	

K Form of organization: Corporation Trust Association Other **Fraternal organization**

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. ► **\$ 111,979**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

	Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1,697
		2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 13,572	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 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 54,535	
	c Less: direct expenses from gaming and fundraising events	6c 43,996	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 10,539	
	7a Gross sales of inventory, less returns and allowances	7a 910	
	b Less: cost of goods sold	7b 1,132	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c (222)	
	8 Other revenue (describe in Schedule O)	8 20,916	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 65,512	
	10 Grants and similar amounts paid (list in POSTMARK)	10 61,149	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14 637	
	15 Printing, publications, postage, and shipping	15 140	
	16 Other expenses (describe in Schedule O)	16 4,073	
	17 Total expenses. Add lines 10 through 16	17 65,999	
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 (487)	
	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 40,849	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 (20,000)	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 20,362	

**CINCINNATI
SERVICE CENTER****RECEIVED****OCT 23 2020**

Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	40,849	22 21,352
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	23,896	24 4,289
25	Total assets	64,745	25 25,641
26	Total liabilities (describe in Schedule O)	20,000	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,745	27 25,641

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

Describe the organization's program/service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Lenten Fish Fry Dinners: served on average 600m meals to the community over 2 weeks. Suspended due to Corona Virus shutdowns. Funds support several parish ministries, Habitat for Humanity and Community Shelters	
28a	(Grants \$ 3,302) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
29	St Patrick's Day Dinner Dance: funds raised this year were from Silent Auction only. Dinner was cancelled due to Corona Virus shutdowns. Funds support several parish ministries and Pregnancy Aid Clinic	
29a	(Grants \$ 2,623) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
30	People with Intellectual Disabilities (PWID): we distribute tootsie pops after all weekend masses on one weekend of the year and accept donations. All funds are donated to S.M.I.L.E. which is St. Mary's Independent Living Extension.	
30a	(Grants \$ 1,800) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
31	Other program services (describe in Schedule O)	
31a	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	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 O 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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

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

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

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

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

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

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 ► 40a ; section 4912 ► 40b ; section 4955 ► 40c

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 40d

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 40e

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

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 40g

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

42a The organization's books are in care of ► Mike Panny Telephone no. ► 678-773-7341
Located at ► 350 Lemme Chase, Johns Creek ZIP + 4 ► 30097-1462

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b
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? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b

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

Sign Here		Date
	Signature of officer	
	William J. Stuhltrager - Grand Knight	10/15/2020
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name and title						
	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►			

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

Knights of Columbus 13204, St. Brigid Council

Employer identification number

522382357

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 N/A		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

N/A

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 Lenten Fish Fry (event type)	(b) Event #2 St. Patty's Dance (event type)	(c) Other events 4 Events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15,431	26,587	12,517	54,535
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15,431	26,587	12,517	54,535
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,027	17,000	4,957	31,984
	8 Entertainment		4,000		4000
	9 Other direct expenses	2,101	2,963	2,948	8,012
	10 Direct expense summary. Add lines 4 through 9 in column (d)				43,996
	11 Net income summary. Subtract line 10 from line 3, column (d)				10,539

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	[REDACTED]
	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:

a The organization's facility	13a	%
b An outside facility	13b	%

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 for the latest information.

OMB No. 1545-0047

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Name of the organization

Knights of Columbus 13204, St Brigid Council

Employer identification number

522382357

Form 990EZ Part I: Line 8 - total \$20,916

> Refund incentive from KOC Supreme for Seminarian Support = \$600 > Refund incentive from KOC Supreme for Food for Families = \$300

> Transfer from Savings Reserve to make Parish Building Fund donation = \$20,000. See Schedule N.

> Interest on checking account = \$16

Form 990EZ Part I: Line 10 - total \$61,149

> Dues to Supreme = \$3,289 > Dues to State Council = \$4,250 > Clergy Gifts = \$1,198

> Seminarian Support = \$1,000 > Parish Activities = 2,011 > New Freezers for parosh = \$6,025

> SVDP Capital Campaign = \$3,500 > Various Parish Ministries = \$4,833 > Habitat for Humanity = \$2,000

> Adopt a Family Christmas = \$1,000 > New Missals = \$3,500 > Brother Support = \$485

Community Shelters = \$3,000 > Disaster Relief = \$1,000 > Quest Radio = \$500

> S M I.L.E. = \$1,800 > Brewable Coffee House = \$500 > Lionheart School = \$ 796

> Holy Spirit Monastery = \$462 > Donation to Parish Building Fund (See Schedule N) = \$20,000

Form 990EZ Part I: Line 16 - Total \$4,073

> Convention Expense = \$558 > Council Operating Expenses = \$1,216 > Council Meals/Beverages = \$ 2,299

Form 990EZ Part II: Line 24

Column A: Total \$23,896 > Reserve for Parish Building Fund = \$20,000 > Memorial Fund for Brother Aid = \$3,896

Column B: Total \$4,289 > Memorial Fund for Brother Aid = \$4,289

Form 990EZ Part II: Line 24

Column A: Total \$20,000 > Planned donation for the Parish Building Fund = \$20,000

Column B: Total \$0 > Donation was made this year

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution resolutions or plans

► Attach to Form 990 or 990-EZ

Internal Revenue Service

Name of the organization
Knights of Columbus 13294 St. Brigid Council

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.

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<p>(a) Description of asset(s) distributed or transaction expenses paid</p>	<p>(b) Date of distribution</p>	<p>(c) Fair market value of asset(s) distributed or amount of transaction expenses</p>	<p>(d) Method of determining FMV for asset(s) distributed or transaction expenses</p>	<p>(e) EIN of recipient</p>	<p>(f) Name and address of recipient</p>	<p>(g) Inc section of recipient(s) (if tax-exempt) or type of entity</p>
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2 Did or will any officer director or employee of the organization

the organization will be controlled by the Board of Directors.

a Become a director or trustee of a successor or transferee organization?

- b** Become an employee of, or independent contractor for, a successor or transferee

- c. Become a direct or indirect owner of a successor or transferee organization?

Receive or become entitled to compensation or other similar payments as a

receive, or become entitled to, compensation or other similar payments as a result of the termination of the contract.

e. If the organization answered "Yes" to any of the questions on lines 2a through

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Part I Liquidation: Termination or Dissolution (continued)

Note: If the organization distributed all of its assets during the year (Total liabilities) should equal -0-

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	<input checked="" type="checkbox"/>
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization provide such notice?	4b	<input checked="" type="checkbox"/>
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	<input checked="" type="checkbox"/>
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a	<input checked="" type="checkbox"/>
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	<input checked="" type="checkbox"/>

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

2 Did or will any officer, director, trustee or key employee of the organization:

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