Preparer

**Use Only** 

Firm's name

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

				2949	3 U 5	1300;6
Fo	<b> 990</b> *	Return of Or	ganization Exempt Fror	n Income Ta	x	OMB No 1545-0047
		Under section 501(c), 527, or	4947(a)(1) of the Internal Revenue Cod	de (except private fou	indations)	2019
De	ev January 2020) partment of the Treasury	▶ Do not enter soci	al security numbers on this form as it	may be made public		Open to Public
Int	ernal Revenue Service	<del></del>	gov/Form990 for instructions and the			Inspection
<u>A</u>		ndar year, or tax year beginnin	g, 2019, and alts of Columbu		1	, 20
B	Check if applicable	Doing business as	OWAlter Pollard	COUNCIT	123.	rer identification number -7137227
	Address change  Name change  Initial return	Number and street (or P O box	if mail is not delivered to street address)	Room/suite	E Telepho	ne number 930-049/
	Final return/terminated	City or town, state or province,	country, and ZIP or foreign postal code	6	<b>G</b> Gross re	
	Amended return  Application pending		fficer 100 Columbus	WAY H(a) Is this a g	roup return for	subordinates? 🗌 Yes 💆 N
! <u> </u>	Tax-exempt status Website: ▶	501(c)(3) 501(c) (	) ◀ (insert no )		attach a list	(see instructions)
: <u>-</u> -		Corporation Trust Associ	ation ☐ Other ►	of formation	<del></del>	f legal domicile.
·	Part I Summa	<del></del>				
Activities & Governance	1 Briefly de	scribe the organization's mis	sion or most significant activities:	7ur Missia es, 5ch 00	N 15	charity and the
֓֞֞֝֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	CEN	munity of	Newport News, VA		050/ -64	
/)	2 Check this		n discontinued its operations or dispersions body (Part VI, line 1a)	oosed of more than		s net assets.
<u>ق</u> مع	3 Number of 4 Number of	•	erning body (Part VI, line Ta)		3 4	
SS	5 Total num	,	in calendar year 2019 (Part V, line 2	•	5	<del></del>
Ķ	6 Total num	· •	necessary)	a)	6	
ţ <u>i</u>	7a Total unre		Part VIII, column (C), line 12		7a	<del></del>
`		ited business taxable income			7b	
	D NOCULIO	ited badinees taxable meems	3 HOM 1 GIM 000 1, III.0 00	Prior Yea		Current Year
	8 Contributi	ons and grants (Part VIII, line	1h)	36,05	50	35 074
Revenue	9 Program s	service revenue (Part VIII, line				<del>, , , , , , , , , , , , , , , , , , , </del>
e ve	10 Investmen	•	A), lines 3, 4, and 7d)	H2,10	0	38.658
č	11 Other reve		es 5, 6d, 8c, 9c, 10c, and 11e)	164,04		153 892
			must equal Part VIII, column (A), line		7	137.634
		d similar amounts paid (Part		164,00	77	123,394
		aid to or for members (Part I				<del> ,</del>
တ္	15 Salaries, o		benefits (Part IX, column (A), lines 5-	10)		
Expense	16a Profession	nal fundraising fees (Part IX, o	column (A), line 11e)			
9	<b>b</b> Total fund	raising expenses (Part IX, co	lumn (D), line 25) ▶			
ú	17 Other exp	enses (Part IX, column (A), Iır	nes 11a-11d, 11f-24e) .	. 86,4	00	80,550
	18 Total expe	enses. Add lines 13-17 (must	equal Partitx Column (A) line 25)	250,4	47	203,994
	19 Revenue I	ess expenses. Subtract line		(8,25	50)	23.630
Assets or	83		8 MAY 13 2020 9	Beginning of Curr	ent Year	End of Year
sets	20 Total asse	ts (Part X, line 16)	. 8 . MAY 13 2020 S	125	<b>*</b>	-23,630
t As	21 Total liabil	ities (Part X, line 26)	.   <del>-   -   -   -   -   -   -           </del>			
Net E	22 Net assets	or fund balances. Subtract	line 21 from line RON. U	. 125	2	23,630
P	art II Signatu	ıre Block	OGE			
			return, including accompanying schedules ar officer) is based on all information of which p			knowledge and belief, it
_		1) 114/1/				
	ere 17,	ure of officer V/-	Grand Knigh	Date	5	17/2020
		or print name and title	<u> </u>			
Pa	Print/Type	e preparer's name	Preparer's signature	Date	Check self-emplo	

