2949311410016 1 2949006503624 1

Return of Organization Exempt From Income Tax						OMB	No. 1545	-0047		
For			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex-	cept private	e foundatio	ns) 20	01	9		
(Rev	January 2	(020)	► Do not enter social security numbers on this form as it may		. // /	7'	to Pu			
	artment of t nal Revenu	he Treasury e Service	► Go to www.irs.gov/Form990 for instructions and the latest			Ins	pecti	on		
-			dar year, or tax year beginning January 1 , 2019, and endir		cember 31	, 20 1				
	Check if a		C Name of organization Scituate Knights of Columbus		D Em	ployer identifi	cation n	umber		
	Address cl	nange	Doing business as Scituate Knights of Columbus Charitable Fraternal Organ	nization		04-2466	727			
	Name cha	nge	Number and street (or P O box if mail is not delivered to street address)	Room/surte	E Tele	ephone numbe				
	Initial retur	n	po box 186			7815450)435			
		/terminated	City or town, state or province, country, and ZIP or foreign postal code					248823		
\equiv	Amended	4	Scituate Ma 0004	// 14(4) (5)		ss receipts \$ n for subordinates	. 🗆 🗸			
	Application	n pending	F Name and address of principal officer Michael Burke			nates included?				
	Tax-exem	ot status	501(c)(3) 501(c) (8) ◀ (insert no) 4947(a)(1) or 527			a list (see instr				
<u></u>			fc3716 org	H(c) Gr	oup exemption	on number 🕨	01	88		
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation. 195	6 M Sta	te of legal don	ncile	Ma		
P	art I	Summa								
			cribe the organization's mission or most significant activities: Chanta					e 		
JCe			elping those in need, providing hearing aids, wheelchairs, access ramps, spec			led, scholarsi	nps			
E E			of higher education, support to numerous civic, indivduals and the religious par			of ito not on				
ove	1		box ► ☐ If the organization discontinued its operations or disposed voting members of the governing body (Part VI, line 1a)	o or more t	1 🕳	orius neu as 	SetS.	10		
<u>ე</u>	1		independent voting members of the governing body (Part VI, line 1a)		<u> </u>			10		
ies	1		per of individuals employed in calendar year 2019 (Part V, line 2a)		. 5			0		
tivit.	including helping those in need, providing hearing aids, wheelchairs, access ramps, special equipment for in support of higher education, support to numerous civic, individuals and the religious parishes we support to numerous civic, individuals and the religious parishes we support to numerous civic, individuals and the religious parishes we support to number of disposed of more than Number of voting members of the governing body (Part VI, line 1a)							200		
AC	7a T	otal unrel	ated business revenue from Part VIII, column (C), line 12		. 7a			0		
	b N	let unrelat	ted business taxable income from Form 990-T, line 39		. 7b	<u> </u>		0		
				Prio	r Year 23197		rent Yea	248819		
e			ons and grants (Part VIII, line 1h)	mo and granto (rate vin, into try)						
Revenue	E .	-	ervice revenue (Part VIII), line 2g)		3		0			
æ			t income (Par Lyth, column (A), lines 3, 4, and 7d)		22					
	12 T	otal reven	we add lines 8 through I (must equal Part VIII, column (A), line 12)		23417			248823		
			similar amounts paid (Part IX, column (A), lines 1-3)		1600			21000		
	14 E	Benefit ba	aid the for membere (Part X, column (A), line 4)			0		0		
S	15 S	alarie Co	her compensation, employee benefits (Part IX, column (A), lines 5-10)	5865	2		64729			
enses	16a F	rofession	at tungers sing rese (Part IX, column (A), line 11e)			0		0		
Exp	D 1	otal tunor	raising expenses (Part IX, Column (D), line 25)		44000			467000		
w	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		14088 21553			167363 253092		
		•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25) ess expenses. Subtract line 18 from line 12		1864			(4273)		
- S	19 [evenue le	ess expenses. Subtract line to nom line 12	Beginning o	f Current Yea		of Year	`		
ets c	20 T	otal asset	ts (Part X, line 16)		61811			605061		
Ass d Ba	21 T		ties (Part X, line 26)			0		0		
Net Assets or Fund Balances	22 N	let assets	or fund balances. Subtract line 21 from line 20		61811	4		605061		
	art II		re Block							
Un	der penalti	es of perjury, and complete	, I declare that I have examined this return, including accompanying schedules and state e Declaration of preparer (other than officer) is based on all information of which prepar	tements, and rer has anv kr	to the best o lowledge	f my knowledg	e and b	elief, it is		
			200/200/14		7					
Sig	an l	Signatu	ure of officer A	1	Date		/			
He		E	DWARD V Sullivay IV GRAWG	- /Trus	ster	7/8	/202	U		
		Type o	or print name and title	-/		()	, - -			
Pa	id	Print/Type	preparer's name Preparer's signature	Date		(II PTIN	1			
	eparer					mployed				
	e Only	Firm's nan			Firm's EIN >					
		Firm's add			Phone no	<u></u>	Von			
			this return with the preparer shown above? (see instructions)	No. 14000Y			Yes	No (2019)		
ror	raperwo	rk Reduct	tion Act Notice, see the separate instructions. Cat.	No. 11282Y			-omi as	(C019)		

