

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

OMB No 1545-0047

2019

Open to Public Inspection

Process original 09

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.

For the 2019 calendar year, or tax year beginning JULY 1, 2019, and ending JUNE 30, 2020

Form fields: B Check if applicable, C Name of organization (KNIGHTS OF COLUMBUS # 6904), D Employer identification number (51-0227563), E Telephone number (973-386-0195), F Group Exemption Number (0188), G Accounting Method (Cash), H Check if the organization is not required to attach Schedule B, I Website, J Tax-exempt status (501(c)(8)), K Form of organization (Corporation), L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts.

08/08

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

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (4,267); 2 Program service revenue including government fees and contracts (0); 3 Membership dues and assessments (6,365); 4 Investment income (0); 5a Gross amount from sale of assets other than inventory; 5b Less cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory (0); 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events (4,267); 6c Less direct expenses from gaming and fundraising events (20,489); 6d Net income or (loss) from gaming and fundraising events (8,201); 7a Gross sales of inventory, less returns and allowances; 7b Less cost of goods sold; 7c Gross profit or (loss) from sales of inventory (0); 8 Other revenue (describe in Schedule O) (0); 9 Total revenue (18,833); 10 Grants and similar amounts paid (14,223); 11 Benefits paid to or for members (0); 12 Salaries, other compensation, and employee benefits (1,750); 13 Professional fees and other payments to independent contractors (0); 14 Occupancy, rent, utilities, and maintenance (0); 15 Printing, publications, postage, and shipping (290); 16 Other expenses (describe in Schedule O) (5,794); 17 Total expenses (22,057); 18 Excess or (deficit) for the year (-3,224); 19 Net assets or fund balances at beginning of year (90,893); 20 Other changes in net assets or fund balances (5,198); 21 Net assets or fund balances at end of year (92,867).

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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	89,017	87,669
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	1,876	5,198
25 Total assets	90,893	92,867
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,893	92,867

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	ROSES FOR LIFE - PROCEEDS DISTRIBUTED EQUALLY TO BIKER HAVEN OF NEWTON AND SEVERAL SOURCES CHARITERS		
28a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,000	
29	M.C. NORTHERLY CHAMBERED DRIVE		
29a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	880	
30			
30a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31	Other program services (describe in Schedule O)		
31a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
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

(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
VINCENT LOBELLO - 20 RICHMOND AVE CEDAR KNOLLS, NJ 07927	9 HOURS KNIGHT 6	0	0	0
JOHN GUIDO JR. 24 SUNSET DR. WHIPPANY, NJ 07981	TREASURER 4	500/YEAR	0	0
CHARLES FORSYTHE 24 INDEPENDENCE DR WHIPPANY, NJ 07981	FINANCIAL SECRETARY 5	1250/YR	0	0
B.B. GALLO - 196 BEE MEADOW PKWY WHIPPANY, NJ 07981	TRUSTEE 1	0	0	0
MARK KERNAN, 8 LAFAYETTE CT. WHIPPANY, NJ 07981	TRUSTEE 1	0	0	0
MICHAEL RICHMOND - 35 LOCUST DR. MORRIS PLAINS, NJ 07950	TRUSTEE 1	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

		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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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		<input checked="" type="checkbox"/>
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 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text" value="CHARLES FOKS Y TH"/> Telephone no <input type="text" value="973-384-0195"/> Located at <input type="text" value="24 INDEPENDENCE DR WINNIPPEN, NJ"/> ZIP + 4 <input type="text" value="07981-5225"/>		
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 <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
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 <input type="text"/>		<input checked="" type="checkbox"/>
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 <input type="text" value="43"/>		<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 checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

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

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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" 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"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2 (1099-MISC))	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
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) Average hours per week devoted to position	(c) Reportable compensation (Form W-2 (1099-MISC))	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
NONE				

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 Charles Forsythe Signature of officer 11/3/2020 Date
CHARLES FORSYTHE - FINANCIAL SECRETARY Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check 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 Yes No