

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	12910	22
23	Land and buildings	83700	23
24	Other assets (describe in Schedule O)	20251	24
25	Total assets	112947	25
26	Total liabilities (describe in Schedule O)	26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	112947	27
			121047

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

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 JOHN PAUL II SCHOOL, RELIGIOUS EDUCATION

12	(Grants \$ 4850) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	4850
29	St AGNES CHURCH, CHURCH GROUNDS, RELIGIOUS EDUCATION		
30	(Grants \$ 5226) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	5026
	FRIENDS OF THE UNIONTOWN BALLPARK, GROUNDS \$100		
	CITY OF UNIONTOWN 4TH OF JULY CELEBRATION \$100		
	OUTSTANDING STUDENT JPII 8TH GRADE \$100		
	(Grants \$ 300) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	300
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	10176

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

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		
b		
38a		
b		
39		
a		
b		
40a		
b		
c		
d		
e		
41		
42a	Telephone no.	2709523720
Located at	ZIP + 4	42461-0084
b		
42b	✓	
c		
42c		
43		?
43		43
44a		
b		
c		
d		
45a		
b		

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

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	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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 <input checked="" type="checkbox"/>	Signature of officer	Date <u>9/6/21</u>
EUGENE J. MUSSER, TREASURER		
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

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

2020Open to Public
Inspection

Name of the organization

UNIONTOWN KNIGHTS OF COLUMBUS 1367

Employer identification number

23-7542214**UTILITIES-\$4546****ENTERTAINMENT-1534****INSURANCE \$4779****SALES TAX \$157.****PROPERTY TAX \$638****FOOD \$2126****REPAIRS \$2032****POSTAGE \$142****LICENSES \$45****KofC STATE COUNCIL \$461****DONATION STUDENT \$100****DONATION UNIONTOWN FRIENDS OF THE BALLPARK \$100****DONATION CITY OF UNIONTOWN 4TH OF JULY CELEBRATION \$100****TOOTSIE ROLL DRIVE \$500****NEW EQUIPMENT \$1544****DONATION St.AGNES CHURCH \$ 5026****DONATION JPII SCHOOL 4850****INCOME PICNIC \$5750.****BAR \$891**

Name of the organization

UNIONTOWN KNIGHTS OF COLUMBUS 1367

Employer identification number

23-7542214