

Form 990-EZ

## Short Form

2012

OMB No 1545-0047

## Return of Organization Exempt From Income Tax

2020

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

Open to Public Inspection

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.

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

B Check if applicable	C Name of organization <span style="border: 1px solid black; padding: 2px;">?</span> <b>Knights of Columbus, Edward Douglass White Council No. 2473</b>		D Employer identification number <span style="border: 1px solid black; padding: 2px;">?</span> <b>237106986</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <span style="border: 1px solid black; padding: 2px;">?</span>	Room/suite	E Telephone number <b>703-536-9656</b>
<input type="checkbox"/> Name change	5115 Little Falls Road		F Group Exemption Number ► <span style="border: 1px solid black; padding: 2px;">?</span> <b>0188</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>Arlington, VA 22207-1899</b>		
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

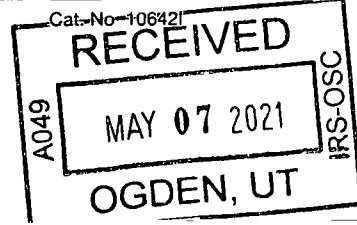
J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **128,777**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 ? 

? ? ? ?	1 Contributions, gifts, grants, and similar amounts received	1	6,565
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	58,031
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	1,385
	b Gross income from fundraising events (not including \$ 6,565 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	62,843
Expenses	c Less: direct expenses from gaming and fundraising events	6c	838
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	63,390
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	1,005
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	128,991
	10 Grants and similar amounts paid (list in Schedule O)	10	93,716
	11 Benefits paid to or for members	11	25,161
	12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">?</span>	12	0
Net Assets	13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">?</span>	13	6,310
	14 Occupancy, rent, utilities, and maintenance	14	12,000
	15 Printing, publications, postage, and shipping	15	6,387
	16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">?</span>	16	16,461
	17 Total expenses. Add lines 10 through 16	17	160,035
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	(31,044)
	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	79,798
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	48,754

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2020)

SCANNED APR 12 2021 Revenue

**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 Cash, savings, and investments</b>	<b>79,798</b>	<b>22</b>
<b>23 Land and buildings</b>	<b>0</b>	<b>23</b>
<b>24 Other assets (describe in Schedule O)</b>	<b>0</b>	<b>24</b>
<b>25 Total assets</b>	<b>79,798</b>	<b>25</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>79,798</b>	<b>27</b>
		<b>48,754</b>
		<b>0</b>
		<b>0</b>
		<b>48,754</b>
		<b>0</b>
		<b>48,754</b>

**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

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### 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	COVID-19 – performed fund raising and donation collections in support of various local Food Banks. All monies collected were donated to support: Arlington Food Assistance Center, St Lucy Project (Arlington Catholic Diocese), Rising Hope Mission Church, and Our Lady Queen of Peace. Approximate 100's of families helped.	
28a	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
29	KOVAR -- provides financial assistance through grants and home loans to tax exempt organizations providing training and assistance to citizens with intellectual disabilities. Approximate 30-40 persons are assisted each year	
29a	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	
30	Provided direct financial assistance to Roman Catholic parishes, schools, organizations, seminarians, and charitable organizations. Five persons and four Roman Catholic parishes received direct financial support	
30a	(Grants \$ ) 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	<b>Total program service expenses</b> (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 O to respond to any question in this Part IV

B60

**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

	Yes	No
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	✓
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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	✓
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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	✓
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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	✓
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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	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

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

37b	✓
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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	✓
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b If "Yes," complete Schedule L, Part II, and enter the total amount involved

38b	
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39 Section 501(c)(7) organizations. Enter:

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b	
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40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40a	
-----	--

section 4911 ► \_\_\_\_\_; section 4912 ► \_\_\_\_\_; section 4955 ► \_\_\_\_\_

40b	
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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

40c	
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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

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

40e	
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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

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

42a The organization's books are in care of ► **William Wester** Telephone no. ► **703-536-9656**

Located at ► **5115 Little Falls Road** **Arlington, VA** ZIP + 4 ► **22207-1899**

42b	✓
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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)?