, built à	50 (2015)
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Charitable endeavors within communities we serve, Helping Those in Need, Providing hearing aids, wheelchairs, access ramps, and
	special equipment for the disabled. Providing scholarships to students to help advanced their higher education. Support numerous
	civic, youth and charitable organizations within our community as well as playing active roles in the social and spiritual life of
	our parishes we support
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 20234 including grants of \$) (Revenue \$ \$28,451.00)
	Scholarships to graduating students who are furthering their education. Scholarships are awarded to local area students based upon
	civic, youth and chantable organizations within our community as well as playing active roles in the social and spiritual life of golf tournament. Support to handicapped and disabled through tootsie roll drive. Provides financial means to procure special
	equipment Vans, computers, glasses, hearing devices, lifts and other associated items in support of the physically handicapped
	equipment varies, compared species, glasses, nearing devices, into and office associated feature in support of the physically narindeepped
4b	(Code:) (Expenses \$ 115745 including grants of \$ 1000) (Revenue \$ 105018) Scituate Knights of Columbus pool offers recreational and swimming opportunities to 200 members on an annual basis Pool is supervised by certified personnel who provide swim lessons, swim team and recreational swimming opportunities
4c	(Code:) (Expenses \$ 39000 including grants of \$ 7000) (Revenue \$ \$51,500 00) Community donations to schools, families, youth groups, religious organizations, community organization and most importantly religious organizations, community organization and most importantly families in need Funding raised through annual chanty raffle
4d	Other program services (Describe on Schedule O.) (Expenses \$ 9113 including grants of \$ 13000) (Revenue \$ 56875)
40	Total program service expenses \(\bigs\) 184092

09 D

Part	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	ļ	1
2	complete Schedule A	2		1
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		1
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		1
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, Part III	5		1
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 "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		V
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D, Part VI	11a	1	
b	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	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 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		1
e	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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
	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.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		1
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	21		1

Part	Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	1
c	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
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	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			V
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			
_	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		 `
U	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		1
d	required to file Form 8282?	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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		1
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders]
a				1
ь	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
	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.			
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			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		✓
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
	If "Yes," complete Form 4720, Schedule O.			-

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	hrough 7b belov s on Schedule O.	r, and See in	for a struc	"No" tıons.
	Check if Schedule O contains a response or note to any line in this Part VI				<u> </u>
Secti	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	1a 10	0		
	If there are material differences in voting rights among members of the governing body, or		7		
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b 10	4	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or				١,
_	supervision of officers, directors, trustees, or key employees to a management company or o		3		1
4	Did the organization make any significant changes to its governing documents since the prior For		5	-	1
5	Did the organization become aware during the year of a significant diversion of the organization based members or stockholders?	on 5 assets! .	6		1
6	Did the organization have members of stockholders, or other persons who had the power to	elect or appoint		L	
7a	one or more members of the governing body?		7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b	1	
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:			7	
a	The governing body?		8a 8b	1	
ь	Each committee with authority to act on behalf of the governing body?		05	 	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the	e internai Reve	nue C	oae.) Yes	No
100	Did the erganization have lead chapters, branches, or affiliates?		10a	res	No ✓
10a	Did the organization have local chapters, branches, or affiliates?	f cuch chapters	Iva	-	
b	affiliates, and branches to ensure their operations are consistent with the organization's exemption affiliates.	npt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		1
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		1
14			14	·	- ,
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	1	
b	Other officers or key employees of the organization		15b	√	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim-	lar arrangement			
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		701		
<u>Cc.1.</u>	organization's exempt status with respect to such arrangements?		16b	l	L
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Massachusetts				
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	a) 000 and 000	T /9^-	tion f	501/2
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that	t apply.	1 1360	AUOII E	JU 1 (C)
	Own website Another's website Upon request Other (explain on So			_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.				olicy,
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>	

