2018	
7	
23	
AUG	

Return of Organization Exempt From Income Tax

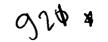
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

Open to Public

Dep	artment of	the Treasury ue Service	► Go to www.irs.go	v/Form990 for instructions and t	the latest in	formation.	-	Inspection
A			ndar year, or tax year beginning		and ending			, 20
В		applicable	C Name of organization Knights				D Employe	r identification number
Ō.	Address		Doing business as				23-71	.42569
Ħ.	Name ch	-	E Telephon					
П	Initial ret	-	(574)	234-9800				
\Box		m/terminated	P.O. Box 1753 City or town, state or province, count	ry, and ZIP or foreign postal code				
Ħ	Amende		South Bend, IN 46634				G Gross re	ceipts \$ 287,282.
Ħ		on pending	F Name and address of principal officer			H(a) is this a o	roup return for s	ubordinates ⁷ Yes No
	Дрисан	on penang	• •	1753, South Bend, IN 4	6634 <i>5</i> 1 75			
_	Tay-eyer	mpt status	501(c)(3) S01(c) (8) ◀ (insert no) ☐ 4947(a)(1) or				list (see instructions)
<u>:</u>	Website		ww.kofc553.com	3) 1 (11001/110) 22 10 11(2)(1) 01	<u> </u>	H(c) Group	exemption	number ▶ 0188
<u>K</u>		organization		ion ☐ Other ► L Ye	ear of formation			of legal domicile IN
	art I	Summ	. 					
	1		escribe the organization's missi	on or most significant activities	s: Chari	table a	nd frat	ernal.
Φ	•		d assistance offered					
띪			families. Promotes so					
Ĕ	2		is box ▶☐ if the organization of					ts net assets.
Activities & Governance	3	Number	of voting members of the gover	ning body (Part VI, line 1a) .	KECE	IVED	10 3	6
<u>න</u>	4		of independent voting members		/L line 1b)		8 4	6
es	5		nber of individuals employed in			0 2018	Ø 5	
Ϋ́	6		nber of volunteers (estimate if r	i land			J <u>준 6</u>	50
듗	7a		elated business revenue from F	•	OGDE	N UT	7a	0
_	, a		lated business taxable income	<u> </u>	· CCDC	- + 1, - 0 - 1	7b	0.
	-	Net une	lated business taxable income			Prior Ye		Current Year
	8	Contribu	tions and grants (Part VIII, line	1h)	-		5,089.	6,965.
ĭ	9		1,490.	5,235.				
Revenue	10		service revenue (Part VIII, line 2 ent income (Part VIII, column (A)		· · ·		5,061.	62,595.
æ	11		venue (Part VIII, column (A), line				2,907.	14,443.
	12		enue—add lines 8 through 11 (m		_			
_	13		nd similar amounts paid (Part I)		1116 12)		3,547.	89,238.
	14		paid to or for members (Part IX		` ` ' -		2,505.	26,700.
	1 4-		other compensation, employee b		· · · ·			
ses	15			•	3 <i>3</i> 10,			
ë	16a		onal fundraising fees (Part IX, co draising expenses (Part IX, colu		8			
Expenses	b		penses (Part IX, column (A), line		<u>M</u>			
	17		penses (Part IX, Column (X), line penses. Add lines 13–17 (must o				5,851. 8,356.	37,851. 64,551.
	18		•	•	- ' - ' - '		9,809.	
_	19	nevenue	less expenses. Subtract line 18	B HOM line 12	· · ·	leginning of Ci		24,687. End of Year
õ		Total and	ests (Dart V. line 16)		-	<u> </u>		
SS	20		sets (Part X, line 16)		· · ·		1,227. 0.	795,913. 0.
Net Assets or	21		oilities (Part X, line 26) ets or fund balances. Subtract li			77:	1,227.	795,913.
_			ture Block	rie 21 irom line 20			1,221.	795,915.
	art II			-turn maked an annum an an annum an	los and states	nonto and to t	ha haat of n	ny kaomindra and bakat it is
tr	nder pena ue. correc	aities of perjuict, and comp	iry, I declare that I have examined this relete. Declaration of preparer (other than	eturn, including accompanying scriedul officer) is based on all information of what is the control of the cont	hich preparer	has any know	ne best of n ledge	ny knowledge and belief, it is
_		1	Of m			····		12/12
C:	gn	<u> </u>	nature of officer	Jan-		i_	ate /	10/10
	ere	11				-		
П	ere		hn M Ryal, Treasurer e or print name and title					
		<u> </u>	/pe preparer's name	Preparer's signature	Da	te -	<u> </u>	PTIN
P	aid	Fillio 1)	po propuror o riarrio				Check [self-emp] #
P	repare		Non-Paid	l Prenarer	L	- T_	_ 	
U	se On			a i iopaioi		i	n's EIN ▶	
	II		address >	shown above? (see matrications		Pho	one no	
_			s this return with the preparer s			· · · ·	· ·	Yes X No Form 990 (2017)
Fo	r Paper	work Redi	iction Act Notice, see the separate	te instructions. BAA	RE\	/ 12/05/17 PRO		Form 330 (2017)



