(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2019 calend	dar year, or tax year beginning , 2019, and	endina			, 20								
<u></u> В		applicable	C Name of organization Knights of Columbus #553 Santa		Council	D Employ	yer identification number								
$\overline{\Box}$	Address		Doing business as	naria	COUNCIL	23-71									
H	Name ch	ŭ	Number and street (or P O box if mail is not delivered to street address)	Boom	/suite		one number								
H	Initial retu	_	P.O. Box 1753	1.00.	,, 50.10	(574) 234-9800									
H		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			(3,1)									
H	Amended		South Bend, IN 46634-1753			G Gross r	eceipts \$ 552,797.								
금		on pending	F Name and address of principal officer	α	H(a) is this a gro		subordinates? Yes No								
ப	Application	on pending	Timothy McBride, P.O Box 1753, South Bend, IN 466	2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	_	subordinates included? Yes No									
_	Tax-exen	npt status		152			t (see instructions)								
J			ofc553 com] 02.0			umber ► 0188								
_				of formation			of legal domicile IN								
	art I	Summa			1701	W Olate C	riegar dominic 111								
			cribe the organization's mission or most significant activities	harita	hle and	frate	rnal								
çı			· · · · · · · · · · · · · · · · · · ·				THAT.								
au		Aid and assistance offered to sick, disabled, or needy members and													
Ĕ			eir families. Promotes social and intellectual fellowship through eck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š	l l		voting members of the governing body (Part VI, line 1a)	p0000 01	more man	3	6								
S.			independent voting members of the governing body (Part VI, III	 ne 1h)	•	4	6								
es			per of individuals employed in calendar year 2019 (Part V, line 2			5	0								
ž			per of volunteers (estimate if necessary)	.a,		6	50								
Activities & Governance			ated business revenue from Part VIII colonia (C), line 12			7a	0.								
	b	Not unrolat	ted business taxable income from Form-900-1, line 90			7b	0.								
		TTOL GITTOLG	O	<u> </u>	Prior Year		Current Year								
Revenue	8	Contributio	ons and grants (Part VIII, line 😩 MAY · 2 · 2 · 2020			816.	7,016.								
			ervice revenue (Part VIII, line 29)			924.	3,770.								
ķ		-	t income (Part VIII, column (A), lines 3, 4, and 7d)	'		189.	117,033.								
æ			nue (Part VIII, column (A), lines 5, 60, 82, 0 = 10, and 11e)	` `		329.	13,404.								
			ue—add lines 8 through 11 (must equal Part VIII, column (A), line		258.	141,223.									
			I similar amounts paid (Part IX, column (A), lines 1-3)			605.	24,450.								
			aid to or for members (Part IX, column (A), line 4)		003.	24,450.									
(A			her compensation, employee benefits (Part IX, column (A), lines 5-												
Expenses			al fundraising fees (Part IX, column (A), line 11e)												
Per	1		raising expenses (Part IX, column (D), line 25)												
ŭ	1		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		41.	458.	39,998.								
	1		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			063.	64,448.								
	1	•	ess expenses. Subtract line 18 from line 12	🗀	-14,		76,775.								
è d				Beg	inning of Curre		End of Year								
sets or	20	Total asset	s (Part X, line 16)		713,	703.	803,935.								
ASS	21	Total liabili	ties (Part X, line 26)	🗀		0.	13,456.								
Net Asse Fund Bal	22	Net assets	or fund balances. Subtract line 21 from line 20	. , 🗀	713,	703.	790,479.								
	art II	Signatu	re Block												
			I declare that I have examined this return, including accompanying schedules a e Declaration of preparer (other than officer) is based on all information of which				y knowledge and belief, it is								
		\	John M. Ochol	-		5/1	4/2020								
Się	gn	Signati	ure of officer		Date										
He	ere	John	n M Ryal, Treasurer												
			r print name and title												
D^	id.	Print/Type	preparer's name Preparer's signature	Date		Check] _{if} PTIN								
Pa Dr		_	Man Daid Dranara			self-emple	oyed								
	eparei		Ivon-Paid Preparer	s EIN ▶											
US	e Only	Firm's add		-	Phone										
Ма	y the IR	S discuss t	this return with the preparer shown above? (see instructions) .				. ☐ Yes ☒ No								