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

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (F) (B) (D) **(A)** (do not check more than one Estimated amount Average Reportable Reportable Name and title box, unless person is both an compensation of other compensation hours officer and a director/trustee) from related compensation from the per week Officer Key employee employee Institutional trustee Highest compensated organizations from the (list any organization (W-2/1099-MISC) (W-2/1099-MISC) organization and hours for related related organizations ganization below dotted line) (1) Michael Burke 15 grand Knight 0 (2) Rick English 5 0 0 deputy Grand Knight (3) John ONeil 0 0 0 Chancellor (4) Michael James 5 0 warden (5) Ed Sullivan 10 treasurer 0 5 (6) Greg Dousa n 0 Financial Secretary (7) John Jordan 1 0 0 trustee (8) Bill Limbacher 5 Charity Chairman 0 0 (9) Steve Petraske 0 n 0 trustee (10) Scott Charlton Recorder 0 n (11) (12) (13)(14)

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated l	Employ	/ees (c	ontinued
	(A) Name and title ore		(do n	ot ch	Pos neck ss pe	C) sition more erson	e than o	one n an tee)	(D) Reportable compensation from the	(E) Report compens	able sation	Estimat of	(F) ed amount other ensation
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099	tions	fro organi	m the zation and rganizations
(15)													
(16)													
(17)		-	ļ —					-					
(18)			-										
(19)			-									·	•••
(20)		<u> </u>											
(21)		<u> </u>											
(22)				-									
(23)													
(24)					-								
(25)												***	
1b c d	Subtotal . Total from continuation sheets to Part	VII, Section		•	•			>					
2	Total (add lines 1b and 1c)	t not limited						e) w	ho received mor	e than \$1	00,000	of	
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire						mpl	oyee, or highes	st compe	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	npei	nsatio					4	1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors	······							·		· ·	<u></u>	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	Iress					·		(B) Description of serv	/ices		(C) Compensa	ation
none													
2	Total number of independent contractor	ors (includi	na hi	ıt n	ot 1	limit	ed to) th	ose listed above	e) who			
-	received more than \$100,000 of compens								0	-,			

12

Total revenue. See instructions

Form 9	90 (201:	9)								Page 3
Par	VIII	Statement of Re								
		Check if Schedule	Осс	ontains a re	espor	nse or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	r	<u></u>		—	1 -	1				sections 512-514
nts nts	1a	Federated campaig			1a	0		İ	ĺ	
Gra	b	Membership dues			1b 1c	6975 241844				
ts, (C d	Fundraising events Related organizatio			1d	241044]	
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants			1e	0		-		
ns, Sim	f	All other contribution			<u> </u>				! 	
ıtio er S		and similar amounts no			1f	0			}	
년 본	g	Noncash contribution	ons ir	ncluded in						
ng on		lines 1a-1f			1g	\$ 0				
<u>o</u> e	h	Total. Add lines 1a-	-1f .				248819			
Ð	0-					Business Code		<u> </u>	<u> </u>	
Š	2a b									
Ser	C									
Program Service Revenue	d							-		
ğ	е									
F.	f	All other program se	ervice	e revenue						
	g	Total. Add lines 2a-					0			
	3	Investment income	•	•			,			
	4	other similar amoun Income from investr	-			nd proceeds	0			
	5	Royalties			•	•	0	 		
		rioyamoo	ٺ	(i) Rea		(ii) Personal				7
	6a	Gross rents .	6a							•
	b	Less: rental expenses	6b						•	
	С	Rental income or (loss)		<u> </u>		<u></u>				
	d	Net rental income o	r (los:	T		•	0	<u> </u>		
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets other than inventory	7a	1						
9	h	Less. cost or other basis	, a					ļ		
evenue		and sales expenses	7b							
	С	Gain or (loss)	7c							
F. F		• • •			<u>. </u>	<u> </u>	0			
Other R	8a	Gross income from		ındraısing						
U		events (not including of contributions rej		d on line						
		1c). See Part IV, line			8a					
	b	Less direct expens			8b					
	C	Net income or (loss)				ents ►	0			
	9a	Gross income f			ĺ					
		activities. See Part I			9a					
		Less: direct expens			9b			_		
		Net income or (loss)		-	Ctivitie	es 🕨	0			
	10a	Gross sales of in returns and allowan			10a					
	b	Less: cost of goods			10b	 				
	C	Net income or (loss)				ory ▶	0			
<u>s</u>					_	Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
ig Se	C									
ăis di		All other revenue Total, Add lines 11a					0			
_	_	TOTAL ACC 6065 112	4 I I C)			U			