Part	Statement of Program Service Accomplishments Charlet School 10 Countries a recognishment to any line in this Part III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Charitable and fraternal. Aid and assistance to sick or needy members and families.
	Promotes social and intellectual fellowship through volunteer activities supporting,
	church, education, and social issues.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe
	the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 5,436. including grants of \$ 5,436.) (Revenue \$)
	Charitable and community accomplishments, grants, and allocations:
	Donations to Gibault Home for Boys, Terra Haute, IN \$4,444
	Funds raised for intellectually handicapped \$ 792
	Funds raised for St. Joseph County Special Olympics \$ 200
	(Code: \(\(\)\(\)\(\)\(\)\(\)\(\)\(\)\
4b	(Code:) (Expenses \$ 5,764. including grants of \$ 5,764.) (Revenue \$)
	Religious and caring for seriously ill:
	Support for Seminarians \$3,150
	Support for Redeemer Radio, Indiana \$500
	Support for Christ Child Society \$405
	Funds raised for Right to Life organization \$419
	Funds raised for local Catholic parishes \$1,260
	Masses offere for deceased members \$30
4c	(Code:) (Expenses \$ 15,500. including grants of \$ 15,500.) (Revenue \$)
	Fraternal and educational. Awarded five (5) scholarhips to
	students at local Catholic high schools.
	Marian Wigh School
	Marian High School \$14,000
	Saint Joseph High School \$1,500
	Total
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Part IV · Checklist of Required Schedules



			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
_	·	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	}		ł
	Part III	5	!	×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ļ
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			}
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			[:
	VII, VIII, IX, or X as applicable			}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
L	complete Schedule D, Part VI	11a	×	ļ
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b	 	<u>×</u>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses]
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f]	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			}
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate		. }	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	446	- {	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		_ <u>×</u> _
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	┝╩┤		<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	}	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	1	×
		Fom	n 990	(2017)

Part	V · Checklist of Required Schedules (continued)			-3-
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
D D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	١		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	×	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		×
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	00		١.,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		×
•	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
250	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		U
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X_	(0017

Form 99				Page \$
Part '				
	Check if Schedule O contains a response or note to any line in this Part V			
	5 1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ļ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	×	
2a				j
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		- X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		 ^
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Ĺ	×
b	If "Yes," enter the name of the foreign country. ▶			l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	_6a_		×
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		ľ
_	gifts were not tax deductible?	6b	ļ	-
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	L	×
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	<u> </u>	<u> </u>
·	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · ·	<u> </u>	 ^ -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ	İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	ļ]	
11	Section 501(c)(12) organizations. Enter.		1	
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	[
b	Enter the amount of reserves the organization is required to maintain by the states in which		l	
	the organization is licensed to issue qualified health plans	1	1	

14a

14b

13c

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Form 99	0 (2017)		ı	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		uucu	W.
Section	on A. Governing Body and Management	·- · ·		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar			1
_	committee, explain in Schedule O.	_		1
ь 2	Enter the number of voting members included in line 1a, above, who are independent	힉		
-	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		x_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	_ X_	
	stockholders, or persons other than the governing body?	7b	×	}
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			i _ i
а	The governing body?	8a_	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve		ode)	<u> ×</u>
0001	on pri energy (7770 gooden proqueete information appet personal forting and an information of the informatio	.,,,,,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		_	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c]	
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	-	ا با
b		15b		×
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		l	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b] ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	1		-
Section	on C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires and 990-T (Section 610	on 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		-	-,
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	nterest	policy	, and
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and John Ryal, 1105 N. Saint Peter St., South Bend, IN 46617 (574)289-9792	ecoras		

