

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ 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.

A For the 2020 calendar year, or tax year beginning JULY 1 , 2020, and ending JUNE 30 , 20 21	
B 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	C Name of organization KNIGHTS OF COLUMBUS 13204, ST BRIGID COUNCIL Number and street (or P.O. box if mail is not delivered to street address) 3400 OLD ALABAMA RD City or town, state or province, country, and ZIP or foreign postal code JOHNS CREEK, GA 30022
D Employer identification number 522382357	
E Telephone number 678-393-0060	
F Group Exemption Number 0188	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) FRATERNAL ORGANIZATION	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: kofc13204/org	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (9) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> 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 \$ 12,865	

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	477
	2 Program service revenue including government fees and contracts	
	3 Membership dues and assessments	17,212
	4 Investment income	
	5a Gross amount from sale of assets other than inventory	
	b Less: cost or other basis and sales expenses	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
	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 191	
c Less: direct expenses from gaming and fundraising events	6c (3,226)	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d (3,035)	
7a Gross sales of inventory, less returns and allowances	7a 60	
b Less: cost of goods sold	7b 89	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c (29)	
8 Other revenue (describe in Schedule O)	8 703	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 15328	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 7,444
	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 46
	16 Other expenses (describe in Schedule O)	16 760
	17 Total expenses. Add lines 10 through 16	17 8,887
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 6,441
	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 25,641
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 234
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 32,316

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED AUG 08 2022

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	21,352	22 27,792
23	Land and buildings		23
24	Other assets (describe in Schedule O)	4,289	24 4,524
25	Total assets	25,641	25 32,316
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,641	27 32,316

?	Part III Statement of Program Service Accomplishments (see the instructions for Part III)	
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?	FUND RAISE FOR CHURCH MINISTRIES
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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 VIDALIA ONION SALES FUNDS SUPPORT DONATIONS TO VARIOUS MINISTRIES

GROSS REVENUE = \$2,081

(Grants \$) If this amount includes foreign grants, check here ☐

28a	900
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29 CHRISTMAS SOCIAL SUPPORTS TOYS FOR TOTS PERSONAL DONATIONS

GROSS REVENUE FOR THIS SOCIAL EVENT = \$1925

(Grants \$) If this amount includes foreign grants, check here ☐

29a	1925
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30 ALL OTHER EVENTS CANCELLED DUE TO COVID

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► ☐

31a

32 **Total program service expenses** (add lines 28a through 31a)

32	
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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 ☐

[illegible]

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 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ▶ ; 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		<input checked="" type="checkbox"/>
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 ▶		
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>GEORGIA</u>		
42a The organization's books are in care of ▶ <u>WILLIAM STUHLTRAGER</u> Telephone no. ▶ <u>678-773-6392</u> Located at ▶ <u>235 VIDAULAN CT, ALPHARETTA, GA</u> ZIP + 4 ▶ <u>30022-1650</u>		
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
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 ▶		<input checked="" type="checkbox"/>
43 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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		
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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

- 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 **46** ☐ Yes ☒ No ☐

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 ☐

- 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** ☐ Yes ☐ No ☐
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No ☐
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No ☐
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No ☐
- 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."

(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 ▶

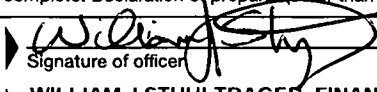
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 <input type="checkbox"/>		Date
	WILLIAM J STUHLTRAGER, FINANCIAL SECRETARY	09/21/2021
	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 ☐ Yes ☐ No

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

2020

**Open to Public
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS 13204, ST. BRIGID COUNCIL

Employer identification number

522382357

FORM 990 EZ PART I LINE 8 - TOTAL = \$703

SEMINARIAN SUPPORT INCENTIVE FROM SUPREME = \$200

FOOD FOR FAMILIES INCENTIVE FROM SUPREME = \$500

INTEREST ON CHECKING ACCOUNT = \$3

FORM 990 EZ PART I LINE 10 - TOTAL = \$7,444

DUES TO STATE COUNCIL \$2,328

HABITAT FOR HUMANITY DONATION \$1,000

CLERGY SUPPORT \$629

BROTHER SUPPORT/BEREAVEMENT \$575

SEMINARIAN SUPPORT \$500

COMMUNITY SHELTERS \$575

PARISH CALENDAR \$500

PREGNANCY AID CLINIC \$500

YOUTH PROGRAMS \$55

S M I L E \$500

RESPECT LIFE MINISTRY \$107

HOLY SPIRIT MONASTERY \$500

FORM 990 EZ PART I: LINE 16 - TOTAL = \$806

POSTAGE \$46

COUNCIL OPERATING EXPENSES \$760

FORM 990 EZ PART I: LINE 20 - TOTAL = \$234

TRANSFER EXCESS DONATIONS (\$234) FROM GENERAL FUND TO MEMORIAL BROTHER SUPPORT FUND

FORM 990 EZ PART II: LINE 24 - TOTAL = \$234

MEMORIAL FUND INCREASED BY \$234 FROM \$4,289 TO \$4,524 TO BE USED IN FUTURE YEARS AS NEEDED.