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form **990** (2019)

REV 04/21/20 PRO

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	Charitable and fraternal. Aid and assistance to sick or needy members and families.
	Promotes social and intellectual fellowship through volunteer activities supporting,
	church, education, and social issues.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 4,258. including grants of \$ 4,258.) (Revenue \$)
	Charitable and community accomplishments, grants, and allocations:
	Donations to Gibault Home for Boys, Terra Haute, IN \$1,563
	Funds raised for center for intellectually handicapped \$2,148
	Donations to Coats for Kids program \$ 547
41-	/O-d-
4b	(Code) (Expenses \$ 3,358. including grants of \$ 3,358.) (Revenue \$)
	Religious and caring for seriously ill: Funds raised for Right to Life organization \$ 500
	Funds raised for local Catholic parishes \$1,500
	Support for Men's Talk church event \$ 788 Support for seminarians \$ 570
	······································
	(Code.) (Expenses \$ 14,000. including grants of \$ 14,000.) (Revenue \$)
	Fraternal and educational. Awarded four (4) scholarhips to
	students at local Catholic high schools.
	Marian High School \$10,500
	Saint Joseph High School \$3,500
	······································
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 21,616.



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
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		_x
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		×
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	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		×
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		×
24a b	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 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	×
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>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? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
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
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part	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 0			
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, 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).		—	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_ ×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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			
-	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . [7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		×
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_	
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter			
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			
	against amounts due or received from them.)			
	· · · · · · · · · · · · · · · · · · ·	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.			!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ł		
14a	<u> </u>	14a	-	×
		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		
	If "Yes," see instructions and file Form 4720, Schedule N.			1
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.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ır	nstruc	tions.
Canti	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. <u>X</u>
Secti	ion A. Governing Body and Management		Vac	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
la	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		ĺ	.
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?			×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<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 elect or appoint one or more members of the governing body?	7a	×	
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	×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_		
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
10a	Did the arganization basic local aboutors, branches, or efficated?	40-	Yes	No
b	Did the organization have local chapters, branches, or affiliates?	10a		×
	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	×	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
C	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	×	L.
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	لــــــا	×
b	Other officers or key employees of the organization	15b	 	×
40-	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		×
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	(Sec	tion 5	i01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	>	

0	_	^	^	•

Par	t VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ted Emp	loyees,	and
		Independent Contractors								

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

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

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

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

				- (4	C)					
(A)	(B)	(do n	ot ch		ition		one	(D)	(E)	(F)
Name and title	Average hours	box,	(do not check more than or box, unless person is both				n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week	_			_	or/trus		from the	from related	compensation
	(list any hours for	Individual trustee or director	nst t	Officer	Key employee	m de la	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual	ģ	"	ğ	st co	역	(** 2, 1000 ****00,	(** 2, 1888 *****89,	related organizations
	organizations below	rtrus	altr		oyee) mg				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
						8	<u> </u>			
(1) Robert Ramesh	2.00	×								
Trustee		-			-		<u> </u>	0.	0.	0.
(2) Eric Snyder Trustee	2.00	×						0.	0.	0.
(3) Steve Sommers	2.00	<u> </u>	_				-	<u> </u>	0.	· · · · · · · · · · · · · · · · ·
Trustee	2.00	×						0.	0.	0.
(4) Timothy McBride	4.00									
Grand Knight		<u> </u>		×				0.	0.	0.
(5) Christopher Alumbaugh	4.00									
Deputy Grand Knight			_	×	L			0.	0.	0.
(6) John Ryal	4.00			×						
Treasurer (7)				Ĥ				0.	0.	0.
		1								
(8)								· <u>-</u>		
(0)		<u> </u>								
(9)										
(10)								<u>-</u> ·		
					_					
(11)										
(12)								-		
Treatment of the control of the cont				L						
(13)										
(14)										
	I	ı			1	i .		I		