Orm	990	(2017)
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Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box in Heither the organization no	Turiy relates	Org	W1 112		C)	<u> </u>	1100	Jany Sarren	director	, or trustee
(A)	(B)	Average box, unless person is both an hours per officer and a director/trustee)			one	(D)	(E)	(F)		
Name and Title					box, unless person is both an			Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)					Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Stephen Elek, Jr.	2.00	×								
Trustee (0) Project Grandon	2.00			<u> </u>	├		-	0.	0.	0.
(2) Eric Snyder Trustee	2.00	×					L	0.	0.	0.
(3) Scott Gring Trustee	2.00	×						0.	0.	0.
(4) Patrick Hess Grand Knight	4.00			×				0.	0.	0.
(5) Tim McBride Deputy Grand Knight	4.00			×				0.	0.	0.
(6) John Ryal Treasurer	4.00			×				0.	0.	0.
(7)										i
(8)		-								
(9)										
(10)							-			
(11)										
(12)					<u> </u>			-		
(13)										
(14)	<u> </u>				-		-			

(A) Name and title		(B) Average hours per week (list any	box,	unles er and	eck s pe l a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related		am	(F) timated sount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		comp fro orga and	pensation the anization I related nization	n I
15)								_					_	
16)										_ -	-			
17)					i									
18)														
						-				<u> </u>				
					_		_				_	_		
				\mathbb{H}							_			
				\vdash										
		L									_			
(24)														
(25)									j					
1b c d	Sub-total							> > >	0.		0.			0
2	Total number of individuals (including bur reportable compensation from the organi	t not limited					above	e) w	<u> </u>	ore than \$1		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual												_	×
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	dividual			×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	((C) Compen		
						_								
				_				\vdash			_			

		Check if Schedule O contains a re	sponse or note to	any line in this	Part VIII	<u> </u>	🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	1				
irar	b	Membership dues 1b	6,965.		ļ	j	
S, G	С	Fundraising events 10			Ì		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 10			}	į	
S, E	е	Government grants (contributions) 1e				!	
r S	f	All other contributions, gifts, grants,			ì	İ	
the fat		and similar amounts not included above 11	·				,
E O	g	Noncash contributions included in lines 1a-1f \$;		i	ļ	· ·
Co	h	Total. Add lines 1a-1f	🕨	6,965.			
ue		· · · · · · · · · · · · · · · · · · ·	Business Code				
ven	2a	Gibault	900099	1,890.	1,890.	0,	0.
æ	b	Save the Seminarians	900099	1,156.	1,156.	0.	0.
Program Service Revenue	С	Tootsie Roll Drive	900099	2,189.	2,189.	0.	0.
Ser	d			·			
ᇤ	е						
ogra	f	All other program service revenue.					
-A	g	Total. Add lines 2a-2f		5,235.			
	3	Investment income (including divi	•				
	ĺ	and other similar amounts)		29,934.	29,934.	0.	0.
	4	Income from investment of tax-exempt	bond proceeds ►				
	5	Royalties	<u> ▶</u>				
	}	(i) Real	(ii) Personal			ļ	!
l	6a	Gross rents .			İ		
	b	Less rental expenses					
	С	Rental income or (loss)					-
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(II) Other	1			
	i .	assets other than inventory 204,538	· 				
	b	Less. cost or other basis]			
		and sales expenses 171,877					
	C	Gain or (loss) . 32,661					
	d	Net gain or (loss)	· <u>· · · · </u>	32,661.	32,661.	0.	0.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
Ē			a 37,718.				
ŏ			b 25,059.		,	_	
		Net income or (loss) from fundraisin Gross income from gaming activities.		12,659.		0.	12,659.
	94		1				
	_	Less: direct expenses	a 2,892. b 1,108.				
		Net income or (loss) from gaming at		1,784.	0.	0.	1 704
		Gross sales of inventory, less		1,704.	- 0.	0.	1,784.
	IVa	1.0	'a				
	L .		b				
	b	Less: cost of goods sold Net income or (loss) from sales of in		ł f		i	
		Miscellaneous Revenue	Business Code				
	11a						•
	Ь	***************************************					
	c			- -			
	d	All other revenue		o.	0.	0.	0.
	e	Total. Add lines 11a–11d		0.	<u>_</u>		
	12	Total revenue. See instructions.		89,238.	67,830.	0.	14,443.

