(Rev January 2020)

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

		the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the lates	t informa	الراندون م.tion.	DOG .	Inspection
			dar year, or tax year beginning JULY 1 , 2019, and endu	ng	JUNE	30	, 20 20
		applicable	C Name of organization KNIGHTS OF COLUMBUS COUNCIL #6593	-5_			yer identification number
_	Address o		Doing business as				51-0135719
_	Name cha	· ·		Room/suite		E Teleph	one number
=	Initial retu	•	PO BOX 695	1			
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
=	Amended		ROSCOMMON, MI 48653			G Gross	receipts \$ 23,723
\equiv		n pending	F Name and address of principal officer JOSEPH MOORE	H(a)	le this a gr		r subordinates? Yes No
ш,	пррпсано	ni perionig	Triang and address of principal officer 50024 11 MOORE	' '	•	•	es included? Yes No
	Tax-exem	not status	501(c)(3)				st (see instructions)
	Website:		Contact Contac	/~ -			number >
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form		<u> </u>		of legal domicile
	rt I	Summa		4.011		Oluto (or regar derinent
Ť			cribe the organization's mission or most significant activities: PROVI	DE ASSI	STANC	F TO AR	FA STUDENTS
0		=	SCHOLARSHIPS AND TO AREA CITIZENS AND CHARITABLE ORGANIZ			- 10 /11	
E	-	INKOUGH	SCHOLARSHIPS AND TO AREA CITIZENS AND CHARTABLE ORGANIZ	ATIONS			***************************************
Activities & Governance	2	Check this	box ▶ ☐ If the organization discontinued its operations or disposed	of more	e than :	25% of	its net assets
Š			voting members of the governing body (Part VI, line 1a)		a	3	7
8			independent voting members of the governing body (Part VI, line 1b		•	4	
es			per of individuals employed in calendar year 2019 (Part V, line 2a)	''	•	5	
ξ			per of volunteers (estimate if necessary)		•	6	0
ţ l			ated business revenue from Part VIII, column (C), line 12	•	•	7a	
`			red business taxable income from Form 990-T, line 39	•		7b	
		tot din cia	ed business taxable income item to only only income	Pı	rior Year	 _	Current Year
	8 (Contributio	ons and grants (Part VIII, line 1h)			6,777	9,650
ے ا			ervice revenue (Part VIII, line 2g)	 		- 0,7 77	3,030
Revenue		-	income (Part VIII, column (A), lines 3, 4, and 7d)				
۳.			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			25,630	14,073
ŀ			ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			32,407	23,723
\neg			I similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>		3,971	4,036
			aid to or for members (Part IX, column (A), line 4)	<u> </u>		2,071	4,000
,		•	her compensation, employee benefits (Part IX, column (A), lines 5–10)	 			
Expenses			al fundraising fees (Part IX, column (A), line 11e)				
ğ	b 1	Total fundr	aising expenses (Part IX, column (D), line 25)				
ŭ	17 (Other expe	enses (Part IX, column (A), lines 11a-11a-11a-11a-11a-11a-11a-11a-11a-11a	· ·		26,972	24,675
	18	Total expe	nses. Add lines 13–17 (must equal Part X column (A), line 250			30,943	28,711
			ss expenses. Subtract line 18 from the 12			1,464	(4,988)
is si				Beginning	of Curre		End of Year
ets or lances	20	Total asset	s (Part X, line 16)			9,346	3,360
A Ba	21	Total liabilit	ties (Part X, line 26)			4,700	3,700
Net Asset Fund Bala	22	Net assets	or fund balances. Subtract line 21 from life &			4,646	(340)
Pa	rt li	Signatu	s (Part X, line 16) ties (Part X, line 26) or fund balances. Subtract line 21 from line 20 EN, UT re Block	·	-	.,,	
_	er penalti	es of perjury,	I declare that I have examined this return, including accompanying schedules and state Declaration of private (other than officer) is based on all information of which prepare	ements, an	nd to the	best of m	y knowledge and belief, it is
true	, correct,	and complete	Declaration of pregarer (other than officer) is based on all information of which prepare	er has any	knowled	ge	_
		$\overline{}$			19	1-9-	20
Sig	n	Signatu	ire of officer		Date		
Her	e		Sol Maore, Grand Knight				
		Type or	print name and title				
De:	 ~	Print/Type	preparer's name Preparer's signature C	ate		Check 7	7 if PTIN
Pai		ЈОНИ СН	ERVEN Qua Chron	8120		self-emple	
	parer	Ela			Firm's	EIN ►	38-2387310
USE	Only		ress ► PO BOX 825 GRAYLING, MI 49738		Phone		989-348-2554
May	the IRS		his return with the preparer shown above? (see instructions)				✓ Yes No