☐ Yes ☐ No

Form **990** (2019)

Firm's EIN ▶

Phone no

Cat No 11282Y

# 23-7137227

Form 9	90 (2019) Page 2
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:
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$) (Revenue \$)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4-	(Out to 1) (December 1)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

### Form 990 (2019)

Part IV

**Checklist of Required Schedules** 

# EIP# 23-7137227



Page 3

			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		V
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		0
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		U
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<u></u>
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		<u></u>
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		<i>-</i>
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		U
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? <i>If "Yes," complete Schedule D, Part IV</i>	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		U
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		<u>し</u>
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		υ 
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	11c		<u></u>
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		<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u></u>
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		_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u></u>
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	14b		<u></u>
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		/
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		_
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		_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_

Part	IV 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		<b>\( \)</b>
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		U
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		U
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	ļ
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		
Ь	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? <i>If "Yes," complete Schedule L, Part II</i>	26		V
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		U
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		V
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		V
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		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
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		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		0
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		0
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		0
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		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		7
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		
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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_	

Part	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			<u>-</u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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		
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			<u></u>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		Ì	
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<del></del>		
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>`</u> -		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		. 1	1
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.		Ī	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter		- 1	
а	Gross income from members or shareholders	]	Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\sqcup$		
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			ŀ
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand			!
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	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			
	excess parachute payment(s) during the year?	15	$\dashv$	<del></del> ,
	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		
	If "Yes," complete Form 4720, Schedule O.			

Form 99	0 (2019)				age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Schedul	e O. See ır	nstruc	tions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management	<u> </u>	<u> </u>	<u> </u>	
00011	on A. doterning body and management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			
	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	Enter the number of voting members included on line 1a, above, who are independent .	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business r any other officer, director, trustee, or key employee?	elationship v	vith2		لح
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or ot				~
4	Did the organization make any significant changes to its governing documents since the prior Form				<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets?			<u> </u>
6	Did the organization have members or stockholders?	· · · ·	. 6	-	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		. <u>  7a</u>		<u>ــــــــــــــــــــــــــــــــــــ</u>
_	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?		. 7b		<u>ر</u>
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken dur	irig		
а	The governing body?		. 8a	1	<del></del>
b	Each committee with authority to act on behalf of the governing body?		. <b>8b</b>	(	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule C	) <u>.</u>	. 9		<u></u>
Section	on B. Policies (This Section B requests information about policies not required by the	Internal Re	evenue C		
40	D. I.I.		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemptors.				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before				レ
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				
С	Did the organization regularly and consistently monitor and enforce compliance with the padescribe in Schedule O how this was done	olicy? If "Ye	. 12c		
13	Did the organization have a written whistleblower policy?		. 13		<u> </u>
14	Did the organization have a written document retention and destruction policy?		. 14		<del>-</del>
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		. 15a		
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 simil with a taxable entity during the year?	_	ent . 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 to	safeguard t	the		
	organization's exempt status with respect to such arrangements?	يلم	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed		100 T (0		01/5\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that	apply.	39C) 1-UE	แบก 5	iu I(C)
19	Own website Another's website Upon request Other (explain on Science on Schedule O whether (and if so, how) the organization made its governing document for a schedule of the scholar described in		ct of inter	est p	olicy,
20	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization	n's books an	d records	<b>&gt;</b>	
	PAULD ITERSTETTES, 100 Columbus WA	M 0 = 6	06	. 000	(2010)
	757-930-049	4 234 }{	y - e Form	1 33U	(2019)

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b>	, and
	Independent Co	ontractors							

#### 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 no	r any relate	d org	anız	atıc	n c	ompe	nsa	ted any current	officer, director,	or trustee.
	(C)									
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	institutional trustee	a Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ric Schrim Crand Knight	اک									
(2) Louis Fredrico Deputy Graud Knight (3) David Kersteller	8									
(3) David Kersteller V	8									
Treasurer (4) Jesse Powell	8									
FINANCIAL SECRETARY. (5) John Edwards Truster.	2	7								
(6) John Surgent Trustele	(	V								
MArold Hairston	2	v								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)						_				
(14)										

