Return of Organization Exempt From Income Tax OMB No 1545-0047 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev January 2020) ► Do not enter social security numbers on this form as it may be made publication Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 2019, and ending 20 **2 0** C Name of organization Kwights D Employer identification number Check if applicable Columbus Carington Council Doing business as 23-7542301 Address change SAME E Telephone number Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Bax 985-892-9350 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code LA 70434 Amended return F Name and address of principal officer STEPHEN L. BONDREANX H(a) Is this a group return for subordinates? Yes No Application pending DR. Bush H(b) Are all subordinates included? Tyes No ANNA Tax-exempt status **∑** 501(c) (**♀** 4947(a)(1) or [If "No," attach a list (see instructions) 501(c)(3)) ◀ (insert no) Website: ▶ H(c) Group exemption number ► Ø / Form of organization ☐ Corporation ☐ Trust 🔀 Association ☐ Other ▶ L Year of formation /947 M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Activities & Governance help to the NEEdy INSTITUTIONS AND ORGANIZATIONS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 C Total number of volunteers (estimate if necessary) 6 92 SCANNET) " Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 10.250 2.192 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 396 110 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 15.348 539 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25.994 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 206 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 42-!VED 19 Assets or Balances Beginning of Current Year End of Year Š 20 Total assets (Part X, line 16) MAY 2 4 2021 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21-from-line,2 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge -5-:/3-202/ Sign Signature of officer Here O'ROURKE - TREASURER Type or print name and title

Preparer's signature

Print/Type preparer's name

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Firm's EIN ▶ Phone no ☐ Yes May the IRS discuss this return with the preparer shown above? (see instructions) □No Cat No 11282Y Form 990 (2019)

Check I if

self-employed

Date

	990 (2019) 23.754230/	Page 2
Pari	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u> U</u>
•	SEE PART I - Item	
		N
2	Did the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	tne . ☐Yes ☐No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	
	services?	. □Yes □No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	ices, as measured by
	the total expenses, and revenue, if any, for each program service reported.	anocations to others,
4a	(Code·) (Expenses \$including grants of \$) (Revenue \$)
	·	
	······································	
	·	
	·	
4b		
	•	
	·····	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (, (, (, (
		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	· =

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		X
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X.
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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_		X
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		<u>X</u> _
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_		X
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		X_
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	Х	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		<u>X_</u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>-</u> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	<u> </u>
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	<u>X</u>
C	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		X_
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X_</u>
30 31	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		Ž.
31 32	Did the organization required the complete schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		Δ
33	complete Schedule N, Part II	32		<u>X</u>
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X_</u>
	or IV, and Part V, line 1	34		<u>x</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X _
_	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
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	<u></u>		
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ŷ.,	. 1	30

1c X

16

If "Yes," complete Form 4720, Schedule O.

orm 9 Pair	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page
<u>.</u>	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-		les	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b	ļ	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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			
е	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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12		}	
1	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.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 3	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
5	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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>K</u>

Form 9	90 (2019) 23-754230/			Page 6
Part				
	Check if Schedule O contains a response or note to any line in this Part VI		·	. X
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 C	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	_	<u>X</u>
6	Did the organization have members or stockholders?	6	<u>X</u>	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co		
40-	Del the average have local shorters by anchor or officeton?	10a	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Iva		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
15 _	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u> </u>
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	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)			
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.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords 🕨	>	

orm 990 (2019)	23-	7542	30/
----------------	-----	------	-----

Page 7

Part VII	Compensation of Officers, D	irectors, Trustees,	Key Employees,	Highest Compensated	Employees, and
•	Independent Contractors				

