SCANNED SEP 27 2021

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(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

Inte	rnal Reven		Go to www.irs.gov/Fo	misu uctions a			tion. ((mspecu	OII
A			lendar year, or tax year beginning			nding	D			
<u>B</u>	Check if	applicable	· · · · · · · · · · · · · · · · · · ·	olumbus Fr Joseph Boehr	Council #4753		D Employer	identification	number	
	Address	change	Doing business as							
	Name ch		Number and street (or PO box if mail is no	t delivered to street address)	Room/suite	L	<u>05-0311676</u>			
므	Name Ch	ange	28 Fish Rd				E Telephone	number		
	Initial retu	ırn	City or town	State	ZIP code		(401) 624-4	924		
	C		Tiverton	RI	02878		(10.) 02.	-		
	rinai returi	/terminated	Foreign country name Foreign	province/state/county	Foreign postal	l code				
	Amended	return					G Gross rece	eipts \$		307,925
	Application	n pending	F Name and address of principal officer			A(a) is the	is a group return f	or subordinates?	Yes	s X No
ш	Application	ni penung	' '	DI 02979		V	all subordinate		Ye	=
_			Grand Knight 28 Fish Rd , Tiverton,		A	ч '				3 MO
- 1	Tax-exer	npt status	501(c)(3) X 501(c) (8)	◀ (insert no) 4947(a)((1) or 527	y ""	No," attach a lis	t (see instruct	ions)	
	Website	. •				H(c) Gro	up exemption r	number 🕨		
<u> </u>			n X Corporation Trust Associ	ation Other ►	I Ve	ar of forma	1050	M State of	legal domicil	e Di
<u>K</u>		organization		auon Other P	Lie	ar or torria	tion 1959	W State O	legal dollate	le RI
	Part I		mmary							
	1		describe the organization's mission or				ucation of th		ship thru	
ည		4 steps((degrees), benefit functions to provide	fellowship of members	s and to raise	monies	for civic and	l religious		
ם		organiza	ations in the surrounding area							
ē	2		this box ▶ if the organization dis	continued its operation	s or disposed	of more	than 25% o	of its net as	sets	
ő	3		r of voting members of the governing					3		9
ಹ			r of independent voting members of the		+ \/L line 1b\			4		9
es S	4 5							5		
Activities & Governance	5		umber of individuals employed in cale		iine za)			6		20
ŧ	6	lotal nu	umber of volunteers (estimate if neces	sary)	\C. \.					20
⋖	7a		nrelated business revenue from Part V		PIVED	- 1		7a		
_	b	Net unre	elated business taxable income from	Form 990 T, line 39		7U		7b		
				뛼 JUL	2 4 2020	SI_	Prior Year		Current Ye	
9	8		utions and grants (Part VIII, line 1h)	انا انا	2 4 2020	RS-0		3,560		3,860
2	9	Program	m service revenue (Part VIII, line 2g)			<u>œ</u>	20),264		
Revenue	10	Investm	nent income (Part VIII, column (A), line	es 3, 4, and 7d) OGD	EN UT					
02	11	Other re	evenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11	e)		112	2,502		99,846
	12	Total rev	venue—add lines 8 through 11 (must equ	ial Part VIII, column (A), I	line 12)		136	3,326		103,706
_	13		and similar amounts paid (Part IX, co			1	3	3,800		3,000
	14		s paid to or for members (Part IX, colu				1	,650		550
co.	15		, other compensation, employee benefits		es 5–10)		7	',091	·	
Se	16a		sional fundraising fees (Part IX, colum	•	,					
ĕ	b		ndraising expenses (Part IX, column (
Expenses	17		expenses (Part IX, column (A), lines 11				127	,898		98,699
	18		penses Add lines 13–17 (must equal		ne 25)			,439		102,249
	19		le less expenses Subtract line 18 from		10 20)			1,113		1,457
		Revenu	e less expenses Subtract line to nor	IT IIITE 12		Beginn	ng of Current		End of Yea	
Net Assets or		Total as	easts (Part V. June 16)			Dogiiiii		,808	2110 01 100	12,594
88	20		sets (Part X, line 16)					,000		12,007
#	21		ibilities (Part X, line 26)	form here 00		<u> </u>	47	200	-	12,594
			ets or fund balances Subtract line 21	from line 20		L		',808		12,594
	art II		nature Block	2						
Und	ler penalti	es of perjur	ry, I declare that I have examined this eturn, incl ect, and simplete Declaration of preparer (other	uding accompanying schedule	es and statements	s, and to the	best of my kn	owieage		•
and	bellet, it i	s true, corre	act, and expripilete declaration of pleparer (other	man officer) is based off all in	normation of which	n preparer	nas any known	a 3 m	4 16	
Si	gn		Mary I EVAL					27"0	5 (3	
	re	['	Signature of officer (Date			
• • • • • • • • • • • • • • • • • • • •			Ernest J Benoit Sr							
			Type or print name and title						<u> </u>	
		Pnn	nt/Type preparer's name	Preparer's signature	_	Date		ر الا	PTIN	
Pa	id		rulo I. Tanayar	1 (100-0- X-T	essies	6/0		heck X if	D006400	40
Pr	eparer	Lec	cile L Tessier	I your dip	ever.			elf-employed	P006400	40
	e Only		n's name ► Cecile L Tessier CPA				Firm's EIN			
			n's address ► 588 Eastview Ave, Some	rset, MA 02726			Phone no			
Ma	v the IR	S discus	ss this return with the preparer shown	above? (see instruction	 ns)	- -			Yes	No
	,			\ · · · · - · · · · · · · · · · ·	,					