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emį	plo	yee	s, an	d F	lighest Compe	nsated Er	nplo	yees (d	continu	ued)
			(C) Position											
	(A) Name and title	(B) Average			neck	more	e than o		(D) Reportable	(E) Reportab	ا ما	Estima	(F) ted amo	unt
	Name and title	hours					ıs both or/trus		compensation	compensat	tion	O	other	
		per week (list any	or Ind	Inst	Officer	Ke)	em ₁	Former	from the organization	from relate organization			pensation om the	n
		hours for related	Individual to	i i	cer	em ₁	Highest co	mer	(W-2/1099-MISC)	(W-2/1099-N	(ISC)	organi related o	zation ai	
		organizations below	Individual trustee or director	onal t		Key employee	comp						- J	
		dotted line)	stee	Institutional trustee		ñ	Highest compensated employee							
				ř			ated							
(15)														
(16)													-	
(17)								-	•					
<u> </u>														
(18)														
(19)								1						
(20)														
120)										<u>_</u>		_		
(21)		 												
(22)													_	
(23)								-						
(24)														
(25)														
1b	Subtotal							<u> </u>	0.		0.			0.
	Total from continuation sheets to Part	VII, Sectio	n A		•			•						
	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	lıst	ed a	above	e) w	ho received more	e than \$100	0,000	of		
	reportable compensation from the organi	Zation											Yes	No
3	Did the organization list any former of							mpl	loyee, or highes	st compens	sated			
	employee on line 1a? If "Yes," complete 3										•	3		×
4	For any individual listed on line 1a, is the organization and related organizations													
	ındıvıdual	-							•			4		×
5	Did any person listed on line 1a receive of for services rendered to the organization?									tion or indiv	idual	5	<u></u> -	
Section	on B. Independent Contractors	,	· · · · · · · ·		-	-		<u> </u>	iden person	<u> </u>				
	Complete this table for your five high													
	compensation from the organization. Repo	ort compen	sation	1 for	the	cal	lenda	r ye. I		within the o	organi		s tax y	ear.
	(A) Name and business address								(B) Description of serv	rices	C	(C) compens	ation	
														
													-	
					•									
	Total number of independent controls	ro (malicalis	L.:		- ·	د.مد.			and hated of	->			_	
	Total number of independent contractor received more than \$100,000 of compensions.							τn	iose listed abovi	e) wno				- 1

