December 31

FOTT 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)

2020

OMB No 1545-0047

Department of the Treasury internal Revenue Service

A For the 2020 calendar year, or tax year beginning

Do not enter social security numbers on this form, as it may be made public.

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▶ Go to www irs.gov/Form990EZ for instructions and the latest information. 7

, 2020, and ending

Open to Public ? Inspection-

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B	Check if ap	eck if applicable C Name of organization D El		D Emp	Employer identification number			
	Acdress o	ssichange Knitggts of Columbus, Ray EliGi Rosonberger Council 45778			23-7137305			
	Name cha	Number and street (or P O box if mail is not delivered to street address) Room/suite E To			E Telephone number			
=	initiai retu	elum 23 Country Vigor: Dr			880-212-986·			
===		tretum/terminated 82 Country Viety Dr City or town, state or province, country, and ZIP or foreign postal code				emption		
=	Amended return				nber	·		
=		ting Method.	COURT WINDSOL OV GOOT	Check	▶ √	if the organization is not		
	Vebsite	~	cofc5779 org		quired to attach Schedule B			
			ck only one) — ☐ 501(c)(3) ☑ 501(c) (≥) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		orm 990 990-EZ or 990-PF)			
			☐ Corporation ☐ Trust ☐ Association ☑ Other Frace Trace					
1 4	routt or	organization	7b to line 9 to determine gross receipts. If gross receipts are \$200.000 or more, or if to					
			500,000 or more, file Form 990 instead of Form 990-EZ		₽ (\$ 31. 95 8		
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instru	ction.			
	ai Li		the organization used Schedule O to respond to any question in this Part		01,011	🗹 🔔		
	Τ 4				1	5,234 2		
	1		ons, gifts, grants, and similar amounts received .		2	3,234		
	2	-	ervice revenue including government fees and contracts .	•	3	775		
	3		p dues and assessments			3,715		
	4	Investment			4	39,401		
	5a		unt from sale of assets other than inventory		-			
	ь		or other basis and sales expenses		}	Ì		
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c			
	6		d fundraising events			DEOEN/ED		
a	а		ome from gaming (attach Schedule G if greater than		ĺ	RECEIVED		
Ē	١.	\$15,000)	6a	13,608	4			
Revenue	þ		me from fundraising events (not including \$ of contribut		3 DEC 3 0 2021			
ď	1		aising events reported on line 1) lattach Schedule G if the			B DEC 3 0 2021		
	1		h gross income and contributions exceeds \$15,000) 6b					
	C		t expenses from gaming and fundraising events . 6c	6,142]	OGDEN, UT		
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract				
	_	line 6c)			6d	7,466		
	7a		s of inventory, less returns and allowances 7a		-			
	b		of goods sold					
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c			
	8		nue (describe in Schedule O)		8	<u> </u>		
	9		nue. Add lines 1 2 3, 4, 5c 6d 7c and 8	<u> </u>	8	55,816		
Expenses	10		similar amounts paid (list in Schedule O)		10	23,754		
	11		id to or for members		11	4,074		
	12		her compensation, and employee benefits		12			
	13		al fees and other payments to independent contractors .		13			
	14		r, rent, utilities, and maintenance		14			
	15		blications, postage, and shipping		15	706		
	16		nses (describe in Schedule O)		16	2,192		
	17		nses. Add lines 10 through 16		17	30,726		
2	18		deficit) for the year (subtract line 17 from line 9)		18	25,090		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						
As		-	r figure reported on prior year's return)		19	178,762		
let	20		ges in net assets or fund balances (explain in Schedule O)		20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	Þ	21	203,852		
For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421						Form 990-EZ (2020)		

Page	~

(Pa	t II Balance Sheets (see the instructions		· · · · · · · · · · · · · · · · · · ·			
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments .	•		178,762		203,852
23	Land and buildings .		1		23	
24	Other assets (describe in Schedule O)		i i		24	
25	Total assets .	• •	· j	.78 762	26	203,852
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(D) must sarea with	.	178,752		2C3.852
27 Par		olichments (see th	e inetrictions for		21	203,852
Fai	Check if the organization used Schedule	O to respond to a	av auestion in this	Part III		Expenses
IA/h-		Fraternal Benefits St		<u> </u>		uired for section
	, , , , , , , , , , , , , , , , , , , ,					c)(3) and 501(c)(4) nizations, optional for
as n	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provided	i, the number of	otne	•
28	Community We support a number of community pro	ograms and causes	St. Vincent de Paul,	South Wineser		
	CT Food Bank, Carter Cares inc student scholarship	s, American Legion,	Military Appreciatio	ກ D.nner, anc		
	winter coat donations are examples of the programs	פני פולון				
		includes foreign gra		▶ ∐	28a	
29	Faith As a Catholic membership organization we so			Examples include		
	sacramental gifts, donations for religious vocation tr	aining, and retreat sp	onsorshin.			
	<u>· · · · · · · · · · · · · · · · · · · </u>	includes foreign gra			29a	
30	Life and Family Two important areas for men of fair					
	St Gerards Center for Life, programs in Scute Wings	or for mentally chair	enced, and Cathedra	l support		
	(Create 6)	includes foreign gra	nto chock hore	▶ □	30a	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ans check here	· · · · · ·	000	
31	· ·	includes foreign gra	ints, check here .	. ▶□	31a	
32	Total program service expenses (add lines 28a			▶	32	
Pär			n one even if not com	pensated-see the ii	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		
	(a) Name and title	(b) Average nours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits contributions to employ benefit plans, and deferred compensation	0	Estimated amount of their compensation
Robe	rt S Zagaja				\top	
	d Knight	10			0	3
	Blondin					
$\overline{}$	ty Grand Knight	1)	0	0
Kevi	1 J Paradis					
Final	ncial Secretary	10	96		0	C
Rich	ard C Blanchard					
	surer)	0	3
	ld W Dundon					
Reco		-	!) 	의	0
	rt I Betteker		1			-
Advo			-	3	0	3
	ph Staszowski	4			0	9
	Year Trustee		[<u> </u>	4	
	Otto Year Trustee	_			a	3
	hen G Leslie			<u>'</u>	" -	
	e Year Trustee	1	i		o	C
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		1	<u> </u>			
]				
		i	1		- 1	