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

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

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

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

Check this box if neither the organization no	or any relate	d org	anız	atic	on c	ompe	ensa	ated any current	officer, director,	or trustee.
	(C)									
(A)	(B)	(B) Position						(D)	(E)	(F)
						e than (1 ' '		Estimated amount
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	of other
	per week		_	. —	_	or/trus		from the	from related	compensation
	(list any	일	l St	Officer	<u> </u>	[3] F	Forme	organization	organizations	from the
	hours for	1 7 8	2	8	e	당	∄	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	당교	ğ	Ì	를	8 2	"	1		related organizations
	organizations below	ੋ ਤੋਂ	al t		Key employee	Į				
	dotted line)	Individual trustee or director	Institutional trustee		۳	l eg				
		0	tee			Highest compensated employee	1			
TO Charles A A Land	 		-	<u> </u>	-	<u> </u>	_	 		<u> </u>
(1) Stephen L. Boudseaux	15			~	1			-0-	-0-	
GRAND KNIGHT	3	/	\vdash	┡	├	 	 			-0-
(2) GERALD ALONZO	کد	/		~				~o~	→ 0 -	_0-
DEPUTY GRAND KNIGHT	 	_	_	_	ļ				-0-	
(3) DALE BRATSCHI	-3	/		1				-0-	~o ~	~0~
Chancellar (4) Michael Boaiskie	6	├ `	Н		-			 	<u> </u>	
RECORDER	<i></i>	1		~				-0-	-0-	-0-
(5) Noly d Theard	10	-			<u> </u>					
FINANCIAL SECAETARY	·+ /	✓		/				-0-	-0~	232
(6) DANIEL O'ROURKE	8				-					
TREASURER	8	~		/	ĺ			-0-	-0-	-0-
(7) JOE TAKET	1				\vdash					
LECTURER	† -			✓				-0-	-0~	-0-
(8) Randy CoopeR	1	•								
Advocate		/		✔				-0-	-0-	-0-
(9) KEN ROSS	1	1						~0-		
WARDEN				/					-0-	-0-
(10) CLAIS BUCFA	<u> </u>	~		~					-0-	
INSIDE GUARD				•				-0-	-0-	~0-
(11) Chase Dwight	1	~				i		_	-0-	_
Outside Guard		•						-0-		-0-
(12) FRANK ARNONA		ار	1							-0-
Outside GUARD	a	<u> </u>	\Box	✓				-0-	-0-	
(13) B, // Fuelong	$\prod_{i=1}^{n}$			1						•
TRUSTEE	1		\perp	V	[_[-0-	-0-	-0-
(14) John Mandow	1			<i>\</i>	Į	į			0	A =
TRUSTEE								-0-	-0-	-0-
					_		. –		_	000

Form 9	990 (2019) 23 - 7542301	-	17	-				1 1	Park a a LO		Page 8
Par	VII Section A. Officers, Directors,	Trustees,	Key	Em			es, ar	id F	Highest Compe	ensated Emplo	oyees (continued) T
•			1			C) sition					
	(A)	(B)	(do r	not cl			e than	one	(D)	(E)	(F)
	Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
		per week	_	7		1	tor/trus	<u> </u>	from the	from related	compensation
		(list any hours for	합	nstit	Officer	(ey	불	Forme	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related	Individual to	S S	٩ ا) a	oye st	重	(**-2/1099-101130)	(44-2/1099-14130)	related organizations
		organizations	일을	na		Key employee	Š]		
		below dotted line)	Individual trustee or director	Institutional truste		ď	Highest compensated employee				
				ñ			<u>ē</u>				
(15)	AdaiAN Hadason Trustee			ĺ	 				-0-	-0-	-0-
/4.C\	<u> 7Ruste E</u>	 	-	 	-	-	 	\vdash			
(16)		 	ł	ĺ							
(17)				-		 					
			<u> </u>								
(18)											
(10)			_	-	-	-	ļ				
(19)											
(20)											
32.17											
(22)											
1201										·	
(24)											17112
(0.5)								_			
(25)					ł						
1b	Subtotal								-0-	-0-	232
С	Total from continuation sheets to Part		n A				. 1	▶ أ	-0-	-0-	-0-
d	Total (add lines 1b and 1c)	•					. 1	▶	-0-	-0 -	232
2	Total number of individuals (including but		to th	ose	list	ed a	above) wł	no received more	than \$100,000	of
	reportable compensation from the organization	zation ►									V-a Na
_	Del Maria de la Companya de la Compa	<i>((</i>			- .			1 .			Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S								yee, or nignes	•	3 X
4	For any individual listed on line 1a, is the										
·	organization and related organizations										
_	individual			٠.				٠			4
5	Did any person listed on line 1a receive or for services rendered to the organization?									on or individual	5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five high										
	compensation from the organization. Repo	rt compens	ation	for	the	cale	endar T	yea		within the organi	
	(A) Name and business addri	ess							(B) Description of servi	ces C	(C) Compensation
"//	ONE"										
							\Box			43363	and the second second second second
2	Total number of independent contractor received more than \$100,000 of compensa								ose listed above) wno	