Form 9	90 (2019) Knights of Columbus Fr Joseph Boehr Council #4753	05-0311676	Page 2
Pa	t III 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		
	Religious education of the membership thru 4 steps (degrees) Propagation of the faith and services to the	Roman Catholic	
	Bishop of RI by organization of the delegates to accompany the Bishop in his ministries. Benefit functions fellowship to members and raise monies for many civic and religious organizations in the surrounding area.	ield to provide	
	Tellowship to members and raise monies for many civic and rengious organizations in the democrating great		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	If "Yes," describe these changes on Schedule O	os mossurad by	
4	Describe the organization's program service accomplishments for each of its three largest program services expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue		<u> </u>
	/ (and and and and and and and and and and		/

40	(Code) (Expenses \$ including grants of \$) (Revenue		·····
4c	(Code) (Expenses \$ including grants of \$) (Revenue	е Ф)
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 <u>e</u>	Total program service expenses		

No Yes

Part IV	Checklist of Required Schedules	
•		

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III
- 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
- 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
- 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
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - c 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answored "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

1		x_
2		Х
3		X X
4		
5_		<u>x</u>
6		x
7		X X
I .	 	
8		X
9		x
10		X
11a		x
11b		X X X
11c		X
11d		Х
11e		<u>X</u>
11f		
12a		x
12b		X
13		<u> </u>
14a		
14b		X
15		<u>X</u>
16		<u>X</u>
17		<u>X</u>
18		<u> </u>
19	x	
20a		<u> X</u>
20b		
 21		<u> </u>
Form	990 (2019)

Par	Checklist of Required Schedules (continued)		T	Т
00	Deliberary and a second second the company of the c		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	 	X
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			1
	employees? If "Yes," complete Schedule J	23		Х
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		X
	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		┼──
25 a	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		200		<u> </u>
_	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		X_
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		 ^
20	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			
	If"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			١.,
	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		 ^-
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
05-	III, or IV, and Part V, line 1	34	Χ	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
D	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	000		†
	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		X
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	Х	
Par				\Box
	Check if Schedule O contains a response or note to any line in this Part V			닏_
.	Fate-the number arounded in Day 2 of Farm 4000 Fate- 0 of ask analysis	$\overline{}$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1 /		
b b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1 /		
U	gaming (gambling) winnings to prize winners?	1c	X	
	3.43.44.47.44.47.44.47.44.47.44.47.44.47.44.47.44.47.44.47.44.44		_	(2019)