248823

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e 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 .	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	21000	21000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			Į	
	foreign individuals. See Part IV, lines 15 and 16	0	0		<u> </u>
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	o	0
7	Other salanes and wages	54880	54880	0	0
8	Pension plan accruals and contributions (include	<u> </u>			
•	section 401(k) and 403(b) employer contributions)	o	0	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	9849	9849	0	0
11	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal			0	0
С	Accounting	1557	1557	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0		0	0
13	Office expenses	4053	0	4053	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	68569 0	0	68569 0	0
17	Travel	0	U.	U	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		ام	o	0
19	Conferences, conventions, and meetings .	2616	0	2616	0
20	Interest	0	0	0	0
21	Payments to affiliates	2041	0	2041	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	12727	0	12727	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	ļ			
_	carnival	\$15,333	0	15333	0
a b	Golf tournament	13235	0	13235	0
C	Grand prize raffe	\$26,000	0	26000	0
d	nin Roast	8035	0	8035	0
e	All other expenses	13197	0	13197	0
25	Total functional expenses. Add lines 1 through 24e	253092	87286	165806	0
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)	0	0	0	0
					Form 990 (2019)

Part X Balance Sheet

	artA	Check if Schedule O contains a response or	note to any line in this Par	tX		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		118114	1	105061
	2	Savings and temporary cash investments	'	0	2	0
	3	Pledges and grants receivable, net	[0	3	0
	4	Accounts receivable, net	[0	4	0
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes	P-	0	5	0
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons described	· -	0	6	0
Assets	7	Notes and loans receivable, net	-	0.	7	0
SSI	8	Inventories for sale or use	-	- 0	8	0
٩	9	Prepaid expenses and deferred charges	1 1		9	1
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less accumulated depreciation		500000	100	500000
	11	· ·		0	_	0
	12	Investments—other securities. See Part IV, line	0	12	0	
	13	Investments—program-related. See Part IV, line	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	0	15	0	
	16	Total assets. Add lines 1 through 15 (must equa	—	618114	16	605061
	17	Accounts payable and accrued expenses .		0	17	0
	18	Grants payable	[0	18	0
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete	0	21	0	
es	22	Loans and other payables to any current or				
iiti		trustee, key employee, creator or founder, subst				
Liabilities		controlled entity or family member of any of thes	· · · · · · · · · · · · · · · · · · ·	0	22	0
_	23	Secured mortgages and notes payable to unrela		0	23	0
	24	Unsecured notes and loans payable to unrelated	· -	0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines				
			s 17–24). Complete Part X	n	25	0
	26	Total liabilities. Add lines 17 through 25	L	<u>~</u>	26	0
s		Organizations that follow FASB ASC 958, che				
S		and complete lines 27, 28, 32, and 33.	CK Here			
la.	27	Net assets without donor restrictions		0	27	0
Ba	28			0	28	0
밀		Organizations that do not follow FASB ASC 9	58. check here ▶ 🏻			
Ţ		and complete lines 29 through 33.	_			
ō	29	Capital stock or trust principal, or current funds		0.	29	0
ě	30	Paid-in or capital surplus, or land, building, or ed		0		0
Ass	31	Retained earnings, endowment, accumulated in	0	31	0	
Net Assets or Fund Balances	32			618114		605061
Z	33	Total liabilities and net assets/fund balances .		618114	33	605061
						Earn 990 (2018)