23-7137 227

Par	Section A. Officers, Directors,	rustees, l	Key I	Emp	olo	yee	s, an	<u>id H</u>	lighest Compe	nsated	<u>Emplo</u>	yees (	continue	<u>∌d</u> ,
<del>" -</del>	(A) Name and title	(B) Average			Pos neck		e than o		( <b>D)</b> Reportable	(E) Report	table		(F)	nt
		hours per week (list any hours for related organizations below dotted line)	Individua or directi	institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compen from re organiza (W-2/1099	lated ations	com fr organ	f other pensation om the ization and organizatio	
(15)														
(16)														
(17)	NO ONE													
(18)	RECEIVES				-									
(19)	compessation													
(20)	All Volunteers													
(21)														
(22)														_
(23)														_
(24)														
(25)														
1b c	Subtotal			•	•		•	<b>A A</b>						_
d	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic					ed a	above	e) wi	ho received more	e than \$1	00,000	of		
3	Did the organization list any former of		ctor	trus	stee	e k	ev e	mple	ovee or highes	t compe	nsated		Yes N	<u>-</u>
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch ı	ındı	vidu	ıal					3		_
4	For any individual listed on line 1a, is the organization and related organizations													ا
5	Did any person listed on line 1a receive o									on or ind	 Iıvıdual			Ī
Secti	for services rendered to the organization?  on B. Independent Contractors	ir "Yes," c	ompi	ete s	Scn	eau	ile J 1	or s	ucn person .	· · ·	· ·	5		_
1	Complete this table for your five high compensation from the organization Repo	•												
	(A) Name and business addi	ess							(B) Description of serv	ıces		(C) Compens	ation	
							-							
							_	_						_
														_
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed above	e) who				

Form **990** (2019)

Par	VIII	Check if Schedule O contains a response or note to a	iny line in this Pa	art VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
र र	1a	Federated campaigns 1a				
턀	b	Membership dues 1b /5,050				
يَ ق	С	Fundraising events 1c 20, 024				
fts	d	Related organizations 1d				
છું ≅	е	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f				
혈본	g	Noncash contributions included in	7			
<u> </u>	-	lines 1a-1f   1g  \$		j		İ
ğ ğ	h	<b>Total.</b> Add lines 1a–1f ▶	35,074			
		Business Code				
S	2a					
و چ	b					
gram Sen Revenue	С					
e A	d					
Program Service Revenue	e					
<u> </u>	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a–2f	0_			
	3	Investment income (including dividends, interest, and	2 60 1 50			
		other similar amounts) ▶	38,658			
	4	Income from investment of tax-exempt bond proceeds ▶	<i></i>			
	5	Royalties				
		(i) Real (ii) Personal	_			
	6a	Gross rents 6a	-			
	b	Less. rental expenses 6b	1			
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other	_			
		sales of assets	İ			
		other than inventory 7a	_			
re	b	Less. cost or other basis				
Revenue		and sales expenses . 7b	_			
ě	C	Gain or (loss) 7c				
erF	d	Net gain or (loss)				
Oth	8a	Gross income from fundraising				
0		events (not including \$				
		of contributions reported on line	1			
		1c). See Part IV, line 18 8a				
	1	Less: direct expenses 8b	<u> </u>	ļ		
		Net income or (loss) from fundraising events	<u></u>			
	9a	Gross income from gaming activities. See Part IV. line 19 9a 2/30, 993	<u>:</u>			
	_		-			
		Less: direct expenses 9b /,977,101	1			
		Net income or (loss) from gaming activities	153,892			
	10a	Gross sales of inventory, less				
		returns and allowances 10a	4			
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory	+			7
Sn	١	Business Code				<b> </b>
ne ne	11a		-			
scellaneo Revenue	b		ļ			
e Se	С				-	
Miscellaneous Revenue	d	All other revenue	ļ			
		Total. Add lines 11a-11d	2 2 2/ 2/			
	12	Total revenue. See instructions	1101604	i l		