Form 99	0 (2017)				Page 10			
Part	IX Statement of Functional Expenses		<u></u>					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization:	s must complete co	lumn (A).			
Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,700.	26,700.	3				
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees).							
а	Management							
b	Legal							
С	Accounting							
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)							
12	Advertising and promotion	966.	966.					
13	Office expenses	540.	540.					
14	Information technology							
15	Royalties							
16	Occupancy	17,871.		17,871.				
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .	589.	589.					
20	Interest	ļ						
21	Payments to affiliates	34 664		10.000				
22	Depreciation, depletion, and amortization .	14,664.		14,664.				
23	Insurance				-			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	Printing & Newsletter	1,631.	1,631.					
b	Fraternal Activities	1,590.	1,590.					
C								
d								
е	All other expenses			— 				
25	Total functional expenses. Add lines 1 through 24e	64,551.	32,016.	32,535.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ If following SOP 98-2 (ASC 958-720)				_			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . (A) Beginning of year End of year Cash-non-interest-bearing 1 1,428. 7,588. 2 9,978. 2 39,587. 3 3 Pledges and grants receivable, net . . . Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 308,823. **b** Less accumulated depreciation . . . 10b 10c 85,384. 70,720. 674,437. 11 11 Investments—publicly traded securities 678,018. 12 Investments—other securities. See Part IV, line 11 . 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 771,227. 16 795,913. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 _ . . _ . _ . _ . 26 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕱 and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 771,227. 32 795,913. 32 Retained earnings, endowment, accumulated income, or other funds. 771,227. 33 33 795,913.

> 795, 913. Form **990** (2017)

771,227.

		_
Page	1	2

0				:	-9
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89,2	238.
2	Total expenses (must equal Part IX, column (A), line 25)	2		64,5	551.
3	Revenue less expenses. Subtract line 2 from line 1	3		24,6	<u> 87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	71,2	227.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<u> </u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7	95,9	914.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	L	×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 📄		
	reviewed on a separate basis, consolidated basis, or both:		[
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:		İ		ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				1
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın i	n 📄		
	Schedule O.		ĺ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n [¯		
	the Single Audit Act and OMB Circular A-133?		3a	L	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		е	{	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	₂ 990	(2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name o	me organization		Employer identification number
	hts of Columbus #553 Santa Maria (23-7142569
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · Yes · · No
Pari			
, QI	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		·
	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
		Freservation o	i a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization h	and a qualified concentration contribution	on in the form of a concentation
2	easement on the last day of the tax year.	ield a quaimed conservation contribution	Held at the End of the Tax Year
			\
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified	` ,	. <u>2</u> c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	isterred, released, extinguished, or teri	minated by the organization during the
	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation e		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	-		
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing	conservation easements during the year
	S		
8	Does each conservation easement reported on line	• • •	
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Part		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI	•	
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	it describes these items.
b	If the organization elected, as permitted under 5	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other sımıla		ducation, or research in furtherance of
	public service, provide the following amounts rela	iting to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	1	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of ar	t, historical treasures, or other simila	r assets for financial gain, provide the
_	following amounts required to be reported under		• • • • • • • • • • • • • • • • • • • •
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
	Assets included in Form 990 Part X		•