Form **990** (2019)

_	4	
320e	- 1	_
ugu	•	_

01111 00	(
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	• •	<u></u>	•	• •	_Ц
1	Total revenue (must equal Part VIII, column (A), line 12)	1				8823
2	Total expenses (must equal Part IX, column (A), line 25)	2				3092
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> </u>	1269)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		618114		
5	Net unrealized gains (losses) on investments	5			,	0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				8784
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			60	5061
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	<u></u>	•	• ;	
			_	_	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		<u> </u>	- 1		- 1
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in 📗			1
	Schedule O.		_			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 4	2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or	-		- 1
	reviewed on a separate basis, consolidated basis, or both:		- 1	- 1	1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_			
b	Were the organization's financial statements audited by an independent accountant?		. 2	2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both:	•	į			
	☐ 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 ov					
	the audit, review, or compilation of its financial statements and selection of an independent account		 	2c	√	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	on			
	Schedule O.		 _			لــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in				
	Single Audit Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			.	1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits	<u> </u>	3b		<u> </u>
				Form	990	(2019)

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	of the organization		Employer identification number
Scituat	te Knights of Columbus		04-2466727
Par	Organizations Maintaining Donor A	dvised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		0
2	Aggregate value of contributions to (during year)		0
3	Aggregate value of grants from (during year) .		0
4	Aggregate value at end of year		0
5	Did the organization inform all donors and don		eld in donor advised
•	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ber		
	· · ·		
Part	Conservation Easements.		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, re		of a historically important land area
	☐ Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a 0
ь	Total acreage restricted by conservation easeme		
c	Number of conservation easements on a certified		<u> </u>
d	Number of conservation easements included in		
•			1 6
3	Number of conservation easements modified, tra		<u> </u>
•	tax year ▶ 0	andicined, released, examplification, or ten	milated by the organization during the
4	Number of states where property subject to cons	servation easement is located	0
5	Does the organization have a written policy in	*	pection, handling of
•	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring, insp		
	▶ 0	500g,g or	g control cancer cancernation activity and year
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	▶ \$ 0	g,g or,	
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the requirements of	section 170/b\/4\/R\/i\
•	and section 170(h)(4)(B)(ii)?	• • •	
9	In Part XIII, describe how the organization reports		- -
-	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easer		
Part	III Organizations Maintaining Collection	ons of Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
	If the organization elected, as permitted under Fa		 -
	of art, historical treasures, or other similar asse		
	service, provide in Part XIII the text of the footnot	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted under F		
_	art, historical treasures, or other similar assets he		
	provide the following amounts relating to these it		
			> \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a		
	following amounts required to be reported under	•	assess for infancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	> \$ 0
	Assets included in Form 990 Part X		• \$ 0

Cat No 52283D

Schedule D (Form 990) 2019

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

 Using the organization's acquisition, accession, and other records, check any of the following that make sign collection items (check all that apply). a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemption 		
b ☐ Scholarly research c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exemption.		
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempton. 		
 c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempton. 		
XIII.	or burbose	ın Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar	_	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	☐ Yes	☑ No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount 990, Part X, line 21.		orm
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	☐ Yes	☑ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
Am	ount	
c Beginning balance		0
d Additions during the year		0
e Distributions during the year		0
f Ending balance	□ Vac	
 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 		
Part V Endowment Funds.	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		
(a) Current year (b) Pnor year (c) Two years back (d) Three years back	(e) Four year	ars back
1a Beginning of year balance		
b Contributions		
c 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 the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment ► %		
b Permanent endowment ▶ %		
c Term endowment ► %		
The percentages on lines 2a, 2b, and 2c should equal 100%.		
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	Ye	s No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.		
Part VI Land, Buildings, and Equipment.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, F	Part X, line	2 10.
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation	(d) Book va	lue
1a Land		200000
b Buildings 0 300000 0		300000
c Leasehold improvements 0 0		0
d Equipment		0
e Other 0		0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) ▶		500000