Par	VIII				2000-	see or note to an	v lino in this Da	ort \/III		
_		Check if Schedule	0 60	ontains a re	espor	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
<u>8</u> 8	1a	Federated campaig	ns .		1a					
Ccntributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	7,016				
ې ک	С	Fundraising events			1c	,				
fts, r A	d	Related organizatio			1d					
. iš	e	Government grants	(conf	tributions)	1e					
Sin	f	All other contribution								
e Eti		and similar amounts no	ot incl	uded above	1f		į			
효환	g	Noncash contribution								
a c		lines 1a-1f			1g					
<u>م</u> ن	h	Total. Add lines 1a-	–1f .		<u> </u>		7,016.			
•					Business Code					
jč.	2a	Gibault				900099	1,280.	1,280.	0.	_0.
Program Service Revenue	b	Save the Semi				900099	570.	570.	0.	_0.
gram Ser Revenue	C	Tootsie Roll	Dri	<i>r</i> e		900099	1,920.	1,920.	0.	0.
हें दे	d									
<u>6</u> _	e									
₫.	f	All other program se					2 770			
	<u>g</u> 3	Total. Add lines 2a- Investment income					3,770.			
	3	other similar amoun					52,075.	52,075.	0.	о.
	4	Income from investr					32,073.	32,073.		
	5					,				
		rioyanios	Ė	(ı) Rea		(ii) Personal				ı
	6a	Gross rents	6a							
	b	Less rental expenses	6b			1				
	С	Rental income or (loss)]
	d	Net rental income o	r (los	s)		▶				
	7a	Gross amount from		(i) Securities		(ii) Other	•		:	
		sales of assets								
		other than inventory	<u>7</u> a	451.3	१98.			,		i
ne	b	Less cost or other basis								
er Revenue		and sales expenses	7h	386,4						
Re		Gain or (loss)	7с	64,9	958.					!
	d	Net gain or (loss)			<u> </u>	<u> ▶</u>	64,958.	64,958.	0.	0.
Oth		Gross income from events (not including of contributions rep 1c). See Part IV, line	\$ porte e 18	d on line	8a	36,244.				
		Less. direct expens			8b	24,189.	10.055			
	C	Net income or (loss)	-		g eve	nts ▶	12,055.		0.	12,055.
	уa	Gross income f activities. See Part I		J- J	9a	2,294.				
	b	Less: direct expense			9b	945.				
	C	Net income or (loss)				1	1 240	0.	0.	1 240
		Gross sales of in			Straitie	3 -	1,349.	0.		1,349.
		returns and allowan Less. cost of goods	ces		10a		1			
	c	Net income or (loss)				ory ▶				
s			•			Business Code				
o o	11a									.
scellaneo Revenue	b					_				
e e	c			•		_				
Miscellaneous Revenue	d	***		• • • •	•					
Σ_	е	Total. Add lines 11a	a-11c	<u>I</u> .		•				
	12	Total revenue. See	ınstr	uctions .			141,223.	120,803.	0.	13,404.
						REV 04/21/20 F	PRO			Form 990 (2019)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must compl				nn (A)
	Check if Schedule O contains a response				
	nt 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	24,450.	24,450.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	. =			
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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				 -
_	section 401(k) and 403(b) employer contributions)				
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	361.	361.		
13	Office expenses	115.	115.		
14	Information technology			1	
15	Royalties				
16	Occupancy	18,804.		18,804.	
17	Travel				-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	561.	561.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,664.		14,664.	
23	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)		-		
а	Printing & Newsletter	1,688.	1,688.		
ь	Fraternal Activities	3,805.	3,805.		
c		2,003.	3,003.1	-	
d			-		
e	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24e	64,448.	30,980.	33,468.	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X	P	art X				_
1			Check if Schedule O contains a response or note to any line in this Pai		·	· · · · · <u> </u>
2 Savings and temporary cash investments 25,517, 2 3,686.						
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key amployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 5 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 22 Controlled entity or family member of any of these persons 23 Controlled enti		1	Cash – non-interest-bearing	5,868.	1_	22,730.
A Accounts receivable, net		2	Savings and temporary cash investments	25,517.	2	3,686.
S Loans and other receivables from 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. S		3	Pledges and grants receivable, net	-	3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		4	Accounts receivable, net		4	
under section 4958(h()1), and persons described in section 4958(c)(3)(8). 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other lasks. Cumplable Part VI of Schedule D 10a 308,823. b Less: accumulated depreciation 10b 267,431. 56,056. 10c 41,392. 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—orgoram-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 713,703. 16 803,935. 17 Accounts payable and accrued expenses 0,17 13,703. 16 803,935. 18 Grants payable and accrued expenses 0,17 13,703. 16 803,935. 19 Deferred revenue 19 19 22 Loans and other payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities not included on lines 17–24). Complete Part X of Schedule D 25 Total hisbilities not included on lines 17–24). Complete Part X of Schedule D 26 Total assets without donor restrictions 27 Net assets without donor restrictions 28 Total liabilities. Add lines 17 through 25 Corganizations that do not follow FASB ASC 958, check here D 26 Total assets without donor restrictions 28 Total assets without donor restrictions 29 Corganizations that do not follow FASB ASC 958, check here D 27 Total assets without donor restrictions 29 Corganizations that do not follow FASB ASC 958, check here D 28 Net assets without donor restrictions 29 Corganizations that do not follow FASB ASC 958, check here D 30 Pad-in or capital surplus, or land, building, or equipment fund 30 Pad-in or capital surplus, or land, building, or equipment fund 30 Pad-in or capital surplus, or land, building, or equipment fund 30 Pad-in or capital surplus, or land, building, or equipment fund 31 Pad-in or capital surplus, or land, building, o		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