Part IX Statement of Functional Expense
---

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).						
	Check if Schedule O contains a response			<del> </del>			
	et include amounts reported on lines 6b, 7b, o, 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	123, 394					
2	Grants and other assistance to domestic individuals. See Part IV, line 22				To the state of th		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages						
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
С	Accounting						
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion						
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		1 3 mm and 150				
19	Conferences, conventions, and meetings	1550	1550				
20	Interest	5800	5800				
21	Payments to affiliates	3800	3 7 0 0	<u>-                                    </u>			
22 23	Depreciation, depletion, and amortization . Insurance						
				-			
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.)				- 1 g - 2-1 5		
2	Postp ge + Supples	1:300	1,300				
b	Youth Programs	41600	4,600				
c	Coupeil Programs	(8,000	10000	<del></del>			
d	Community Programs	21,600	21,600				
	All other expenses	27,7 60	27,700				
25	Total functional expenses. Add lines 1 through 24e	203,994	80,550				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	_ <del>_                                  </del>					
	fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)						

## CIP# 23-7137227

Par Y Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	rt X	<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1250	1	23,630
	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,	, k	'	
		trustee, key employee, creator or founder, substantial contributor, or 35%		<u>                                     </u>	
		controlled entity or family member of any of these persons	<del></del>	5	
	6	Loans and other receivables from other disqualified persons (as defined			4 4
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	<del> </del>	9	
	10a	Land, buildings, and equipment: cost or other			11 at 1 at 1 at 1 at 1 at 1
		basis. Complete Part VI of Schedule D 10a	,	ĺ ´ , '	
	ь	Less: accumulated depreciation 10b	··············	10c	
	11	Investments—publicly traded securities		11	i
	12	Investments—other securities. See Part IV, line 11	<del></del>	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)	1250	16	23,630
	17	Accounts payable and accrued expenses	1000	17	0-170
	18	Grants payable		18	
	19	Deferred revenue	<del></del>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္	22	Loans and other payables to any current or former officer, director,	7	.',	V p '1.
iţie		trustee, key employee, creator or founder, substantial contributor, or 35%		,	
Ē		controlled entity or family member of any of these persons		22	<u> </u>
Liabilities	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	
Ŋ		Organizations that follow FASB ASC 958, check here ▶ □	Y 10 1		1
2		and complete lines 27, 28, 32, and 33.	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co		
힐	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	- · - · - · · - · · · · · · · · · · · ·
밀		Organizations that do not follow FASB ASC 958, check here ▶ □	7 g et	7	* *** **
ᆲ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	8.52.044	29	962.175
es	30	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	30	J
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	· · · · · · · · · · · · · · · · · · ·
<u>ا</u> پک	32	Total net assets or fund balances	852,044	32	962,175
2	33	Total liabilities and net assets/fund balances	852044	33	462 170
			030) 47		- 1000 mm

Form	990	1201	91

Page 12

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	あみつ	7, 60	24	
2	Total expenses (must equal Part IX, column (A), line 25)	203	, 99	74	
3	Revenue less expenses. Subtract line 2 from line 1	_23	,63	0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	962	11	15	
5	Net unrealized gains (losses) on investments	7			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	985	8	05	
	32, column (B))	703	$\int_{-\infty}^{\infty}$	<i></i>	
Par	XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		Ш	
1	Accounting method wood to present the Form CCC. The Control of Account	CON MICARIA	Yes	No	
•	Accounting method used to prepare the Form 990: Cash Accrual Other	- 6	A 20		
	If the organization changed its method of accounting from a prior year or checked "Other," explain is Schedule O.				
2a		2	TENES.		
20		2a	t GCT (1)	CLICTION	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o reviewed on a separate basis, consolidated basis, or both:			刑	
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?	2b	Series.	1000	
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis		76		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o	f F	7121	30330	
	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 or		<b>39.3</b>	<b>322</b>	
	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			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• 🗔	$\neg$		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b			
		Form	990	(2019)	

