

Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public  
InspectionDepartment 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](http://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

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 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) 

Room/suite

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 ►  0188G Accounting Method  Cash  Accrual Other (specify) ►I Website: ► [kofc13204.org](http://kofc13204.org)J Tax-exempt status (check only one) —  501(c)(3)  501(c) (9)  (insert no.)  4947(a)(1) or  527K 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

► \$ 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 . . . . .	1	477
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments . . . . .	3	17,212
	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	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	<b>Total revenue.</b> 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 <input type="checkbox"/> . . . . .	12	
	13	Professional fees and other payments to independent contractors <input type="checkbox"/> . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	637
	15	Printing, publications, postage, and shipping . . . . .	15	46
	16	Other expenses (describe in Schedule O) <input type="checkbox"/> . . . . .	16	760
Net Assets	17	<b>Total expenses.</b> Add lines 10 through 16 ►	17	8,887
	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

**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
23	Land and buildings . . . . .	23	
24	Other assets (describe in Schedule O) . . . . .	4,289	24
25	<b>Total assets</b> . . . . .	<b>25,641</b>	<b>25</b>
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>26</b>	
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>25,641</b>	<b>27</b>
			32,316

### 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? FUND RAISE FOR CHURCH MINISTRIES**

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

**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

### 30 ALL OTHER EVENTS CANCELLED DUE TO COVID

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(Grants \$ ) If this amount

**Other program services (describe in Schedule O)** . . . . .

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

**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 C to respond to any question in this Part IV.

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

**(b) Average** **(c) Reportable compensation** **(d) History** **?** **containing**

**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 ✓ [2]

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 ✓ [2]

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 ✓ [2]

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 ✓ [2]

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? 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 ✓ [2]

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 ► \_\_\_\_\_ 40b ✓ [2]

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

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

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 ✓

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 40f

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

42a The organization's books are in care of ► **WILLIAM STUHLTRAGER** Telephone no. ► **678-773-6392**  
 Located at ► **235 VIDALIAN CT, ALPHARETTA, GA** ZIP + 4 ► **30022-1650**

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). 42b ✓

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 ►  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 ✓

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 ✓

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.

**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

	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.

<b>Sign Here</b> 	 Signature of officer	Date
	<b>WILLIAM J STUHLTRAGER, FINANCIAL SECRETARY</b>  Type or print name and title	09/21/2021

<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 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 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 PAR II: LINE 24 - TOTAL = \$234**

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