•		Check if Schedule O contains a response or no	te to a	any line in this Part VIII............						
	1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
nts its	1a		-1							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 2,9					***			
S, G	C	Fundraising events 1c 8,4	01							
iffs ar A	d	Related organizations 1d								
o, E	. е	Government grants (contributions) 1e								
Sign	f	All other contributions, gifts, grants,								
outi Per	1	and similar amounts not included above 1f 80	20							
<u>=</u> =	g	Noncash contributions included in lines 1a–1f								
Sor	l h			12 18 2						
	 ''	Business	Code	12,192						
ø		50311055		BENEROSE AND HELPERS	Constitution of the Party	Carring and Carrin				
ž "	b					· · ·				
gram Ser Revenue	c									
an ye	d									
Regis	e									
Program Service Revenue	f	All other program service revenue , .								
	g	Total. Add lines 2a-2f	. 🕨				KANE AT A			
	3	Investment income (including dividends, interest	t, and							
	_	other similar amounts)	. ▶	1,110	1,110					
	4	Income from investment of tax-exempt bond proces	eds 🕨							
	5	Royalties	onal	EIRECTE DE LATER DE TRE	CANALAN PARALAN	ARE THE CONTRACTOR	CHARLES OF THE STREET			
	6a	Gross rents 6a	Ullai							
*	b	Less rental expenses 6b								
	C	Rental income or (loss) 6c								
	d	Net rental income or (loss)	•	Marie Control of Contr	CARD COLOR OF THE CARD COLOR OF THE CARD	TO LECTION DE LA CONTRACTION D	W. 18-5-DER STR. CHICK THE SECTION			
	7a	- GO Countries GO Oth	ner							
		sales of assets								
ļ		other than inventory 7a								
e l	b	Less cost or other basis								
Revenue		and sales expenses . 7b								
l g		Gain or (loss) 7c					ranki zama			
ē	d	Net gain or (loss)			TENTANTE BULTURAN	Kasana ana ana ana	end the tree course			
Other	8a	Gross income from fundraising events (not including \$								
		of contributions reported on line		第二字 法于19						
ĺ		1c). See Part IV, line 18 8a								
	b	Less. direct expenses 8b								
1	С	Net income or (loss) from fundraising events	▶							
	9a	Gross income from gaming		F144777511			阿姆斯吉里斯斯			
		activities. See Part IV, line 19 . 9a 394, c								
J	þ	Less: direct expenses 9b 392,7	165							
	С	Net income or (loss) from gaming activities	•	1,539	1,539	GENTALISM STANDARD WAS TRANSPORTED IN	and solder materials are as of			
	10a	Gross sales of inventory, less								
	L	returns and allowances 10a								
- 1		Less. cost of goods sold 10b Net income or (loss) from sales of inventory		HA ESTABLISHED THE			Carried Control			
 +	С	Business	Code							
ا″ ۾	11a	Dusiness		Consultation of the A		Commission and State of Commission of Commis	CONTRACTOR OF THE PARTY			
ᇍ	b	·····								
Revenue	c			·						
Miscellaneous Revenue		All other revenue								
Σ	е	Total. Add lines 11a–11d	>	Ş		MILLER STATE				
	12	Total revenue. See instructions	▶ [14841	2649					

Form 990 (2019) 23, 754230/ Part IX Statement of Functional Expenses

Se	ection 501(c)(3) and	501(c)(4)	organizatıons must	complete all columns.	. All other	organizations	s must complete	column (A).

		o or more to unity in	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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 .			August 1973	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	8,165 3,724		The state of the state of	
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			MITTING A	T. S. Carlotte
6	trustees, and key employees	232			
7	persons described in section 4958(c)(3)(B) 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				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Maria Model	计正型规则	
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	606			
13	Office expenses	165			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	748			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	417			
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.)			William As a	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T
а	PER CAPITA Etc	1369			
b	Monthly MEETING MEALS	950			
С	FUNCTIONS	570			
d	Supplies	150			
e	All other expenses	212			
25	Total functional expenses. Add lines 1 through 24e	17308			
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)	1,,,			

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	21,846	1	19322
	2	Savings and temporary cash investments	52,467	2	52,524
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		10 54	
		trustee, key employee, creator or founder, substantial contributor, or 35%	i Bas To	10 Mg 1	E. B
		controlled entity or family member of any of these persons	grants produce page of the same of the same of	5	(a
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	Take a same	6	FIRE METATE TO
sts	7	Notes and loans receivable, net		٠ 7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		1, 4, 4 - -	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	74,313	16	71,846
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19 20	Deferred revenue		19 20	
	21	Tax-exempt bond liabilities		21	
'n		·	\$37.55	21	, v, v, g, , <u></u>
Liabilities	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	The state of the s	22	
ia	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
s		Organizations that follow FASB ASC 958, check here ▶ 🗓	The second second	7	Armen - mer ente france
ဦ		and complete lines 27, 28, 32, and 33.		2 4, 4	3 3 2
<u>a</u>	27	Net assets without donor restrictions	8,953	27	10184
<u>m</u>	28	Net assets with donor restrictions	65,360	28	61,662
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □			The section of the
띤		and complete lines 29 through 33.			
o l	29	Capital stock or trust principal, or current funds		29	
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	1
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
e e	32	Total net assets or fund balances	74,313	32	7/1,846
z	33	Total liabilities and net assets/fund balances	74,313	33	71,846