Par	t V Statements Regarding Other IRS Filings 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	ļ		ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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)	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		-
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	7a		×
	and services provided to the payor?	7a 7b		├^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
al .	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	10		┝
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 ^
g 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			
Ü	sponsoring organizations maintaining donor advised failed. Did a donor advised failed by the	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		\vdash
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O			ļ
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			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes " complete Form 4720. Schedule O			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Effect the harmon of voting members of the governing body at the end of the tax, year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	· · · · · · · · · · · · · · · · · · ·			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	 -		<u> </u>
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		V	
a	The governing body?	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	_^_	
3	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
	The second production and a second point of the second point of th	3000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-		~
13	Did the organization have a written whistleblower policy?	12c		X
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			$\hat{}$
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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?	16b		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► none Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501/0		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	JU 1(C)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
	and 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 records	•		
	Council Board (401) 624-4924			
	28 Fish Rd . Tiverton. RI 02878			

	_
Dana	7

Knights of Columbus Fr Joseph Boehr Council #4753 05-0311676

rom	990	(20	19)
Pa	rt \	/II	

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	eck s pe	itton more than one rson is both an irector/trustee) Key employee Key employee		an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Elmer Mayes	2 00		}						<u>.</u>	
Grand Knight		Х		<u>X</u>		ļ		_		
(2) Leo Bouchard	2 00			l						
Deputy Grand Knight		X	<u> </u>	Х	_	\sqcup				-
(3) Manuel Diogenes	2 00									
Chancellor		X	$oxed{oxed}$	Х	<u> </u>	ļ				
(4) James Holiday	2 00									
Warden		X	ļ	Х						
(5) Ernest Benoit	2 00	:								
Financial Secretary		Х		Х						
(6) Maurice Bosse	2 00									
Trustee		Х								
(7) Stephen Mello	2 00				İ					
Trustee		Х								1
(8) Charles Chretien	2 00									
Trustee		Х								
(9) Raymond Brodeur	2 00									
Treasurer		Х		Х						
(10)										
(11)										
(12)										
(13)									-	
(14)									_	,

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck as pe	rson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		((F) ated am of other opensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi	ISC)	orga	rom the nization organiz	and
(15)														
(16)	`													
(17)														
(18)														
(19)														
(20)												·		
(21)														
(22)													-	_
(23)														
(24)														
(25)														
1b	Subtotal							•						
С	Total from continuation sheets to Part VII, Se	ection A						•						
d	Total (add lines 1b and 1c)							•						
2	Total number of individuals (including but not lir		ted a	bov	e) v	vho	recei	ved	more than \$100	,000 of				
	reportable compensation from the organization											-	Yes	No
3	Did the organization list any former officer, dire	ctor trustee kev	/ emr	nlovi	<u> </u>	or h	ighes	t co	omnensated		Г	_	163	140
•	employee on line 1a? If "Yes," complete Sched	-		_		•					-	3		X
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	atic	n a	nd d	other	con	npensation from					
	the organization and related organizations great	iter than \$150,00	00? If	"Ye	s, "	com	plete	Sc	hedule J for suci	ከ	_			
	ındıvıdual										<u> </u>	4		<u>X</u>
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yes	•			•			_		ridual		5		
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compe compensation from the organization Report co											x ye	ar	
	(A) Name and business addi	ress							(B) Description of ser	vices	Cor	(C)	sation	
		· · · · · · · · · · · · · · · · · · ·												
2	Total number of independent contractors (include more than \$100,000 of compensation from the	-		thos	se li	stec	d abo	ve)	who received					