10a Land, buildings, and equipment cost or other lass. Cumplete Part IV of Schedule D. 10a 308,823		6			6	
10a Land, buildings, and equipment cost or other lass. Cumplete Part IV of Schedule D. 10a 308,823	ß	7	Notes and loans receivable, net		7	
10a Land, buildings, and equipment cost or other lass. Cumplete Part IV of Schedule D. 10a 308,823	se	8	Inventories for sale or use		8	
b Less: accumulated depreciation 10a 308,823 10b 267,431 56,056 10c 41,392 11 Investments — publicly traded securities 626,262 11 736,127 12 Investments — publicly traded securities 626,262 11 736,127 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Investments — program-related. See Part IV, line 11 14 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Investments —	As	9	Prepaid expenses and deferred charges	•	9	
b Less accumulated depreciation 10b 267,431 56,056 10c 41,392. 11 Investments — publicly traded securities 626,262 111 736,127. 12 Investments — other securities. See Part IV, line 11 12 13 Investments — original related. See Part IV, line 11 13 Investments — original related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Intangible assets 16 Intangible assets 17 Intangible assets 18 Intangible assets 19 Int		10a				
11 Investments – publicly traded securities 626,262. 11 736,127. 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 15 Other assets. See Part IV, line 11. 15 16 Total assets. See Part IV, line 11. 15 17 Accounts payable and accrued expenses 0. 17 13,456. 18 Grants payable 18 19 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 0. 26 13,456. 27 Net assets with donor restrictions 27 28 Net assets without donor restrictions 28 29 Capital stock or trust principal, or current funds 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 713,703 32 790,479		b	`	56,056.	10c	41,392.
12 Investments – other securities. See Part IV, line 11 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 713,703 16 803,935. 17 Accounts payable and accrued expenses 0 17 13,456 18 Grants payable and accrued expenses 18 Grants payable 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Tax-exe		11	· · · · · · · · · · · · · · · · · · ·		11	
13		12		<u> </u>	12	
14		13	 		13	
16		14	Intangible assets		14	
17		15	Other assets. See Part IV, line 11		15	
18 Grants payable 19 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 26 26 Cother 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 25 25 25 25 25 25		16	Total assets. Add lines 1 through 15 (must equal line 33)	713,703.	16	803,935.
19 Deferred revenue		17	Accounts payable and accrued expenses	0.	17	13,456.
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
22 Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here ▶ □ 28 Net assets without donor restrictions 29 Net assets with donor restrictions 20 Organizations that do not follow FASB ASC 958, check here ▶ □ 20 And complete lines 29 through 33. 21 Capital stock or trust principal, or current funds 22 Organizations that do not follow FASB ASC 958, check here ▶ □ 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 Total net assets or fund balances 34 Unsecured mortgages and notes payable to unrelated third parties 24 Unsecured mortgages and notes payable to unrelated third parties 23 24 24 24 24 24 24 24 24 24 24 24 24 24		20	Tax-exempt bond liabilities		20	
trustee, key employee, creator or founder, substantial continbutor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	bilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
Unsecured notes and loans payable to unrelated third parties	Ŀ	23				
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		1	The state of the s			
26 Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow FASB ASC 958, check here □ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Organizations that follow FASB ASC 958, check here □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Total net assets or fund balances 713,703. 31 790,479.		26		0		13.456
27 Net assets without donor restrictions	seou		Organizations that follow FASB ASC 958, check here ▶ □			13, 130.
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 713,703, 32 790,479. Total liabilities and net assets/fund balances 713,703, 33 803,935	ā	27	· · · · · · · · · · · · · · · · · · ·		27	·
Organizations that do not follow FASB ASC 958, check here And complete lines 29 through 33. Capital stock or trust principal, or current funds	Ba					_
Capital stock or trust principal, or current funds	Fund		Organizations that do not follow FASB ASC 958, check here ▶ ⊠			
Paid-in or capital surplus, or land, building, or equipment fund	ō	20			20	
Retained earnings, endowment, accumulated income, or other funds	şţ			· · · · · · · · · · · · · · · · · · ·	1	
32 Total net assets or fund balances	SSE		· · · · · · · · · · · · · · · · · · ·	713 703		790 479
Z 33 Total liabilities and net assets/fund balances	Ę					
	Š				_	

