

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)

► 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.

2012

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning January 1, 2020, and ending December 31, 2020

B Check if applicable	C Name of organization Knights of Columbus #4735		D Employer identification number 396050979
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 2545 Continental Ct		E Telephone number 920-465-6835
<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			
F Group Exemption Number ► 0188			

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 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. ► \$ 79,793

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 0	3 3206
Revenue	3 Membership dues and assessments	3 3206	
	4 Investment income	4 260	
Revenue	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	0
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	76,151
	c Less direct expenses from gaming and fundraising events	6c	33,604
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42547
	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 7a from line 7b) REOUIRED IN CORRESPONDENCE WITH IRS - OSC - 03	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	46013	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	42312
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits OGDEN, UTAH	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	2180
17 Total expenses. Add lines 10 through 16 ►	17	44492	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	1521
	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	32701
	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	34222

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2020)

g2

SCANNER APR 06 2022

675033 NOV 23 2021 500,000

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	32701	22 34222
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	32701	25 34222
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32701	27 34222

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			
29			
30			
31			
32 Total program service expenses (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

7 (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 Fidler, Chancellor 5138 State Hwy 29 Denmark WI 54208	2	0	0	0
Gary J Hermans, Recorder 4667 State Hwy 29 Denmark, WI 54208	5	0	0	0
Robert J Duckett, Treasurer 476 Jacob Drive, Denmark, WI 54208	4	0	0	0
James E Wavrunek, One Year Trustee 5714 S County Road P Denmark, WI 54208	3	0	0	0
Ronald L Palder, Two Year Trustee N1751 County Road V Denmark, WI 54208	2	0	0	0
Thomas M Bekkers, Three Year Trustee 6131 Scenic Ct Denmark, WI 54208	3	0	0	0

GO

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		✓
34		✓
35a		✓
35b		✓
35c		✓
36		✓
37a	37a	
37b		✓
38a		✓
38b		
39		
39a		
39b		
40a		
40b		✓
40c		
40d		
40e		✓
41	List the states with which a copy of this return is filed ► <u>NONE</u>	
42a	The organization's books are in care of ► <u>Glenn J Whipp</u> Telephone no. ► <u>920-465-6835</u> Located at ► <u>2545 Continental Ct Green Bay, WI</u> ZIP + 4 ► <u>54311-6625</u>	
42b		✓
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 ► <u>43</u> <input type="checkbox"/>	
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 type="checkbox"/>	
44b		✓
44c		✓
44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? <input type="checkbox"/>	
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 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

Check if the organization used Schedule C to respond to any question in this Part II		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.

Sign Here 		Date  4/27/2021
	Signature of officer	
	Glenn J Whipp, Financial Secretary	
	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.

SCHEDULE G
(Form 990 or 990-EZ)**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2020Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b 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						
Total						

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.

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 Golf Outing (event type)	(b) Event #2 Peach Sale (event type)	(c) Other events Four (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . .	34752	23514	17885	76151
	2 Less: Contributions . . .	0	0	0	0
	3 Gross income (line 1 minus line 2) . . .	34752	23514	17885	76151
Direct Expenses	4 Cash prizes . . .	750	0	0	750
	5 Noncash prizes . . .	0	0	0	0
	6 Rent/facility costs . . .	6892	0	0	6892
	7 Food and beverages . . .	0	0	0	0
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses	643	16677	8642	25962
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33604
	11 Net income summary. Subtract line 10 from line 3, column (d)				42547

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	[REDACTED]
	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

13a	%
13b	%

a The organization's facility

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 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.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Quota Support and dues payments to the State And Supreme of the KC \$736.00

Golf outing at Twin Oaks Golf Course for Phil Melnarik who was born with a genetic birth defect \$26,692 00

Support for 9 seminarians to assist them in their education to become priests \$4500.00

All Saints Catholic School in Denmark, WI for computer equipment \$5000

Support of local charities and other individuals in need to include: Fire victims, college scholarships, food pantry's etc. All donation were

\$500 or less

Name of the organization	Employer identification number
--------------------------	--------------------------------