Form 990 (2019) Knights of Columbus Fr Joseph Boehr Council #4753

Part VIII Statement of Revenue

	•	Check if Schedule O coi	ntains	a respons	se or	note to any line in	this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a					Sections 512-514
ints nts	b	Membership dues			1b	3,810				
S S	C	Fundraising events			1c	0,0,10		j.		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	=							
	e	Government grants (contrib	outions	3)	1d 1e					
ns, Sim	f	All other contributions, gifts								
er S	-	similar amounts not included above				50				
듚	g	Noncash contributions inclu	ıded ır	1						
ont od (lines 1a-1f			1g	\$				
ŭ ģ	h	Total. Add lines 1a-1f				>	3,860			
						Business Code				
Program Service Revenue	2a									
e 5	b							=		
S	С									
an tev	d									
go ₩	е									
<u> </u>	t	All other program service re	evenue	9		•				
	<u>g</u> 3	Total. Add lines 2a–2f	aa duu	donda in	toroo					
	3	Investment income (includir other similar amounts)	ng aivi	denas, in	lei es	ı, arıu				
	4	Income from investment of	tav_ev	emnt hon	d pro	reeds				
	5	Royalties	lax-cx	cinpt boil	u più	► L				
		rioyamoo		(ı) Rea	ıl	(II) Personal				
	6a	Gross rents	6a	·						
	b	Less rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)				•				
	7a	Gross amount from		(ı) Securi	ties	(II) Other				
		sales of assets								
_		other than inventory	7a							i i
Revenue	b	Less cost or other basis				1				
Ver		and sales expenses	7b							
8	C .	Gain or (loss)	7c			l				
Jer	d	Net gain or (loss)								
Othe	8a	Gross income from fundrais events (not including \$	sing			[
		of contributions reported on	line 1	c)						
		See Part IV, line 18		- ,	8a					
	b	Less direct expenses			8b					
	С	Net income or (loss) from fu	undrais	sing even	ts	>				
	9a	Gross income from gaming		-						
		See Part IV, line 19			9a	279,266				
	b	Less direct expenses			9b	204,219				
	С	Net income or (loss) from g	amıng	activities		>	75,047			
	10a	Gross sales of inventory, le	SS							
		returns and allowances			10a					
	I	Less cost of goods sold			10b					
	С	Net income or (loss) from s	ales o	f inventor	у	•				
Ş	44					Business Code	04047			
leo Leo	11a	misc					24,017			,
cellaneo Revenue	b						782			
Re Se	۲ C	All other revenue								
Miscellaneous Revenue	e	Total. Add lines 11a–11d				•	24,799	-		
	12	Total revenue. See instruct	tions			•	103,706			· · · · · · · · · · · · · · · · · · ·

Statement of Functional Expenses

	Statement of Functional Expenses				
Sect	tiòn 501(c)(3) and 501(c)(4) organizations must complete all			complete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	irt IX		
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	1			
	individuals See Part IV, line 22	3,000			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1		[
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	550			
5	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	Other salaries and wages				
8	Pension plan accruals and contributions (include			<u> </u>	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting	900			
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				
13	Office expenses	2,290			·
14	Information technology				
15	Royalties				
16	Occupancy	79,064			
17	Travel				
18	Payments of travel or entertainment expenses				
4.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4 000			
21 22	Payments to affiliates	1,830	·	 	
23	Depreciation, depletion, and amortization				
23 24	Insurance	-			
44	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)				
-	charition	8,172			
a h		5,073		 	-
	fraternal activities supplies	1,324	·		=
d	state toy	1,324		 	
e	All other expenses	40			
_	Total functional expenses. Add lines 1 through 24e	102,249	··		
25 26	Joint costs. Complete this line only if the	102,249		 +	
40	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
	10110 thing 001 00 2 (1100 000 120)	I		. 1	

Form 990 (2019)	Knights of Columbus Fr Joseph Boehr Council #4753		05-0311676	Page 11
Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(4)	(B)	

