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)

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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 Ec-4L	2020 2010=-	or year or tay year heginning	and and and			20
		ar year, or tax year beginning C Name of organization	, 2020, and ending	D ===	ovor Ida	, 20 tification number
B Chock if				D Emb	-	871886 0
=	change	Holy Spirit Council, No. 8334, Knights of Columbus Number and street (or P.O. box if mail is not delivered to street address)	? Room/suite	- T-1-		
U Name c □ Initial re	-	•	Room/suite	E Telek	hone num	
=	um/terminated	c/o Phillip J. Lucido, 4405 SW Gull Point Drive		 		582-8167
Amende	ed return	City or town, state or province, country, and ZIP or foreign postal code	_		ib Exewi	
	llon pending	Lee's Summit, Missouri 64082	08		nber ▶	
	nting Method:		}н			he organization is not
						h Schedule B 🔯
					90, 990-E	EZ, or 990-PF).
		-	Other			
		7b to line 9 to determine gross receipts. If gross receipts are \$200				
		\$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	37553.75
Part I		e, Expenses, and Changes in Net Assets or Fund				
	Check it	the organization used Schedule O to respond to any qu	uestion in this Part	<u> 1</u>	· · ·	🗹
图 1				-	1	0
图 2	Program s	ervice revenue including government fees and contracts			2	0
3	Membersh	nip dues and assessments			3	6873.49
图 4	Investmen	t income			4	0
5a	Gross amo	ount from sale of assets other than inventory	5a	0		
t	Less: cost	or other basis and sales expenses	5b	0	}	
		ss) from sale of assets other than inventory (subtract line 5			5c	0
6		nd fundraising events.				
a	-	ome from gaming (attach Schedule G if greater tha	ın			401
9			6a	981.00		#01
ē		ome from fundraising events (not including \$	0 of contributi		_	
Revenue		raising events reported on line 1) (attach Schedule G if the		0/13	,	DEC 142
-		ch gross income and contributions exceeds \$15,000)	1 1	24823.88		02011
		ct expenses from gaming and fundraising events		11708.64	} `	Recv'd E
		e or (loss) from gaming and fundraising events (add lines			'	11001 G E
"			s oa anu ob anu st	Duaci		44007.04
7.	•				6d	14096.24
7a		es of inventory, less returns and allowances	7a			
l t		of goods sold	7b	0		_
9		fit or (loss) from sales of inventory (subtract line 7b from line			7c	0
8		nue (describe in Schedule O)			8	4875.38
9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	25845.11
10		d similar amounts paid (list in Schedule O)			10	15595.61
11	Benefits p	aid to or for members	<u> </u>		11	0
g 12	Salaries, c	ther compensation, and employee benefits 🔞 RE	CEIVED]	12	0
일 13	Profession	ial lees and other payments to independent contra ctors us		1	13	121.25
13 14 15	Occupand	y, rent, utilities, and maintenance 🙀	S	1	14	0
û 15	Printing, p	ublications, postage, and shipping	C 0. 2. 2021		15	454.70
16		enses (describe in Schedule O) 🖸	<u> </u>	. .	16	7706.99
17			DEN UT		17	23878.55
40		(deficit) for the year (subtract line 17 from line 9)	uen, u i · ·	† —	18	1966.56
19			1700.50			
SS	end-of-ve	s or fund balances at beginning of year (from line 27, colo ar figure reported on prior year's return)	· · · · · · · · ·		19	59707.00
a 20		nges in net assets or fund balances (explain in Schedule O)				
Net Assets	Nat seets	or fund balances at end of year. Combine lines 18 through	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20	0.02
	1461 922612	or rund balances at end of year. Combine lines to through	n 20	<u>. Þ</u>	21	61673.58

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)

