Form **990**, **EZ** 

EXTENDED TO NOVEMBER 15, 2021 Short Form

## **Return of Organization Exempt From Income Tax**

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

2020

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Intern	al Reve	enue Service	Go to www.irs.gov/Forma9022 to	insudctions and the latest	iiiioi iiialio	" WI	inspection			
			ar year, or tax year beginning	and endin	<del></del>					
BC	heck if	le C N	Name of organization	) Employer i	Employer identification number					
	7	ess change								
	٦.	- 1	HE NAVIGATOR HOME INC.	•		35-0446320				
	٦ .	return Nu	THE NAVIGATOR HOME INC.  mber and street (or P.O. box if mail is not delivered to stre	et address) R	oom/suite E	E Telephone number				
$\vdash$	Final	return/	812-	254-0601						
F	ח	nded return City	Group Exe							
F	_			lumber ▶ 0188						
G A		nting Method:	ASHINGTON, IN 47501  x Cash Accrual Other (specify) ►		1		x if the organization is			
		te: N/A	<del></del>	·· ·· —		-	d to attach Schedule B			
			check only one) — 501(c)(3) x 501(c) (8)	<b>◄</b> (insert no.)	527		, 990-EZ, or 990-PF).			
			X Corporation Trust Associa			<u> </u>				
			7b to line 9 to determine gross receipts. If gross receipts		ssets (Part II.					
			0,000 or more, file Form 990 instead of Form 990-EZ	a.o	, 4, 1, 1,	<b>`</b> ▶ \$	43.900.			
	ırt I	Revenu	ie, Expenses, and Changes in Net Asse	ets or Fund Balances (se	e the instruc					
		_	e organization used Schedule O to respond to any question				×			
	1		s, gifts, grants, and similar amounts received			1				
	2		vice revenue including government fees and contracts			2				
	3	-	dues and assessments			3				
	4	Investment in		SEE SCHEDU	T.E O	4	43,900.			
	F.		nt from sale of assets other than inventory	5a 5a	MI ()	,	<u> </u>			
	Ja L		other basis and sales expenses	5b						
	ן נ		) from sale of assets other than inventory (subtract line 5b	\		5c				
	ن ا		fundraising events:	nom inc say		"				
	6	•	e from gaming (attach Schedule G if greater than							
7 Revenue	a		e nom gaming (attach schedule o'n greater than	6a						
ě.		\$15,000)	o from fundraicing events (not including \$	of contributions						
æ	b		e from fundraising events (not including \$ sing events reported on line 1) (attach Schedule G if the su							
ئ د /				6b						
0		•	e and contributions exceeds \$15,000)							
	C		expenses from gaming and fundraising events							
¥Ψ	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  Gross sales of inventory, less returns and allowances								
3	I .	Less: cost of								
$\Box$	b		goods sold or (loss) from sales of inventory (subtract line 7b from line	RECEIVE	S	7c				
岁	C		e (describe in Schedule 0)	8						
CANNED	8		ue (describe in Schedule 0) ue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		121 OSE	9	43,900.			
	10		imilar amounts paid (list in Schedule 0)			10	40,000.			
$\widetilde{\mathbf{v}}$	11		to or for members	SEEGHERU	TUBE O	1 11	40,000			
Expenses	12	-	er compensation, and employee benefits			12	<del></del>			
	ı					13				
	13		fees and other payments to independent contractors			14				
	14		ent, utilities, and maintenance	15						
	15		lications, postage, and shipping	CEE COVEDI	T IP ()	16	8,764.			
	16	•	es (describe in Schedule 0)	SEE SCHEDU	TF O	. —	48,764.			
	17		ses. Add lines 10 through 16	··· ·-		17 18				
sts	18		eficit) for the year (subtract line 17 from line 9)	<b>(A)</b>		10	<4,864.			
SSE	19		fund balances at beginning of year (from line 27, column	(n))		19	220 072			
Net Assets	00		with end-of-year figure reported on prior year's return)				228,872.			
ž	20	-	es in net assets or fund balances (explain in Schedule 0) fund balances at end of year. Combine lines 18 through 2	n		<u>20</u> ≥ 21	224.008.			
	21	INCLASSELS OF	nunu vaianues at enu ur year. Gunnune illies no tillough 2	.u		P   41	444,000.			