	•	Check if Schedule O contains a response or note to any line in this Part)	(
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	13,062	1	12,594
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			-
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	ļ	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use	4,746	8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	17,808	16	12,594
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
89	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete			
		Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow FASB ASC 958, check here ▶			
Š		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
8	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ě	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
159	31	Retained earnings, endowment, accumulated income, or other funds	17,808	31	12,594
Net Assets or Fund Balances	32	Total net assets or fund balances	17,808	32	12,594
ž	33	Total liabilities and net assets/fund balances	17,808	33	12,594

Form	990 (2019) Knights of Columbus Fr Joseph Boehr Council #4753	0)5-031 <u>16</u> 76	Pag	ge 12
Par	t XI Reconciliation of Net Assets				<u>_</u> _
	Check if Schedule O contains a response or note to any line in this Part XI		•		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		103	3,706
2	Total expenses (must equal Part IX, column (A), line 25)	2		102	2,249
3	Revenue less expenses Subtract line 2 from line 1	3		1	1,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		17	7,808
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-6	3,67 <u>1</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u> </u>	12	2 <u>,594</u>
<u>Part</u>	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 X Cash Accrual Other		_	•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				لــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		1 1		
	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 oversight	of	-		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

3b Form **990** (2019)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public

Employer identification number

Knights of Columbus Fr Joseph Boehr Council #4753 05-0311676 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants а Mail solicitations b Internet and email solicitations Solicitation of government grants С Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (IV) Gross receipts (or retained by) (i) Name and address of individual (ii) Activity custody or control of (or retained by) fundraiser listed in from activity or entity (fundraiser) contributions? organization col (ı) Yes No 1 2 3 5 6 7 9 10 Total ▶ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	edule G	Fundraising Events.	Complete if the organiz		on Form 990, Part IV,	
	•	more than \$15,000 of f	•	•	me on Form 990-EZ	, lines 1 and 6b List
		events with gross recei	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
Ð			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				}
æ		·				
	3	Less Contributions Gross income (line 1 minus				
		line 2)			***	
	4	Cash prizes				
	5	Noncash prizes				
Sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add	l lines 4 through 9 in colur	mn (d)	•	(0)
D.	11 rt III	Net income summary Subtract Gaming. Complete if the			Port IV June 10, or re	norted more
Γ.	111	than \$15,000 on Form	_	ed tes on Folin 990,	Partiv, line 19, or re	sported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue	253,641	25,625		279,266
•						
penses	2	Cash prizes	188,477			188,477
	3	Noncash prizes				
Direct Ex	4	Rent/facility costs				
	5	Other direct expenses	11,529	4,213		15,742
	6	Volunteer labor	X Yes 100 00% No	X Yes 100 00% No	Yes % No	
	7	Direct expense summary Add	l lines 2 through 5 in colur	mn (d)	•	(204,219)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	•	75,047
_	E,			ag actuation BI		
9		nter the state(s) in which the org the organization licensed to co	-			X Yes No
		_				
10	a W	ere any of the organization's ga	aming licenses revoked, si	uspended, or terminated d	luring the tax year?	Yes X No

Sched	ule G (Form 990 or 990-EZ) 2019 Knights of Columbus Fr Joseph Boehr Council #4753	05-0	311676	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X	Yes	No 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	X No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a		100 00%
_ b	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books an	13b		<u>%</u>
14	records	ŭ		
	Name ► Bingo Manager			
	Address ► 28 Fish Rd , Tiverton, RI 02878			-
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X 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 If "Yes," enter name and address of the third party			
С	if fes, either flame and address of the tillid party			
	Name ▶			
	Address ▶		-	
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17 a	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Γx	Yes	□No
b		شا	<u> </u>	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional			8,172 and
	See instructions			

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.