Part VII	Investments—Other Securities.	000 Deat IV line	11h Con Form	OOD Dort V line 12
	Complete if the organization answered "Yes" on For			hod of valuation
	(a) Description of security or category (including name of security)	(b) Book value		of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
/^\				
(B)				
(D)				
(F)				
(G)				
(H)	ma (h) mad a mad Come 000. Bad V and (B) line 10.)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . Investments—Program Related.	L		
Part VIII	Complete if the organization answered "Yes" on For	m 000 Part IV line	11c See Form	QQQ Part Y line 13
	(a) Description of investment	(b) Book value		hod of valuation
	(a) Description of Investment	(b) Book value		-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 13.) .		<u></u>	
Part IX	Other Assets.			
raitix	Complete if the organization answered "Yes" on For	m 990. Part IV. line	11d. See Form	990. Part X. line 15.
	(a) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (5) (6) (7) (7) (7) (7) (7)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities.	m 000 Port IV line	110 or 11f Cor	Form 000 Part V
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e i le or i ii. See	# FUIII 990, Fait A,
1.	line 25. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal in	<u></u>			(b) book value
(2)	come taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	. <u></u>	<u></u> . ▶	
	uncertain tax positions. In Part XIII, provide the text of the footne			
	s liability for uncertain tax positions under FASB ASC 740. Check			