Part				_
	instructions for Part V.) Check if the organization used Schedule 0 to respond to any question in thi	s Parl		
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	Yes	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		1
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		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No, provide an explanation in Scheoule 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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	1		_
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		✓
ъ	If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 504(4)(7) amount to a 5-total	1		
39 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9	Ì		
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4915 ▶			
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		✓
С	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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		✓
41	List the states with which a copy of this return is filed ▶ Connecticut			
42a	<u> </u>	360-21	2-9661	i
b	Located at ► 82 Country View Road, South Windsor, CT 06072 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	060		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	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)			
С	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	1	✓_
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		•	▶ □
44a	Did the organization maintain any donor advised funds during the year? If 'Yes," Form 990 must be		Yes	No
	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		✓

	EZ (2020)						Yes	age
46 C	6 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition							No
	o candidates for public office? If "Yes,"			-	пт орросп	46		1
Part VI								
		hedule O to respond	to any question in	this Part VI				_
	Check if the organization used Schedule O to respond to any question in this Part VI							
	Old the organization engage in lobbying rear? If "Yes," complete Schedule C, Pai		section 501(h) election .	on in effect o	during the	tax 47		1
	s the organization a school as described i					. 48		1
	old the organization make any transfers t			zation?		49a	+	1
b If	f "Yes," was the related organization a se	ection 527 organization	on?	Tor than affici	ora directi	49b		d kar
50 C	Complete this table for the organization's employees) who each received more that	s tive nignest compen n \$100 000 of compei	sated employees (ot) asation from the orda	ner than offici Inization, if th	ers, allecti iere is non:	e, enter 'i	vone."	u ke
<u> </u>	(a) Name and title of each emoloyee	(b) Average nours per week aevoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions	benefits, to employee and deferred	(e) Estimat other cor	eo amoi	
None								
		 						
		{			į			
51 C	otal number of other employees paid ov Complete this table for the organization 100,000 of compensation from the orga	's five highest compo		contractors	who each	n received	more	thar
51 C	Complete this table for the organization	's five highest componization. If there is no	ensated independent			received		thar
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					than
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					thar
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					thar
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					thar
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					thar
51 C	Complete this table for the organization 100,000 of compensation from the orga	's five highest componization. If there is no	ensated independent ne, enter "None "					tha
S1 C	Complete this table for the organization 100,000 of compensation from the orga (a) Name and business address of each independent of the organization of the organizati	's five highest compinization. If there is no dent contractor	ensated independent ne, enter "None " (b) Type of ser	vice	(c)	Compensat		thai
51 C \$ None	Complete this table for the organization (100,000 of compensation from the organization complete Schedulin the organization complete Schedulin from the organization from	's five highest compinization. If there is no dent contractor	ensated independent ne, enter "None " (b) Type of ser	vice	(c)	Compensa:	ion	
None d T 52 D Culture pena	Complete this table for the organization in 100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedulompleted Schedule A	's five highest compinization. If there is no dent contractor dent dent dent dent dent dent dent dent	over \$100 000 ction 501(c)(3) orga	ents, and to 'he	ust attach	Compensa:	ion	40
None d T 52 D Co Under penalirue, correct	Complete this table for the organization in 100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedule A lattes of penury (declare that I have examined this ct, and complete Beglaration of preparer (other than	's five highest compinization. If there is no dent contractor dent dent dent dent dent dent dent dent	over \$100 000 ction 501(c)(3) orga	inizations mitents, and to the has any knowled	ust attach	Compensa:	ion	40
d T 52 D Under penalurue, correct	Complete this table for the organization in 100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedulompleted Schedule A	's five highest compinization. If there is no dent contractor dent dent dent dent dent dent dent dent	over \$100 000 ction 501(c)(3) orga	ents, and to 'he	ust attach	Compensa:	ion	40
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Form **990-EZ** (2020)

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	Employer identification ramber
Knights of Columbus, Rev E. G. Rosenberger Council 45779	23-7137905
Form 990-EZ, Line 10 - Grants and similar emounts paid	
St. Vincent de Paul • 31,813	
South Windsor Food Bank - \$2,064	
Carter Cares, Inc - \$6,108	
RSVP program (religious vecation training) - \$2,500	
Mobile Ultrasound support - 9500	
St Gerard's Center for Life - \$500	
College Scholarships - \$4,000	
Coats for Kids program - \$87	
Parish Christmas Donation - \$350	
Parish Mardi Gras sponsorsnip - \$200	
Youth Retreat Sponsorship - \$500	
Parish Bible School Support - S280	
South Windsor American Legion - \$1,693	<u> </u>
South Windsor Human Services - \$250	·
Holy Family Youth Program Support - \$350	
South Windsor "Bundles of Love" support - \$300	
Catholic Charities - \$500	
Little Sisters of the Poor - \$76	
Hartford Cathedral Support - \$400	
Parton Center for Diabetes Education - campersnip sponsor - \$1,000	
Army ROTC donation - \$200	
Keep Christ in Christmas convest prizes - \$150	
······································	
Form 990-EZ, Line 16: includes cost of annual acceptisement in our Church culletin and cost to Council	for providing some of our programs.