_	-	4
Page	- 1	1

	(:-)				9
Part					
		<u> </u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		1_	41,2	23.
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>		64,4	48.
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>		76 <u>,</u> 7	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	<u> </u>	7	13,7	03.
5	Net unrealized gains (losses) on investments	<u> </u>			
6	Donated services and use of facilities	<u> </u>			
7	Investment expenses				
8	Prior period adjustments	<u> </u>			
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				
	32, column (B))	<u> </u>	7	90,4	78.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	• •		
		_		Yes	No
1	Accounting method used to prepare the Form 990 🗵 Cash 🗌 Accrual 📗 Other	— I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in in			
_	Schedule O.	_	_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			
	reviewed on a separate basis, consolidated basis, or both				
_	Separate basis Consolidated basis Both consolidated and separate basis	-			
D	Were the organization's financial statements audited by an independent accountant?	· -	2D		<u>×</u> .
	If "Yes," check a box below to indicate whether the financial statements for the year were audited a separate basis, consolidated basis, or both.	on a			
	Separate basis, consolidated basis, or botti Separate basis Consolidated basis Both consolidated and separate basis				
_	<u> </u>	-			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversiging 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	—	20		
	Schedule O.	n on			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	, _{the} -			
Ja	Single Audit Act and OMB Circular A-133?		3a		×
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	· –	Ja		<u> </u>
5	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		.3b		
	REV 04/21/20 PRO			. 990	(2019)
	NEV U4/4 I/20 PNO		1 0111		(2019)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

	ghts of Columbus #553 Santa Maria C		23-7142569
Pai	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
_	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
ı aı	Complete if the organization answered "	Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
ı			d a brakamaalli, maaaadaad baad ayaa
	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified h	• •	
d	Number of conservation easements included in		
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas	sements it holds?	🗌 Yes 🗎 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	nts.	
Par	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
12	If the organization elected, as permitted under FAS		ie statement and halance sheet works
· a	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS		
U	art, historical treasures, or other similar assets held	· · · · · · · · · · · · · · · · · · ·	
	provide the following amounts relating to these item		search in farther affect of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	· - -	> \$
	(ii) Assets included in Form 990, Part X		· · · • •
^	If the example to proposed or held weeks of set	historical transverse as ather assets	occate for financial same a second the
2	If the organization received or held works of art, following amounts required to be reported under Ed		assets for financial gain, provide the
_	following amounts required to be reported under FA	ASO ASO 936 relating to these items.	•
a	Revenue included on Form 990, Part VIII, line 1 .		· · · • • • • • • • • • • • • • • • • •
<u> </u>	Assets included in Form 990, Part X	· <u>·</u> · · · · · · · · · ·	🟲 💲

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	rds, chec	k any of the	followin	ng that make sig	gnificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	program	m	
b	☐ Scholarly research		е	☐ Other				
С	☐ Preservation for future generations	6						
4	Provide a description of the organiza XIII.	tion's collections	and expl	aın how t	hey further t	he orga	nization's exem	pt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rathe		ained as	part of the	e organizatio	n's colle	ection?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, line	9, or re	eported an am	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							: ☐ Yes ☐ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	ollowing ta	able [.]			
							Am	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in F	art XIII. Check her	e if the e	xplanatio	n has been p	provided	on Part XIII .	· · · <u>U</u>
Par	Endowment Funds. Complete if the organization	anawarad "Vaa	" on For	···· 000 [Part IV lina	10		
	Complete if the organization	(a) Current year	1	or year	(c) Two years		d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Current year	(0) 711	or year	(c) Two years	Dack (e	I) Three years back	(e) Four years back
b	Contributions		· · · · · · · · · · · · · · · · · · ·					
c	Net investment earnings, gains, and losses							
d	Grants or scholarships					+		
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses			-				
g 2	End of year balance Provide the estimated percentage of	the current year or	l nd balanc	o (lino 1a	L column (a)	hold as		<u> </u>
a	Board designated or quasi-endowme			e (iiile ig	, column (a))	rielu as	•	
b	Permanent endowment	%	/0					
c	Term endowment ► %							
Ū	The percentages on lines 2a, 2b, and		00%.					
3a	Are there endowment funds not in thorganization by.	e possession of th	ne organi	zation tha	at are held a	ind adm	inistered for the	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	l as requi	red on So	chedule R? .			3b
4	Describe in Part XIII the intended use		on's endo	owment fu	unds			
Part						_	_	
	Complete if the organization			1				Part X, line 10.
	Description of property	(a) Cost or ot (investm			or other basis ther)		cumulated reciation	(d) Book value
1a	Land							
b	Buildings			ļ				
С	Leasehold improvements	. 30	<u>8,823.</u>			:	267,431.	41,392.
d	Equipment		_		1			
<u>e</u>	Other	·		<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9:	90, Part I	X, column	i (B), line 10c	:)		41,392 <u>.</u>