Part			Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	7
С	Recoveries of prior year grants	2c	7 1
d	Other (Describe in Part XIII.)	2d	7 .
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	1 }
b	Other (Describe in Part XIII.)	4b	1
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Stater		
	Complete if the organization answered "Yes" on Form 990,		
<u> </u>			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
-	Donated services and use of facilities	2a	j j
b	Prior year adjustments	2b	
C	Other losses	2c	-
d	Other (Describe in Part XIII.)	2d	-
e	Add lines 2a through 2d	<u> </u>	
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	}
b	Other (Describe in Part XIII.)		┥ ┃
_	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
	XIII Supplemental Information.	<u> </u>	1 3 1
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	•••••••••••••••••••••••••••••••		***************************************
			~~~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
	<del>-</del>		
		•••••••••••	

Schedule D (Fo	Chedule D (Form 990) 2019 Page <b>5</b>					
Part XIII	Supplemental Information (continued)					
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		·				

#### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 04-2466727 Scituate Knights of columbus Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants ✓ Mail solicitations а ☐ Solicitation of government grants ☐ Internet and email solicitations b Special fundraising events Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes ☑ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contrib	(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in cot (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4			-			
5						
6						
7						
8						
9						
10						
otal			▶			
3 List all states in which the org registration or licensing.  MASSACHUSETTS				olicit contribution	s or has been notifi	ed it is exempt fro
·						
						*******

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.

1		(a) Event #1 POOL (event type)	(b) Event #2 CARNIVAL	(c) Other events	(d) Total events (add col. (a) through
1				<del> </del>	
1		(event type)			∞l. (c))
1			(event type)	(total number)	
	Gross receipts	105018	41885	58441	205344
2	Less: Contributions	0	o	0	0
3	Gross income (line 1 minus				
	line 2)	105018	41885	58441	205344
4	Cash prizes	0	0	0	0
5	Noncash prizes	0	0	0	0
6	Rent/facility costs	\$115,745	\$15,333	32014	163092
7	Food and beverages	0	0		0
8	Entertainment	0	0	0	0
9	Other direct expenses .	0	o	o	0
10				_ <del>-</del>	163092
					42252
Simi	\$15,000 on Form 990-E2	, line 6a.	ared res offromis	550, Fart IV, line 15, C	i reported more trian
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue			36500	36500
2	Cash prizes			18000	18000
3	Noncash prizes				0
4	Rent/facility costs				0
5	Other direct expenses .			8000	8000
6	Volunteer labor	✓ Yes 100 %  ☐ No	✓ Yes 100 %  ☐ No	☐ Yes 100 % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary	v. Subtract line 7 from li	ne 1, column (d)		10500
ls t	the organization licensed to co	enduct gaming activities	in each of these states	?	
	ere any of the organization's ga	amıng licenses revoked	, suspended, or termina	ited during the tax year?	. Yes 🗹 No
	7 8 9 10 11 1 2 3 4 5 6 7 8 En ls '	6 Rent/facility costs	6 Rent/facility costs	6 Rent/facility costs	6 Rent/facility costs

Schedu	ıle G (Form 990 or 990-EZ) 2019		Page 3
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:		
а	The organization's facility		100 %
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 ► William Limbacher		
	Address Gannet Road Scituate ma		
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 ▶		<del>.</del>
	Address ▶		
16	Gaming manager information:		
	Name ► William Limbacher		
	Gaming manager compensation ▶ \$0		
	Description of services provided ► Volunteer		<b></b>
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
··	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal inforr	v); and nation.
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#### 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.

20**19**Open to Public

Inspection

► Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Scituate Knights of Columbus

Employer identification number 04-2466727

The purposes for which said corporation is formed are the following. (a) of rendering perinnary aid to its members, their families and and beneficiaries of members and their families, (b) of rendenng mutual aid and assistance to its sick, disabled and needy members and their families; (c) of promoting social and intellectual intercourse among its members and their families, and (d) of promoting and conducting educational, charitable, religious, social welfare, war relief and welfare, and public relief work The organization is covered by a its by laws which states the charter for which the organization was founded and the governing rules Within this charter the by laws include how the governing body, elected officials and board of directors, are determined. The Board of Directors are elected by the membership. They have executive authority and general supervision responsibility to faithfully execute and administer all activities associated with operation of the organization. They have full executive authority to make, alter and and regulations for the government, management, discipline and control of the Scituate Knights of Columbus. The board of directors on an annual basis make recommendations to the membership as to the officers for the upcoming fraternal year. The membership can make further motions to for additional consideration. Elections are held in June of each with the terms starting on July 1st and continuing through June 30th The grand knight is the highest ranking elected officer of his council and is responsible for observing the laws of the Order and his council The office of grand knight is one that is rich in opportunities to serve his fellow Knights and to lead his council in service to family, Church and community. The grand knight is primarily responsible for the successful conduct of his council. The grand knight is also the chairman of the board of trustees of the council, and as such he should make absolutely certain that the records and accounts of the council are audited semi-annually by the trustees, as required by the laws of the Order Laws of the Order requires that the grand knight and the trustee district deputy, state deputy and the supreme secretary on forms approved by the board of directors and furnished by the Supreme Council Based upon financial statements reviewed by board of Directors a Form 990 is developed by a trustee and submitted to outside auditor for independent review prior to submittal The Grand Knight has responsibility to appoint various committees including the Charity Committee. The Charity Committee is responsible for identifying, evaluating, and recommending requests for financial charitable gifts that advance the mission of the knights of Columbus All requests are considered on an individual basis. No donations are considered automatic annual donations and must be revaluated annually based upon needs and finances Consideration is given to those individuals and organizations that are within the communities we serve however consideration is given to global demands as well The Scituate Knights of Columbus for the past 61 years has dedicated itself and demonstrated a strong commitment of service to the communities we live in Our Charitable organization consists of 200 volunteers are committed to provides financial assistance and goodwill

Scituate Knights of Columbus	04-2466727
to individuals and families in need and support to numerous community organizations. The following is just a same	nple of numerous activities
organizations we support and sponsor	
Community activities. Scituate Animal Shelter Fund, Scituate Food Pantry, Scituate Community Christmas, St Pa	trick's Parade, Hentage day
Scituate Fire and Police departments	
HUMANITARIAN SUPPORT: Tornado and Hurricane relief effort, Appalachian Service Project, El Salvador miss	sion Projects, Covid relief
Division of Youth Services, American Heart Association, United Way, and Salvation Army	
YOUTH ACTIVITIES Donations to numerous youth groups, athletics and miscellaneous youth projects including	Scituate High School
Lacrosse, Swim, Football, Hockey and Basketball teams, Scituate Soccer Club, Scituate Little League, South Sho	ore Seahawks, Boy Scouts,
Scituate recreation	
EDUCATION SUPPORT Over \$220000 Scholarship awards to local area students over the last 18 years alone	Additional donations include
Scituate Education Alliance, SHORE, CORSE, Scituate All Night Graduation party, Scituate Pre-School, Cushing	g, Wampatuck and Jenkins Schools
CHURCH ACTIVITIES Assistance to parishes, schools, religious-education programs, seminaries/seminarians, v	vocations promotional effort
and miscellaneous Church projects including cookouts, dinners and other church social activities.	
PERSONAL ASSISTANCE Provide specific assistance as required to those less fortunate including food, clothin	g, fuel, medical equipment and
Financial assistance	
Volunteerism Hundreds of hours volunteered is support of our community and parishes we serve	
,	