D	4	
Page	- 1	4

Form **990** (2019)

Form	990 (2019) 23-754230/		Page 1
Pa	rt 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)	1	14.841
2	Total expenses (must equal Part IX, column (A), line 25)	2	17.308
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,467)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74313
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71.846
Par	t 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 If the organization changed to method of accounting from a prior year or checked "Other"	ovolous is	

	02, 00,000,000,000,000,000,000,000,000,0		<u> </u>	7
Part	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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			-
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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	10.00	3 X 3	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3а	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name	of the organization				and the latest informa	Employer identifi	Inspection ication number
K٨	tl Fundraising Activities.	5 3061	COVIN	19 TON	Courcil	23-7	542301
Pal	Form 990-EZ filers are i	. Complete if the not required to	ne organiz o complete	ation ansv this part.	werea "Yes" on	Form 990, Part IV,	line 17.
1 a b	a ☐ Mail solicitations e ☐ Solicitation of non-government grants b ☐ Internet and email solicitations f ☐ Solicitation of government grants						
d	☐ In-person solicitations		7. P				
2a	Did the organization have a writ or key employees listed in Form						
b		individuals or	entities (fund			_	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	··	 	Yes	No		 	
1							
2							
3	······				-		
4			 				
5			<u> </u>				
6						<u> </u>	
7							
8							
9							
10							
Total							
3	List all states in which the organ registration or licensing.	nization is regis	tered or lice	ensed to so			
	••••••••••••				·	·	
						·	
			- 				

Ρ	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
	2 3	Less: Contributions . Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .				
Pa	10 11	Direct expense summary Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)	<u> ▶</u>	or reported more than
		\$15,000 on Form 990-E2	Z, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	130,236	263,768		394,004
ses	2	Cash prizes	135.820	201,301		337,121
ect Expenses	3	Noncash prizes				
Direct (4	Rent/facility costs	16,537	16,538		33,075
]	5	Other direct expenses .	8,615	13,654		12,269
	6	Volunteer labor	✓ Yes /00 %☐ No	⅓ Yes /00 % □ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		392,465
	8	Net gaming income summary	. Subtract line 7 from lin	ne 1, column (d)	▶	1,539
	a Ist	ter the state(s) in which the org the organization licensed to co 'No," explain:	nduct gaming activities		?	DaYes □ No
10a		ere any of the organization's ga				? . ∐Yes Æ∑ No

Schedu	ule G (Form 990 or 990-EZ) 2019 23 - 754230/		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes 〔	No K
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes 🌡	∑ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b		10	0 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name > DANIE! J. O'ROURKE		
	Address > 73525 RIVER Rd - Covington, LA 70435		·
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐] No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		·
16	Gaming manager information:		
	Name > Adrian Hodgson	•	
	Gaming manager compensation ► \$ • • • • • • • • • • • • • • • • • •		
	Description of services provided > GENERAL Supervision		
	☑ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	X Yes ☐] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ 6,289		
Part	spent in the organization's own exempt activities during the tax year ▶ \$ 6,289 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	i) and (v); al informa	and ition.
			-
	······································		
		· · · · · · · · · · · · · · · · · · ·	
		•••	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Knights of Columbus 3061 Covington Council	23-7542301
PART VI- SECTION A - LINE 6:	
ORGANIZATION has APPROXIMATELY 135 voting	membees
PART VI - SECTION A-LINE TA:	
EACH MEMBER 15 ENTIFIED to vote ANNUAlly	N Election
of members for the governing body	
PART YI - Section A - LINE 76:	
All decisions of governing body subject	to Approval
of general membership at monthly meet.	wgs
Part VI - Section B - LINE 1/b:	
PRESENTED by GRAND KNIGHT to GOVERNING	bodx
for REVIEW AND discussion prior to fil	ing
PART VI - SECTION C - LINE 19:	
The organization does not make its govern	149
documents, policies And/or financial states	
to the public. However, the organization's	
gaming records ARE Always Available for 1	ZERIEW
And Andit by the Louisiana Charitable G	TAMIN 9
Commission	