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990 Part IV line	11h See Form	000 Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Met	hod of valuation
44.5	(including name of security)		Cost or end	-of-year market value
(1) Financial				
	neld equity interests	_	.	
(3) Other	······			
(A)				
(B)	•••••			
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12).▶			
Part VIII	Investments – Program Related.	<u> </u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation . -of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)				
_ (9)				
	mn (b) must equal Form 990, Part X, col (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)		 .		
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Foreline 25.	m 990, Part IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	icome taxes	. ,,		(1, -11
(2)			=	
(3)		·		
(4)				
_(5)				
(6)		· · ·		
(7)				
(8)				
(9)				_
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25.)		🕨	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization'	s financial stateme	nts that reports the
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the f	ootnote has been	provided in Part XIII .

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
	Total revenue, gains, and other support per audited financial statements	• • • • • • • •	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	00	
	Net unrealized gains (losses) on investments	2a	-
		2b	-
	Recoveries of prior year grants	2c 2d	-
	Other (Describe in Part XIII.)	20	
	Subtract line 2e from line 1		2e 3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	
	Other (Describe in Part XIII.)	4b	-
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part 2			
I dit	Complete if the organization answered "Yes" on Form 990,		er netarn.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	<u> </u>
b	Prior year adjustments	2b	_
	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
	Other (Describe in Part XIII.)	4b	
			4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	ne 18.)	5
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
	`		
· 			
	······		
	······		
· 			

Schedule D (Fo	rm 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
••••••		
		•••••
		

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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	Employer identification number	23-7142569
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Kni	Knights of Columbus #553 Santa Maria Council	23-7142569	
Pan	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and	
	the selection criteria used to award the grants or assistance?	X Yes	%
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Pan	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	on answered "Yes" on	Form 990.
	Part IV, line 21, for any recipient that received more than \$5.000. Part II can be duplicated if additional space is needed.		

	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	recipient that r	eceived more th	an \$5,000. Part I	l can be duplica	ted if additional	space is needed.	
-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1311	(1) Marian High School 1311 S Logan St Mishawaka IN 46544 3	35-1101600		10,500.				Scholarship/Stipend
(2)	(2)							
(6)								
(4)								
(2)								
(9)								
<u>(2)</u>	(2)							
(8)								
6								:
(10)								
(11)								
(12)								
0 N	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	01(c)(3) and government	ernment organizat	ions listed in the lii	ne 1 table .			
	l							

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

REV 04/21/20 PRO

Schedule I (Form 990) (2019)

4

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 04/21/20 PRO (b) Number of recipients (a) Type of grant or assistance Part IV Part III ₽¥ N က 4 ß 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 20**19**

Open-to-Public Inspection

Internal Revenue Service Employer identification number Name of the organization Knights of Columbus #553 Santa Maria Council 23-7142569 Part VI, Line 6 The organization is recognized by the IRS as a fraternal lodge and is a local council of the Knights of Columbus, a national fraternal benefits society recognized as a tax-exempt organization by the IRS under Section 501(c)(8) of the Internal Revenue Code As such, the organization has members, but no shareholders. Part VI, Line 7a The organization holds elections annually to elect members to its governing board in accordance with its bylaws Part VI, Line 7b Certain day-to-day business decisions are made when motions are made by members, and voted upon by members. Part VI, Line 11b The organization first completes an internal financial audit conducted by the trustees and officers. After the audit results are approved, the Form 990 is prepared by the Treasurer. The Form 990 is distributed to officers and trustees for review. After the Form 990 is approved, it is signed by the Treasurer and filed Part VI, Line 15a The organiztion is an entirely volunteer organization, an has no employees and therfore no compensation. Part VI, Line 15b Same as Line 15a immediately above Part VI, Line 19 The organization makes its financial records available to its members both upon request, and through periodic financial presentations to members. Tax filings are also made available