• •							
•							
Form	990-EZ (2020)					Page 2	
Pa	rt II Balance Sheets (see the instructions for	or Part II)					
	Check if the organization used Schedule	O to respond to ar	v auestion in this I	Part II		🗆	
				(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments			59707.00	22	61673 58	
23	Land and buildings			0	23	0	
24	Other assets (describe in Schedule O)				24	0	
25	Total assets		· · · · ·	59707.00		061673.58	
26					26	0	
27	Net assets or fund balances (line 27 of column			59707.00		61673.58	
	till Statement of Program Service Accomp				1		
2 F	Check if the organization used Schedule			,		Expenses	
Mha		fraternal, charitable,				uired for section	
	• • • • • • • • • • • • • • • • • • • •	· · - · · · · · · · · · · · · ·			501(c)(3) and 501(c)(4)		
	cribe the organization's program service accomplis				orga	nizations; optional for	
	neasured by expenses. In a clear and concise material by expenses, in a clear and concise material for ea		services provided	, the number of	}	<i>5-</i>)	
	Money was used for Adopt-A-Family program. Inform		m 2 familias as to th	oir poods. For	}		
劉 28	example, clothes, school needs, toys, etc. and the ite						
	The number of people benefiting depends on family s			es for Christinas.	Į.		
टिय					28a		
2					200	 	
29	Funds used for religious education: Involves purcha Religious Information Bureau (RIB), and support of s						
	students impacted immediately, but with the RIB, lite					Į.	
					29a		
	(Grants \$ 4529.03) If this amount includes foreign grants, check here ▶ ☐ Seminarian Assistance: Seminarians are financially assisted to help with their schooling in the seminary. Usually, two seminarians are supported per year. However, once they become priests, they have the potential						
30						į.	
			į				
	to help hundreds over their careers.						
	(Grants \$ 2000.00) If this amount				30a		
31	Other program services (describe in Schedule O)						
20	(Grants \$) If this amount	includes foreign gra	nts, cneck nere .	<u>· · · ▶ Џ</u>	31a		
	Total program service expenses (add lines 28a t				32		
15.51	List of Officers, Directors, Trustees, and Key	C to recent description	one even if not comp				
	Check if the organization used Schedule	O to respond to ar				· · · · · <u> </u>	
	(25 1	(b) Average (c) Reportable compensation		(d) Health benefits, contributions to employ	/ee (e) i	Estimated amount of	
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	0	ther compensation	
			(if not paid, enter -0-)	deferred compensation	n		
	rad Lamb	10	_				
	nd Knight	ļ	0	 	0	0	
	La Due	2					
	uty Grand Knight		0		0	0	
	lip J Lucido	11			- }		
	ncial Secretary		0	<u> </u>	0	0	
Aaro	on Scherer	2					
Trea	surer		0		0	0	
*****					}		
					1		
				1			
					7		
				Į	- (
				<u> </u>	_		

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
		mistractions for Fact v.) check if the organization used ocheadile of to respond to any question in this	3 1 a) t	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	140	67
?	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		y	3
	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		V	
	c 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 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	35b 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		V	
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 27b	37b		/	
	b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes.' complete Schedule L, Part II, and enter the total amount involved	38a		y	
	a b	Initiation fees and capital contributions included on line 9				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	では、			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	عز جيوڙن	'.a .',	國
	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		游戏	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	PAGE.	1	·
	41			7 4 5 5		
	42a	The organization's books are in care of ▶ Phillip J Lucido - Financial Secretary Telephone no. ▶ 1 Located at ▶ Holy Spirit Catholic Church, 1800 SW State RT 150, Lee's Summit, MO ZIP + 4 ▶	316-53 640) 	
	ь	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	Yes	V	
		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		<u>/</u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			> □ 	
	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	Yes	No.	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
	d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u>/</u>	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V	
	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 ((2020)						Pa	ge 4	
46 Did	the organization engage, directly or in andidates for public office? If "Yes," o	ndirectly, in political complete Schedule C.	ampaign activities on	behalf of or i	n opposition		3.2	No 🔯	
Part VI	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s Only s must answer que	stions 47–49b and	52, and com					
	Ondok ii tilo organization doed oo.		to dry question in t	ing i dit vi		· · · · · · · · · ·	Yes	No	
	the organization engage in lobbying r? If "Yes," complete Schedule C, Par		section 501(h) election		uring the tax	47			
	ne organization a school as described i		•			48 49a		<u> </u>	
	d the organization make any transfers to an exempt non-charitable related organization?								
50 Cor	res," was the related organization a se nplete this table for the organization's ployees) who each received more thar	five highest compen	sated employees (oth	ner than office	rs, directors	49b trustee: enter "No	s, and	key	
	a) Name and title of each employee	(b) Average hours per week devoted to position	hours per week compensation contributions to employee			ee (e) Estimated amount of			
						·······			
									