Form **990** (2019)

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$

DIO

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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule D, Part IV.	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, IX, or X as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
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		<u>✓</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		/
_	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		✓
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	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
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	20		\ <u>\</u>
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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		✓
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		1
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
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? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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? If "Yes," complete Schedule R, Part 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		\
þ	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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		1
Part	V 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
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
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)			17.17
За	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 ▶			15.00
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			12.00
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or			├ ─
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		新線	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100		
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was)		
	required to file Form 8282?	7c		107 : 5 a a a a
d	If "Yes," indicate the number of Forms 8282 filed during the year	No.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		• 1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		••
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	rito Pur	350.03572
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 7455525	STATE SA	W-75-3/1979
9	Sponsoring organizations maintaining donor advised funds.			111
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
, b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9D	HING.	1455 Lord
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	10773	Div	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			ZW.
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2_1260563.	arminist H
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	A HEE		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		322	1989
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓_
	If "Yes," see instructions and file Form 4720, Schedule N.			135
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.		19	

Form 9	90 (2019)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	See in		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
Secti	on A. Governing Body and Management			
	en al la companya de	G'u .> 18885	Yes	No 6 Miles
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	- 7		
	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	7		
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	Make Annu	√
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?			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
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	No. 160	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<i>√</i>	tafilitizarial 35
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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 Reve	nue Co		} _
40-	Did the exercise too have local chapters broughes as offiliated?	10a	Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?	 		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			. 🗸
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	13.00	1100	Mil
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 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		-/ -
14	Did the organization have a written document retention and destruction policy?	14 s. 389	(\vec{2}) (\vec{2})	√ 38 1 84
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?	146074		
а	The organization's CEO, Executive Director, or top management official	15a	Marie Marie	
b	Other officers or key employees of the organization	15b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	3.7E	NEC.	
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	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			
See 4.	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990			01/-
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-1 (Sect	iion 5	υ ι (C)
	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 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 r	ecords I	>	
	JOHN D. CHERVEN, CPA PO BOX 825 GRAYLING, MI 49738 989-348-2554			

_	7
Page	•

Form	ggn	(201	9)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director, or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations r. 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 fleither the organization no	Tally lelate	u org	alliz		_	ompe	1150	Ted any current	Jilicer, director,	or trustee.
					C)					
(A)	(B)	/do n	at at		ition	than c	200	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours	office	officer and a director/trustee)		compensation	compensation ' from related	of other			
	per week (list any	익고	'n	오	6	en H	Former	from the organization	organizations	compensation from the
	hours for	d vi	2	Officer	y e	함	₹	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	cto	ĝ		ฮ	st c	۳	Ţ		related organizations
	organizations below	ੈ ਵੱ	ait		Key employee	Juc				
	dotted line)	Individual trustee or director	Institutional trustee		l o	ens				
]		ee			Highest compensated employee				
(1) JOSEPH MOORE	1	_			-		_			
GRAND KNIGHT	0			✓				o	0	0
(2) KEITH A KLEINERT	1									
TREASURER	0	l		✓				о	0	. 0
(3) MARVIN PEPLINSKI	1									
SECRETARY	0			1				0	0	0
(4)										
(5)				_	_					
(6)										
(7)	-		-		-					<u> </u>
(8)										
(9)						-		<u></u>		
				_						
(10)										
(11)									 _	
400				<u>, </u>						
(12)										
(13)										
(14)						\dashv				
						[

