

Form 990-EZ

## 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)

2019

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.Open to Public  
Inspection

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 20 19

B Check if applicable	C Name of organization <b>Knights of Columbus #4735</b>		D Employer identification number <b>39-6050979</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address)		E Telephone number <b>(920) 465-6835</b>
<input type="checkbox"/> Name change	Room/suite		
<input checked="" type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
2545 Continental Ct City or town, state or province, country, and ZIP or foreign postal code <b>Green Bay, WI 54311</b>		08	F Group Exemption Number ► <b>0188</b>

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 ► \$ **125,912**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

## 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	0
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	3,309
	4 Investment income	4	288
	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	
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	122,315	
c Less: direct expenses from gaming and fundraising events	6c	33,780	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	88,535	
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	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	92,132	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	84,631
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	1,532
17 Total expenses. Add lines 10 through 16	17	86,163	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	5,969
	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	26,732
	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	32,701

**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	26,732	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	26,732	25
26	<b>Total liabilities</b> (describe in Schedule O)	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	26,732	27
		32,701	32,701

**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? \_\_\_\_\_

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	.....		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a
29	.....		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		29a
30	.....		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		30a
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a
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 

(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
Kevin A Konkol, Grand Knight PO Box 521 Denmark, WI 54208	5	0	0	0
Glenn J Whipp, Financial Secretary 2545 Continental Ct Green Bay, WI 54311	5	0	0	0
Dale J Fidler, Chancellor 5138 State Road 29 Denmark, WI 54208	3	0	0	0
Gary J Hermans, Recorder 4667 State Hwy 29 Green Bay, WI 54311	3	0	0	0
Robert J Duckett, Treasurer 476 Jacob Dr Denmark, WI 54208	4	0	0	0
Michael F Bachmann, Advocate 12309 Cedar Creek Denmark, WI 54208	2	0	0	0
James Wavrunek, One Year Trustee 5714 S Cty Road P Denmark, WI 54208	2	0	0	0
Ronald L Paider, Two Year Trustee N1751 Cty Road V Denmark, WI 54208	2	0	0	0
Thomas M Bekkers, Three Year Trustee 6131 Scenic Ct Denmark, WI 54208	2	0	0	0
.....				
.....				
.....				
.....				

**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 ✓

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 ✓

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 ✓

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 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37b ✓

b Did the organization file Form 1120-POL for this year?  38a ✓

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?  38b ✓

b If "Yes," complete Schedule L, Part II, and enter the total amount involved  39a  39b ✓

39 Section 501(c)(7) organizations Enter  39b ✓

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 ✓

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  40d ✓

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  40e ✓

d Section 501(c)(3), 501(c)(1), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization  40e ✓

c 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 none

42a The organization's books are in care of ► Glenn J Whipp Telephone no. ► (920) 465-6835  
Located at ► 2545 Continental Ct Green Bay, WI ZIP + 4 ► 54311-6625  42b ✓

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)  42c ✓

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 ►  43

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 ✓

4G	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	Yes	No
		46	✓

**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	
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>		<b>8-30-2020</b>
	Signature of officer	Date
	<b><u>Glenn J Whipp, Financial Secretary</u></b>	
	Type or print name and title	

Print or type firm name and title					
<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

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Form 990-EZ (2013)

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**  
Open to Public  
Inspection

Name of the organization

Knights of Columbus #4735

Employer identification number

39-6050979

**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

2b 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

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**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 <u>Golf Outing</u> (event type)	(b) Event #2 <u>Peach Sale</u> (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . .	70403	16689	35223	122315
	2 Less: Contributions . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . .	70403	16689	35223	122315
Direct Expenses	4 Cash prizes . . .	2300	0	0	2300
	5 Noncash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	10320	0	0	10320
	7 Food and beverages . . .	339	0	0	339
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses . . .	0	11955	8866	20821
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . .				33780
	11 Net income summary. Subtract line 10 from line 3, column (d) . . .				00535

**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 ..... %	
	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 those 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

Name of the organization

**Employer identification number**

## Knights of Columbus #4735

39-6050979

**Quota Support and dues payments to our State and Supreme Councils \$1532.00**

**Golf outing event at Twin Oaks Golf Course for the benefit of Deb Petich a cancer victim of \$56,826.00**

**Support of 11 Seminarians to assist them in paying for their education \$500 each for a total of \$5500.00**

All Saints Catholic School for new computer equipment of \$1922.00

**Support of local charities and other individuals in need such as: Fire Victims, scholarships, and disabled. All contributions were \$500 or less**