Part	Organizations Maintaining						
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	her recor	ds, check any	of the follow	wing that are a s	ignificant use of its
а	☐ Public exhibition		d	Loan or exc	change prog	rams	
b	☐ Scholarly research		e	Other			
c							
4							
5	During the year, did the organization assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra	ingements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes'				_	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					r other assets no	
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing table [.]		A	mount
C	Beginning balance				10	3	
d	Additions during the year				10	E	
е	Distributions during the year				. 16	•	
f	Ending balance				. 11	f T	
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for escrow	or custodia	l account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planation has	been provid	ed on Part XIII .	🗆
	t V Endowment Funds.						
	Complete if the organization	answered "Yes"	' on For	m 990, Part I	V, line 10.		
		(a) Current year	(b) Pre	or year (c) Tv	vo years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships				·		
e	Other expenditures for facilities and programs				·		
f	Administrative expenses						
g	End of year balance		_				
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1a. colu	mn (a)) held	as:	
a	Board designated or quasi-endowmen			- (- 3 ,	(-,,,		
b	Permanent endowment ▶	%					
C	Temporarily restricted endowment ▶						
•	The percentages on lines 2a, 2b, and		00%.				
3a	Are there endowment funds not in the			zation that are	held and ad	iministered for th	e
	organization by.		ŭ				Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" on line 3a(ii), are the related o						3b
4	Describe in Part XIII the intended uses						
	VI Land, Buildings, and Equip						
	Complete if the organization		" on For	m 990. Part I	V. line 11a.	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost or other (other)	basis (c)	Accumulated lepreciation	(d) Book value
	l and			(52.5.)			
1a	Land						
þ	Buildings		0.000			220 102	70.700
C	Leasehold improvements	. 30	8,823.			238,103.	70,720.
d	Equipment	•					
e	Other	· .					
Total.	. Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	K, column (B), l	ine 10c.) .		70,720.

19) Book value Cost or end of security (and the profit of states of the profit of states of the profit of the	Part VII	Investments — Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
23 Closely-held equity interests		(a) Description of security or category		(c) Method of valuation
(3) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(1) Financial	derivatives		
A	(2) Closely-	neld equity interests		
A	(3) Other			
(G) (G) (G) (G) (G) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
(i) (ii) (iii) (iii) (iii) (iii) (iiii) (iii)				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)				
Column C				· · · · · · · · · · · · · · · · · · ·
(G) (h) Total. Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ Part XIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Coast or end-of-year market value (1) (2) (3) (4) (9) (9) (9) (10) (9) (9) (10) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10				
Total, Column (b) must equal Form 990, Part X, col. (B) line 12) Part XIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Total. (Column (b) must equal Form 990, Part X, col. (B) Interestments				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Cost or end-of-year market value	Part VIII	——————————————————————————————————————	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(2) (3) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (d) (d) (e) (e) (f) (e) (f) (f) (e) (f) (f) (e) (f) (f) (g) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		(a) Description of investment	(b) Book value	
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		(b) must equal Form 990, Part X, col. (B) line 25.)		
			e footnote to the organization's	financial statements that reports the

	O	Dark IV / 15a - 40a	
	Complete if the organization answered "Yes" on Form 990, F		
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • •	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1
а	Net unrealized gains (losses) on investments	2a	4 1
b	Donated services and use of facilities	2b	-
С	Recoveries of prior year grants	2c	-
d	Other (Describe in Part XIII.)	2d	┥∶┈
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
þ	Other (Describe in Part XIII.)		
c			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	_ ·	5
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F		er keturn.
1		raitiv, iiile iza.	T1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- '
	Donated services and use of facilities	2a]]
a		2b	-
Ь	Prior year adjustments	2c	
c d	Other (Describe in Part XIII.)	2d	-
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1
c	· · · · · · · · · · · · · · · · · · ·		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and		
2, Par	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	nformation
			···
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

2017	Open to Public Inspection
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OMB No 1545-0047

Scholarship/Stipend **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number X Yes 23-7142569 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 14,000 grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Knights of Columbus #553 Santa Maria Council 35-1101600 (b) EIN 1311 S. Logan St. Mishawaka IN 46544 1 (a) Name and address of organization (1) Marian High School or government Department of the Treasury Internal Revenue Service Name of the organization (2) Part I Part II ල € 0

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

REV 11/13/17 PRO

Schedule I (Form 990) (2017)

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Schedule I (Form 990) (2017)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization allowered Part III can be duplicated if additional space is needed.	space is needed	is. Complete II the	Organization answer	o pottod	GILLOUING HING Z.C.
ļ	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(a) Amount of noncash assistance	(e) Method of Valuation (book, FMV, appraisal, other)	- }
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BAA		REV 11/13/17 PRO	RO			Schedule I (Form 990) (2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

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

2017

Open to Public Inspection

Name of the organization	Employer/identification number
Knights of Columbus #553 Santa Maria Council	23-7142569
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