Par	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, ar	ıd F	lighest Compe	nsated E	mplo	yees (d	continue	d
						C)			<u> </u>					
	(A)	(A) (B) Position (do not check more than one				(D)	(E)			(F)				
	Name and title	Average hours	box,	unles	ss pe	person is both		n an	Reportable compensation	Reporta compens			ted amount fother	t
		per week		_	_		or/trus	-	from the	from rela	ated	com	pensation	
		(list any hours for	or dy	nst t	Officer) ě	mg dg	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			om the zation and	
		related	ecto	호	4	쀨	st c	٩	(** 2, 1000 *********************************	(rganization	
		organizations below	Individual trustee or director	<u>ia</u> #		Key employee	mg			,				
		dotted line)	tee	Institutional trustee		"	Highest compensated employee	1	1					
			L	· O			<u>ē</u>							
(15)		ļ												
(4.0)			-	-	-		 -		-		4			_
(16)														
(17)			 											_
3.1.17			['		ĺ		ĺ				ĺ			
(18)											_			
			ļ			<u> </u>								_
(19)														
(00)					_	_	 -		 					_
(20)														
(21)														_
ST.11														
(22)														
														_
(23)														
(0.4)						_		_						_
(24)														
(25)			<u> </u>	-			-							-
37.71														
1b	Subtotal													_
C	Total from continuation sheets to Part	VII, Sectio	n A					>						
d							<u> </u>	_ _				.		_
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received more	e than \$10	00,000	of		
	reportable compensation from the organi	Zation	_										Yes No	_
3	Did the organization list any former of	officer dire	ector	tru	stee	a k	ev e	mol	ovee or highes	t comper	sated	, ,	7 1 1	_
J	employee on line 1a? If "Yes," complete S								· · · ·			3		
4	For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n a	nd other comper	sation fro	m the	· 12	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	4
	organization and related organizations	greater that	an \$1	50,	000	? //	f "Ye	s,"	complete Sched	lule J for	such		تن ــــــــــــــــــــــــــــــــــــ	٠,
	individual		•	•	•		•					4		
5	Did any person listed on line 1a receive of for services rendered to the organization?										vidual	5		نہ
Secti	on B. Independent Contractors	11 163, 6	UITIPI	510	3011	ÇUL	110 0 1	UI 3	acri persori .	· · ·	· · ·] 3]		-
1	Complete this table for your five high	est compe	ensate	ed i	nde	per	ndent	CO	ntractors that re	eceived n	nore f	han \$1	00.000	_ of
	compensation from the organization. Repo													
	(A)								(B)			(C)	-	
	Name and business add	ress 				_			Description of serv	ices		Compensa	ation	_
			_											_
														-
														-
2	Total number of independent contracto	rs (includin	g bu	t no	ot li	mit	ed to	the	ose listed above	e) who	- B- 49		ef vand	,4
	received more than \$100,000 of compensation											- en 4		1
														_

	- V/III-	04-4								
Par	t VIII	Statement of Re Check if Schedule			esnor	nse or note to a	ny line in this Pa	art VIII		
		Oliock ii Soliodalo	3 3 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100 01 11010 10 10	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaig	ıns .		1a					
ra i	Ь	Membership dues			1b	3,124				
6. E	C	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizatio			1d					
S, C	e	Government grants			1e	 				
r Si	f	All other contribution and similar amounts no			1f	6 526				
t but	g	Noncash contribute			 '''	6,526				
d et	•	lines 1a-1f			1g	\$				
2 E	h						9,650			
						Business Code			JURESPRESS	HARDIYKKIR
ice.	2a									
Le Per	b						 	<u> </u>		
m S	C							 	<u> </u>	
gram Ser Revenue	q									
Program Service Revenue	f	All other program so			·					
	g	Total. Add lines 2a-				•				Translation.
	3	Investment income								
		other similar amoun								
	4	Income from investr	nent (of tax-exen	npt bo	ond proceeds ►	<u> </u>	 		
	5	Royalties	<u></u>		<u> </u>	<u>.</u> ▶	NAME OF A PARTY AND A STANCE OF THE STANCE O	THE WAY AND AND STREET	ANNINALU, MARITTA O 1972 AF	MINARAL AND TRANSPORT
		0		(ı) Rea		(ii) Personal				
	6a	Gross rents . Less rental expenses	6a 6b		7,810					
	b	Rental income or (loss)		ļ	7,810					
	ď	Net rental income o					7,810	NE barrantul strait Freshaves Bloom &	WHITE WORK S. PERRINGERS IN S. POTENTINE	7,810
	7a	Gross amount from	,	(ı) Securi	ties	(II) Other		BED WHEN	ALEXANDER A	
	"	sales of assets								
		other than inventory	7a							
ine	b	Less. cost or other basis	 			į				
Ven	_	and sales expenses .	7b 7c	<u> </u>	_					
er Revenue	d	Gain or (loss) Net gain or (loss)	10	<u> </u>		l		See British 40 to a fine 42 C. See A. A.	.8463245324767874848877539866cc	HEART MALESTANDA STA
	8a	Gross income from	m fu	ndraising	· ·	·				Stratical Par
ᅙ	""	events (not including		na ao ng						
		of contributions rep	oorte							
		1c). See Part IV, line			8a	5,974				
	b	Less: direct expense			8b	<u> </u>				
	C	Net income or (loss)			g eve	nts ▶	5,974		- Transmit i makerit	5,974
	9a	Gross income f activities. See Part I			9a					
	ь	Less direct expense			9b					
	c	Net income or (loss)				es >	THE RESIDENCE OF THE PARTY OF T	1000 000 000 000 000 000 000 000 000 00		Street and before a section of
	10a	Gross sales of in	vento	ory, less						
		returns and allowan-			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento	· · · · · · · · · · · · · · · · · · ·	el en arreche sociation - vacantalia	MARK BANKSTHERIG, S ARRIGHME	Secretaria de la composición del la composición del composición de la composición del composición del composición de la composición del composición del composición del composición del composición dela composición del composición del composición del composición del	CONTRACTOR AND THE STREET
Sno	44					Business Code	WANTED TOTAL			
nec	11a b		•					<u> </u>		
scellaned Revenue	ט				,					
Miscellaneous Revenue	d	All other revenue	· · ·				289			289
Σ	e	Total. Add lines 11a	<u>-1</u> 1d	<u>. </u>			289	Achier Res		1866 BE 1721
	12	Total revenue, See					23 723			14 073

