

Form **990EZ**
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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019
B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending
C Name of organization: Knights of Columbus Council 664
Number and street (or P O box, if mail is not delivered to street address): 795 Fond du Lac Avenue Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Fond du Lac, WI 54935
D Employer identification number: 39-0399846
E Telephone number: (920) 921-1290
F Group Exemption Number:
G Accounting Method: ☒ Cash ☐ Accrual Other (specify)
H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website:
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other Fraternal Benefit Society
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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 105,987**

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	29,415
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13,756
	4	Investment income	4	1,024
	5a	Gross amount from sale of assets other than inventory	5c	
	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	6d	10,602
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	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) ☒		
	c	Less direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7a	Gross sales of inventory, less returns and allowances	7c	
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	8	652
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,449
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	36,321
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	2,100
	13	Professional fees and other payments to independent contractors	13	960
	14	Occupancy, rent, utilities, and maintenance	14	875
	15	Printing, publications, postage, and shipping	15	8,402
	16	Other expenses (describe in Schedule O)	16	4,325
	17	Total expenses. Add lines 10 through 16	17	52,983
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,466
	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	70,149
	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	72,615

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	73,837	22	75,815
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	73,837	25	75,815
26 Total liabilities (describe in Schedule O).	3,688	26	3,200
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	70,149	27	72,615

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?
The Knights of Columbus Council #664 is a tax-exempt organization, recognized by the IRS as a fraternal benefit society under section 501(c)(8)of the IRC. The council exists to support its members, the Catholic Church and the community. It does this by providing charitable contributions for charitable, religious and educational purposes to help improve the lives of families, children, the cognitively impaired and under-privileged in the Fond du Lac, Wisconsin area.

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
See Additional Data Table

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

28a

29 See Additional Data Table

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

29a

30 See Additional Data Table

(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** 1,280

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. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steve Streblow	3 00	0	0	0
Trustee				
David Reilly	2 00	0	0	0
Trustee				
James Stuart	1 00	0	0	0
Trustee				
James Sutton	3 00	0	0	0
Grand Knight				
Vacant	0 00	0	0	0
Deputy Grand Knight				
Steve Michels	3 00	2,100	0	0
Financial Secretary				
William Sawyer	3 00	0	0	0
Treasurer				
Steve Soldner	1 00	0	0	0
Recorder/Secretary				

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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	33		No
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		No
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		No
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		No
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		No
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		No
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	40b		
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	40e		No
41 List the states with which a copy of this return is filed ▶			
42a The organization's books are in care of ▶ <u>William Sawyer</u> Telephone no ▶ <u>(920) 921-1290</u>			
Located at ▶ <u>795 Fond du Lac Avenue Fond du Lac, WI</u> ZIP + 4 ▶ <u>54935</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)?	42b		No
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)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶ _____			
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		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		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45b 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		

		Yes	No
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	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 ☐

		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	
49b	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."

(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	***** Signature of officer	2019-11-14 Date
	WILLIAM SAWYER Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SELF PREPARED	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00542482
	Firm's name ► The Hietpas Group			Firm's EIN ► 46-4058269	
	Firm's address ► 215 W North St Waukesha, WI 53188			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► ☐ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 39-0399846
Name: Knights of Columbus Council 664

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 Cognitive Disabilities Knights of Columbus raises funds that benefits other organizations that provide services for and work with individuals who have cognitive impairments or disabilities in the Fond du Lac area and in the State of Wisconsin, (Grants \$ 15,689) If this amount includes foreign grants, check here . . . ☐		28a	1,280

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
29 Catholic Education Contributions to St Mary's Springs Academy, St Lawrence Seminary, Holyland Catholic and Catholic parishes for various religious education programs that serve approximately 1,000 students in the Fond du Lac County area (Grants \$ 3,805) If this amount includes foreign grants, check here . . . ☐	29a 0

Form 990EZ, Part III - Statement of Program Service Accomplishments	
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.)
30 Seminarian and Religious personnel support Knights of Columbus help to support 4 seminarians in their religious studies, honor current and retired members of the clergy with appreciation events or recognition awards (Grants \$ 2,800) If this amount includes foreign grants, check here . . . ☐	30a 0

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
Community Support, Food Pantries and other various religious support (Grants \$ 5,359) If this amount includes foreign grants, check here . . . ☐		0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: Knights of Columbus Council 664

EIN: 39-0399846

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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	(b) Event #2	(c) Other events	(d)
		Walleye Weekend (event type)	Steak Fry (event type)	7 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	27,997	19,004	14,139	61,140
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	27,997	19,004	14,139	61,140
Direct Expenses	4 Cash prizes		1,078	390	1,468
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,801	16,564	8,997	40,362
	8 Entertainment			3,000	3,000
	9 Other direct expenses	5,413		295	5,708
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				50,538
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				10,602

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	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
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	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Knights of Columbus Council 664

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

2018

Open to Public Inspection

Employer identification number

39-0399846

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description National Exchange Bank Interest Amount 5 Description Edward Jones Intere st Amount 305 Description Edward Jones Mutual Fds Capital Gains Reinvested Amount To tal Included on Form 990-EZ, line 4 1024

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description Newsletter Advertising Amount 652

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name Wisconsin State K of C Council Affiliate Address 4297 West Beltline Highway Madison, WI 53711 Purpose of Payment Local/State Fundraiser for Cognitive Disabilities Amount of Payment 14489

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name Wisconsin State K of C Council Affiliate Address 4297 West Beltline Highway Madison, WA 53711 Purpose of Payment Per Capita State Assessment Amount of Payment 4394

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name National K of C Supreme Council Affiliate Address 1 Columbus Plaza New Haven, CT 06510 Purpose of Payment Per Capita National Assessments Amount of Payment 3044 Total included on Form 990-EZ, line 10 21927

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Membership Marketing Amount 2420 Description Athletic Sponsorship Amount 655 Description State Convention Expense Amount 542 Description Seminarian Meal Expense Amount 75 Description Supplies Amount 408 Description Fees Amount 28 Description Miscellaneous Amount 24 Description Employer Payroll Taxes Amount 173 Total to Form 990-EZ, line 16 4325

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Prior Year Liabilities Beg of Year Amount 660 End of Year Amount 0 Desc ription PKD Religious Education Payment Beg of Year Amount 3028 End of Year Amount 3 000 Description Prior Year Adjustment Beg of Year Amount 0 End of Year Amount 200