0MB No 1545-0047 2019

Open to Public Inspection

Employer identification number

Name of the organization	Employer rachanoacion namber
Knights of Columbus Fr Joseph Boehr Council #4753	05-0311676
Part VI Section C#19 upon request	
Doct VI 40 transfer each and inventory to related aggregation	
Part XI #9 transfer cash and inventory to related organization	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

Open to Public OMB No 1545-0047

Employer identification number

Knights of Columbus Fr Joseph Boehr Council #4753

Department of the Treasury Internal Revenue Service Name of the organization

05-0311676

Part	Identification of Disregarded Entities. Complete	e if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" o	on Form 990, Par	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state Tropo foreign country)	(d) Total income En	(e) End-of-year assets	(f) Direct controlling entity
(1)							ļ
(2)							
(4)							
(5)							
(9)							
PartII	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year.	itions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had ring the tax year.	e organization a	nswered "Yes" or	Form 990, Par	t IV, line 34, bec	ause it had
į	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512 controll entity
(1) Father 28 Fish Rd	(1) Father Joseph Boehr Columbian Club Inc 05-0392265 28 Fish Rd Tiverton, RI 02878	holding company	<u>R</u>	501(c)(8)		4 Z	X NO
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	·o				Schedule R	Schedule R (Form 990) 2019

05-0311676

Part III

(i) Section 512(b)(13) controlled Percentage 9 N ownership ₹, entity Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (J) General or managing partner? Yes No (h) Percentage ownership (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) end-of-year assets (g) Share of (h) Disproportionate allocations? Yes No (f) Share of total Income (g) Share of end-of-year assets (e)
Type of entity
(C ∞rp, S ∞rp, or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total income (d) Direct controlling entity Predominant income (related, unrelated, tax under sections 512-514) excluded from (c)
Legal domicile
(state or foreign country) (d)

Orrect controlling | Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part IV(7).... € 3 (e) (e) Ξ **⊕** € 0 Ξ 2 3 2 3 9

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02-03	Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	l "Yes" on Form
1753	the organization answered
bus Fr Joseph Boehr Council #4753	nizations. Complete if
Knights of Columbus Fr	ins With Related Organ
Schedule R (Form 990) 2019	Part V Transactic

Note	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ϋ́	Yes No	
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	r more related organi	zations listed in Parts I	II–IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	٠		٠	1a	×	
q	Giff, grant, or capital contribution to related organization(s)				1b	×	
ပ	Gift, grant, or capital contribution from related organization(s).				15	×	
0	Loans or loan guarantees to or for related organization(s)			•	1d	×	ĺ
ø	Loans or loan guarantees by related organization(s)				1e	×	
				•			
-	Dividends from related organization(s)				#	×	
6	Sale of assets to related organization(s)			•	19	×	
F	Purchase of assets from related organization(s).				ŧ	×	1
-	Exchange of assets with related organization(s)				i-	×	ı
-	Lease of facilities, equipment, or other assets to related organization(s)				1j	×	
,							
¥	Lease of facilities, equipment, or other assets from related organization(s)				^ ¥	×	-
-	Performance of services or membership or fundraising solicitations for related organization(s)				=	×	-
Ε	Performance of services or membership or fundraising solicitations by related organization(s)				1m	×	
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×	1
0	Sharing of paid employees with related organization(s)				10	×	
<u>a</u>	Reimbursement paid to related organization(s) for expenses				1р	×	1
0	Reimbursement paid by related organization(s) for expenses.				19	×	
_	Other transfer of cash or property to related organization(s)	•			1r	×	
S	Other transfer of cash or property from related organization(s)		•		1s	×	
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nplete this line, includ	ling covered relationsh	ips and transaction	threshold	IS.	
	(a) Name of relation manufactures	(b)	(c))	(p)		
	valire of related by gallization	type (a—s)	Amount involved	Melnod of determining amount involved	ing amount i	nvolved	
(1) Fa	(1) Father Joseph Boehr Columbian Club Inc	×	79,064	market value			
(2)							
(3)							
4							1
(2)							
• (9)							
				Schedule	Schedule R (Form 990) 2019	990) 201	9

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(state or foreign income (related, section) country) from tax under sections 512-514) Sections 512-514) Yes No
from tax under sections 512-514) Yes No

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Do-43/III .	Supplem	nental Information		
Part VII	Provide a	additional information for responses to questions on Schedule R See instru	ctions	
		•••		
		······		
				-
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