Part IX	Statement of	Functional	Expenses
---------	--------------	-------------------	----------

	Statement of Functional Expenses			_ 	
Section	on 501(c)(3) and 501(c)(4) organizations must com				umn (A).
	Check if Schedule O contains a respons				<u> </u>
	ot 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 .		,		
	Grants and other assistance to domestic individuals. See Part IV, line 22	4,036	4,036		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
· 6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	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		ĺ.	•	
b	Legal				
C	Accounting	125		125	
d	Lobbying				
\ e	Professional fundraising services. See Part IV, line 17	<u> </u>			
f	Investment management fees			2-23 Leave 1350, 12-30, updr. 136, 136, 86-4-11-26	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	250		250	,
12	Advertising and promotion	99		99	
13	Office expenses				
14	Information technology				
15	Royalties				
16 -	Occupancy	21,538		21,538	
17 .	Travel	21,000		21,030	•
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings .		<u> </u>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			-	
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	FED AND STATE PER CAPITA	1,226		1,226	
b	SUPPLIES	948		948	
С	POSTAGE & OFFICE EXPENSE	. 425		425	
d	SALES TAX	64		64	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	28,711	4,036	24,675	
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)			-	•
	following SOR 08-2 (ASC 058-720)	1 1		i l	

Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year Cash-non-interest-bearing 1 7.049 1,063 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . . . 3 4 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 . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . ٠6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a Less. accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 12 investments-other securities. See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11. 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 9,346 3,360 17 Accounts payable and accrued expenses 2,700 17 18 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 2.000 1,000 26 Total liabilities. Add lines 17 through 25 . . . 4.700 3,700 Organizations that follow FASB ASC 958, check here ▶ ☑ Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . (340)28 Fund Organizations that do not follow FASB ASC 958, check here ▶ □

and complete lines 29 through 33.

Total liabilities and net assets/fund balances .

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 . . .

þ 29

Assets 30

31

32

33

29

30

31

32 4,646

33

9.346

Form 9	90 (2019)			Pi	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			23,723
2	Total expenses (must equal Part IX, column (A), line 25)	2			28,711
3	Revenue less expenses. Subtract line 2 from line 1	3			4,988)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			4,646
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			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ľ			
	32, column (B))	10			(340)
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
			r	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," e	xplaın	in ដូច្នេះ		
	Schedule O.		441		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	A 0x	√
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled (or 🗐		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				iera
b	, , , , , , , , , , , , , , , , , , , ,		2b	5 T Aug 1	√
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	a a		
	separate basis, consolidated basis, or both		255		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ar i	Mar.	e di
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		8/200 aky (
•	If the organization changed either its oversight process or selection process during the tax year, ex	oplain o			
	Schedule O.		all	Marie 1	TE S
3a		th in th		, '	
	Single Audit Act and OMB Circular A-133?		_3a	<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			2,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		
			For	n 990	(2019)

SCHEDULE D (Form 990)

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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

	The Organization		54.0405740
Pai	TS OF COLUMBUS COUNCIL #6593 Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	51-0135719
rai	Complete if the organization answered		us of Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) I tilids and other accounts
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
9	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		
			🗌 Yes 🗌 No
Par			
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, 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	eld a qualified conservation contributio	n in the form of a conservation
	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 easement	s	2b
С	Number of conservation easements on a certified h		. <u>2</u> c
d	Number of conservation easements included in	• • •	l l
	3		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►	t	
4	Number of states where property subject to conser		
5	Does the organization have a written policy required violations, and enforcement of the conservation ea		Yes . No
6	Staff and volunteer hours devoted to monitoring, inspen		
U	Stan and voidificer hours devoted to monitoring, inspec	build, harding of violations, and emoroning	g conservation casements during the year
7	Amount of expenses incurred in monitoring, inspectir	ng handling of violations, and enforcing	conservation easements during the year
•	S	ig, mandaling of violations, and officioning	consorvation sassins the dailing 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 o		
	organization's accounting for conservation easeme	ints	
Part			Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	BB ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describ	es these items
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held	•	search in furtherance of public service,
	provide the following amounts relating to these item	ns:	
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · ▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,		assets for financial gain, provide the
	following amounts required to be reported under FA		.
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		· \$
D	ASSEIS IOCUORO IO FORD 990 PAU A		- *

Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures	s, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	ck any of th	ne follov	ving that make	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progr	am	
þ	☐ Scholarly research		е	☐ Other	r 			
C	☐ Preservation for future generations	3						
4	Provide a description of the organiza XIII.	tion's collections a	and expl	ain how t	hey further	r the org	janization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe							
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, I	Part IV, lın	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							not
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:			
								Amount
C	Beginning balance					10		
d	Additions during the year					10		
е	Distributions during the year					1e		
f	Ending balance					<u>1f</u>		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P Endowment Funds.	art Alli Check here	e II the e	хріапацо	n nas been	provide	d on Part Alli .	<u> </u>
Par	Complete if the organization	answered "Ves"	' on For	m 990 I	Part IV In	10 م		
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	ck (e) Four years back
1a	Beginning of year balance	(a) Current year	(5) 1 11	or your	(0) 1 110 year	ar buon	(a) moo years out	(e) i oui yeuro buon
b	Contributions				 -		- -	
	Net investment earnings, gains, and		_		 	-		
С	losses		_					
d	Grants or scholarships							
е	Other expenditures for facilities and programs				-		- -	
f	Administrative expenses							
g	End of year balance						•	
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a	a)) held a	as.	
а	Board designated or quasi-endowme			_				
b	Permanent endowment >	%	-					
С	Term endowment ▶ %							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.					
3а	Are there endowment funds not in th organization by.	e possession of th	e organı	zation tha	at are held	and ad	ministered for t	he Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses							
Part								
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oth (investme			or other basis ther)		Accumulated preciation	(d) Book value
1a	Land							
b	Buildings							
С	Leasehold improvements							
ď	Equipment							
е	Other		2,297					2,297
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99			(B), line 10	Oc.)		2,297

(a) Description of security or catalogon (producing many amon of security) (b) Book value (c) Method of valuation (Cest or end-of-year market value	Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on Fori	m 990. Part IV. line	e 11b. See Form	990. Part X line 12
		(a) Description of security or category		(c) Meti	nod of valuation
	(1) Financial	derivatives			
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			···		
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
Co	(A)				
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organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990,		Return.
			T-2-1
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Net unrealized gains (losses) on investments	2a	⊣.
þ	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	- ` .
d	Other (Describe in Part XIII.)	2d	
е	· · · · · · · · · · · · · · · · · · ·	• • • •	2e
3			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		[** a.]
а	Investment expenses not included on Form 990, Part VIII, line 7b		4.54
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	The state of the s		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	<u> </u>
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	」 `
b	Other (Describe in Part XIII.)	4b	<u></u>
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional ir	nformation
			
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Schedule D (Fo	Chedule D (Form 990) 2019 Page 5					
Part XIII	Supplemental Information (continued)					
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

		l
Attach to rorm 990.	▶ Go to www.irs.gov/Form990 for the latest information.	

OMB No. 1545-0047

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Schedule 1 (Form 990) (2019) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization 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. **% №** (h) Purpose of grant or assistance **Employer identification number** 51-0135719 □Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . noncash assistance (g) Description of • (f) Method of valuation (book, FMV, appraisal, other) . . Cat. No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. (if applicable) General Information on Grants and Assistance (b) EIN KNIGHTS OF COLUMBUS COUNCIL #6593 1 (a) Name and address of organization or government Name of the organization Part II Part I (2) ල 9 E 5 E (12) ₹ 8 ම

Schedule I (Form 990) (2019)

Part III

(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 4,036 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS & GRANTS က ß 9 8 4

Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public

Inspection

Name of the organization Employer identification number 51-0135719 **KNIGHTS OF COLUMBUS COUNCIL #6593** FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PROVIDE ASSISTANCE TO AREA STUDENTS THROUGH SCHOLARSHIPS AND TO AREA CITIZENS & CHARITIES. FORM 990, PART VI, LINE 11B - ORGANIZATIONS'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS RECONCILIATION ADJUSTMENT \$2