42c	
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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).

42d	
-----	--

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 ►

42e	
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here

43	
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and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

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

44c	✓
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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

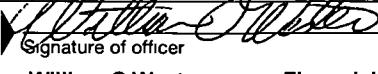
44d	
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

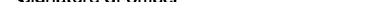
45a	✓
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

45b	✓
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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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																													
Part VI <b>Section 501(c)(3) Organizations Only</b> 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 <input type="checkbox"/>																																															
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																													
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 47 <input type="checkbox"/> 48																																													
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a <input type="checkbox"/> 49b																																													
b	If "Yes," was the related organization a section 527 organization?																																														
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."																																														
<table border="1"> <tr> <td>(a) Name and title of each employee</td> <td>(b) Average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																																									
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																																											
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."																																														
<table border="1"> <tr> <td>(a) Name and business address of each independent contractor</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																											
(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? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>	 Signature of officer	4/30/2021 Date																																													
	William C Wester Financial Secretary Type or print name and title																																														
Paid Preparer Use Only	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 <input type="checkbox"/> Yes <input type="checkbox"/> 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.

 4/30/2021  
Signature of officer Date

Here  William C Wester Financial Secretary

Type or print name and title

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ PTIN \_\_\_\_\_

**Paid** Print/Type preparer's name **Preparer's signature** **Date** **Check**  **if self-employed**

**Preparer** \_\_\_\_\_ **Self-employed** \_\_\_\_\_

**Use Only** Firm's name ► Firm's EIN ►

► Firm's address ► Phone no

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2020

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Knights of Columbus, Edward Douglass White Council No. 2473

**Employer identification number**

237106986

**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

**b** 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		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 COVID-19 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	31,993			31,993
	2 Less: Contributions . . . . .	0			0
	3 Gross income (line 1 minus line 2) . . . . .	31,993			31,993
Direct Expenses	4 Cash prizes . . . . .	0			0
	5 Noncash prizes . . . . .	0			0
	6 Rent/facility costs . . . . .	0			0
	7 Food and beverages . . . . .	0			0
	8 Entertainment . . . . .	0			0
	9 Other direct expenses . . . . .	0			0
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				0
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				31,993

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

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**Knights of Columbus, Edward Douglass White Council No 2473**

Employer identification number

**237106986**

**LINE 8 (Other Revenue) \$ 1,005**

Checking Account Interest (\$125), Knight Life Newsletter Advertising (\$880)

**Line 10 (Grants and Similar Amounts Paid) \$ 93,716**

A Best Choice (\$19,000), Arlington Food Assistance Center (\$13,214), Knight Mike Bauer (\$1,000),

Our Lady Queen of Peace Food Pantry (\$11,995), St Lucy Project Food Pantry (\$21,407), Rising Hope Mission Church (\$6,380)

Supreme Disaster Relief Fund (\$985), KOVAR (\$6,000), Lebanon Emergency Fund (\$1,000), Missionhurst (\$890)

Seminarian Support Program (\$2,000), VA Special Olympics Polar Plunge (\$2,315), St Agnes Catholic Church (\$500)

St Ann Catholic Church (\$500), St Charles Catholic Church (\$500), St James Catholic Church (\$3,030)

VA Knights of Columbus Fr Bader Scholarship Fund (\$500), VA Knights of Columbus Penny Day per Knight Fund (\$500)

VA KofC Charities (\$2,000)

**LINE 16 (Other Expenses) \$16,461**

Credit Card Fees (\$4,504), Office Supplies (\$452), Officer Badges (\$587), Bank Fees (\$37), Computer Software (\$342)

Thanksgiving Day Meals (\$9,094), Food Pantry Distribution Costs (\$1,445)