#### 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.

OMB No 1545-0047 2019 Open to Public

Name of the organization Name of the organization

Knights of Columbus Council 5480, Walter Pollard

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

Inspection Employer Identification number

23-7137227

The purpose as this Council is to provide souls for charities in the State of UA and to provide man hours for charities in our Area and state.  For example we provide over 100,000 in donations to our schools; Church and organizations such as Boys and Girls Club, Crime Watch, Red Cross, and shelters.  We provide several that man hour volunteers to our city, militar bases, red cross, And needy saniles.  No ane receives spinancial compesation.	יאופונוס טייטטונוטסספיטט	とういいというできるというというというというというというというというというというというというというと	eads the second	A Section of the sect	Com January Com Com Com Com Com Com Com Com Com Com	The state of the state of the	The second second
hours for charities in our Alexand state.  For example we provide over 100,000  in donations to our schools; church  And organizations such as  Bays and Girls Club, Crime Watch,  Red Cross, and shelters.  We provide several that man  hour volunteers to our sty, militar  bases, red cross, And needy  Families.  No one receives Epinancial  compesation	The	urpose	a5 -	this'	Cocer	101/1	s to
hours for charities in our Alga  and state.  For example we provide over 100,000  in donations to our schools; church  And organizations such as  Boys and Girls Club, Crime Watch,  Red Cross, and shelters.  We provide several that man  hour volunteers to our city, militar  bases, red cross, and needy  Families.  No one receives Epinancial  compesation		la Elux	1, +		LAYE	7105 1	n +2
hours for charities in our Alga  and state.  For example we provide over 100,000  in donations to our schools; church  And organizations such as  Boys and Girls Club, Crime Watch,  Red Cross, and shelters.  We provide several that man  hour volunteers to our city, militar  bases, red cross, and needy  Families.  No one receives Epinancial  compesation	Ct. Fa	, C 11-14	1	-V			A 1/1 A 1
FOR EXAMPLE WE provide over 100,000  IN DONATIONS to OUR SCHOOLS; CHURCH  AND OF ANNIZATIONS SUCK AS  BOYS AND GIRLS CLUB, Crime WATCH,  Red Cross, AND Shelters.  We provide several that man  hour volunteers to our city, militar  bases, red cross, And xeedy  Samilies.  NO ane receives Spinancial  compesation.	JAIE O	S V . PS P	( <u>/                                   </u>	-1Qfe	<u>/_/</u>	a e p	
AND ORGANIZATIONS SUCH AS  BOUS AND GIRLS CLUB, Crime WATCH,  Red Cross, AND Shelters.  We provide several that MAN  hour volunteers to our city, militar  bases, red cross, AND Needy  SAMILLES.  LO ane receives SpiNANCIAL	hour	50r	C. A.B.K.	17185	/-	our	AIGA
AND ORDANIZATIONS SUCH AS  BOYS AND GIRLS CLUB, Crime WATCH,  Red Cross, AND Shelters.  We provide several that MAN  hour volunteers to our city, militar  bases, red cross, AND Needy  SAMILLES.  NO ONE receives SpiNANCIAL	ANd	stute.			~~	·····	
AND ORGANIZATIONS SUCK AS  BOUS AND GIRLS CLUB, Crime WATCH,  Red Cross, AND Shelters.  We provide several that MAN  hour volunteers to our city, militar,  bases, red cross, AND xeedy  SAMILLES.  NO ONE receives SpiNANCIAL	For e	xample	we	Prous	de ov	er"/s	50,000
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Me provide several that man hour volunteers to our city, militar bases, red cross, and needy Samilies. No one receives spinancial compesation	13005	HNEX ()	(.[.,],2	$\frac{\sqrt{1}\sqrt{2}}{\sqrt{2}}$		<u> </u>	MALCINI
hour volunteers to our city, militar bases, red cross, and needy Samilles. No one receives spinANCIAL compesation	Red	Gross	J. A.N.	d Sh	. C ( 1 C	r. 5.	
hour volunteers to our city, militar.  bases, red cross, and needy  Samilies.  No one receives spinancial  compesation.	$\omega$	e proz	71. de	sev.	RYAL	taut.	MAN
SAMILLES.  NO ONE receives SANANCIAL  COMPESATION &	hour	voluw	teers	to	our	áty,	Militar
LO ANE receives SANANCIAL COMPESATION &	· hA58	red o	Cr05	<i>C</i> .	AND	X) E.P.	Dr
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

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Schedule O (Form 990 or 990-EZ) (2013)