				-					
				ļ					
f Tot	al number of other employees paid ov	er \$100,000	. Þ						
	mplete this table for the organization 10,000 of compensation from the orga			contractors	who each re	ceived	more	than	
(a) Name and business address of each independ	(b) Type of service			(c) Compensation				
						-			
									
									
			1						
									
d Tot	al number of other independent contra	actors each receiving	over \$100,000	▶					
	the organization complete Schedinpleted Schedule A		ection 501(c)(3) orga		_	ı ∐ Yes	□ N	0_	
Under penalti true, correct,	es of penury, I declare that I have examined this and complete. Declaration of preparer (other tha	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	ents, and to the b	est of my know	ledge and	belief, it	is	
Cinn	Phillip g. Jus	rcido			5/10/20	21			
Sign Here 🖺					·				
Paid	Print/Type or print name and title Print/Type preparer's name	Preparer's signature	Da	ate	Check if	PTIN			
Paiu Prepare				 _	self-employed				
Use Onl	1			Firm':	s EIN ▶				
May the IF	RS discuss this return with the prepare	r shown above? See	instructions	, , , , ,	. , , >	☐ Yes	□N	0	
						Form 990	-EZ	2020)	

Form 990-EZ (2020)

SCHEDULE O (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.

20**20**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number 20-8718860 Holy Spirit Council, No.8334, Knights of Columbus Part 1, Line 8, "Other Revenue": Donations (50-50 Fund, Food/Refreshments, For Sonogram, Summer Lunch Program, Sponsorships, Tootsie Roll Campaign, Roses for Life, Vocation Fund, Miscellaneous Use): \$3186.20 Merchandise Sold (Smoked Meat Sales, Apparel, Soda from Machine): \$279.00 Other Miscellaneous (From Ladies Auxiliary for Coats, Vocation Refund): \$1410.18 Grand Total Other Revenues: \$4875 38 Part 1, Line 10, "Grants and Similar Amounts Paid": Total Church Activity (Includes Religious Education, Religious Information Bureau, Donation for Turkeys for Ladies Auxiliary, Support for Catholic High School, Charcoal, Spices and Meat for Dinner Auction Prize, and Seminarian Assistance): \$7340.68 Total Community Activity (Includes donations to community projects such as Adopt-A-Family, Summer Lunch Program, Meals on Wheels, St. Jude's Hospital, organizations focused on Intellectual disability such as Marian Hope, SE Enterprises, and Columbian Charities, Coats for Kids, and Culture for Life): \$8054.93 Total Youth Activity (Includes donation to Eagle Scout project): \$200.00 Grand Total Grants and Similar Amounts Paid: \$15595.61 Part 1, Line16, "Other Expenses" include food purchased, advertisement and promotions, equipment, insurance, flag, pantry supplies, dinner prize, light covers for gym, Zoom subscription, web site cost, highway cleanup, refund to knight, Sam's club membership, office supplies, fees to the State and Supreme (National) Knight of Columbus Councils: \$7706.99 Part 1, Line 20,"Other Changes in Net Assets of fund Balances" Unreconciled Differences: + \$0 02 Part III, Line 31. "Other Program Services" Support Summer Lunch program, Meals on Wheels, and organizations that work with individuals having Intellectual disabilities, and coats for kids. All these programs combined would support well over 200 individuals. Also, run a Fireworks Stand, participate in a Las Vegas Night, and sponsor a Golf Tournament. These three events/activities are used to raise funds for charities.