9

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

Form **990-EZ** (2020)

	m 990-EZ (2020) THE NAVIGATOR HOME INC.			3	35-0	04463	20	Page 2
Pa	Part II Balance Sheets (see the instructions for Part II	•						
	Check if the organization used Schedule O to re	espond to any que						<u> </u>
			(A) Beginning of	year	↓	(B) E	end of yea	<u>r</u>
22	2 Cash, savings, and investments		6,2	72.	22			408.
23	3 Land and buildings	ļ	202,6	00.	23		202,	600.
24	4 Other assets (describe in Schedule O) SEE SCHEDULE	0	20,0	00.	24		20,	000.
25	5 Total assets		228,8	72.	25		224.	008.
26	Total liabilities (describe in Schedule O)			0.	26			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21	) [	228.8	72.	27		224.	008.
Pa	art III Statement of Program Service Accomplishm	ents (see the instr	ructions for Parl	t III)		Ex	xpenses	
	Check if the organization used Schedule O to re	espond to any que	estion in this Pa	rt III[		(Required		
Wha	nat is the organization's primary exempt purpose? KNIGHTS OF CO				$\neg \neg$	501(c)(3) organizati		
	scribe the organization's program service accomplishments for each of its three largest progra					others.)	ons, optic	1101
	nner, describe the services provided, the number of persons benefited, and other relevant info			10,30		•		
28	PROVIDES HOUSING FOR KNIGHTS OF CO	LUMBUS #630						
	THE ORGANIZATION UNITES ITS MEMBER							
			MDS OF					
	FRATERNITY, BENEVOLENCE, AND CHARI				<b>-</b> ∖,	28a		
	(Grants \$ ) If this amount includes foreign	grants, check here				204		
29			<del></del>			1		
	(Grants \$ ) If this amount includes foreign	grants, check here			2	29a		
30					]	}		
						ĺ		
	(Grants \$ ) If this amount includes foreign	aranta abaak bara		<b>.</b>				
0.4		r grants, check here				30a		
31	<del></del>	r grants, check here		<u> </u>	3	sua		
	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign			<u> </u>		30a 31a		_
	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign			<b>▶</b> [				
<u>32</u>	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)	grants, check here	n one even if not compensa	▶ [	3	31a 32	or Part IV)	
<u>32</u>	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	grants, check here			3	31a 32	or Part IV)	
<u>32</u>	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)	grants, check here  Employees (list each	estion in this Pa	rt IV	ee the in	31a 32 Instructions f		mated
<u>32</u>	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re	grants, check here	s (c) Reportable compensation (Fo	rt IV	ee the in	31a 32 structions f	(e) Est	
<u>32</u>	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employees (list each espond to any que	estion in this Pa s (c) Reportable	rt IV	ee the in contrib employ plans, ar	31a 32 Instructions for the benefits, buttons to ee benefit and deferred	(e) Est	of other
32 Pa	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title	Employees (list each espond to any que (b) Average hours per week devoted t	compensation (Fo W-2/1099-MIS	rt IV	ee the in contrib employ plans, ar	31a 32 th benefits, outlons to ee benefit	(e) Est amount	of other
Pa Pa	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV	ee the in contrib employ plans, ar	31a 32 Instructions for the benefits, buttons to ee benefit and deferred	(e) Est amount	of other nsation
Pa Pa RA	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT	Employees (list each espond to any que (b) Average hours per week devoted t	compensation (Fo W-2/1099-MIS	rt IV	ee the in contrib employ plans, ar	31a 32 Instructions for the benefits, buttons to ee benefit and deferred	(e) Est amount	of other
Pa Pa RA PR JO	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e ( c) -0-) F	ee the in contrib employ plans, ar	structions for the benefits, suttons to see benefit and deferred ensation	(e) Est amount	of other isation
Pa Pa RA PR JC SE	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV	ee the in contrib employ plans, ar	31a 32 Instructions for the benefits, buttons to ee benefit and deferred	(e) Est amount	of other nsation
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e ( c) -0-) F	ee the in contrib employ plans, ar	structions for the benefits, suttons to see benefit and deferred ensation	(e) Est amount	of other isation
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	th benefits, butions to see benefit and deferred ensation	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	structions f th benefits, outlons to ee benefit and deferred ensation  O .	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	structions f th benefits, outlons to ee benefit and deferred ensation  O .	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	structions f th benefits, outlons to ee benefit and deferred ensation  O .	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	structions f th benefits, outlons to ee benefit and deferred ensation  O .	(e) Est amount	of other isation  O.
Pa Pa RA PR JC SE BR	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign  Total program service expenses (add lines 28a through 31a)  art IV   List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule O to re  (a) Name and title  ANDAL L. EMMONS  RESIDENT  OHN CASPER  ECRETARY  RYAN NEUKAM	Employees (list each espond to any que (b) Average hours per week devoted to position	compensation (Fo W-2/1099-MIS	rt IV e (prims C) -0-) F	ee the in contrib employ plans, ar	structions f th benefits, outlons to ee benefit and deferred ensation  O .	(e) Est amount	of other isation  O.

0

Page 3

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [x]Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 activity in Schedule O X Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b N/c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 b Did the organization file Form 1120-POL for this year? 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b if "Yes," complete Schedule L, Part II, and enter the total amount involved N/A39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: \_\_\_\_\_\_\_\_; section 4912 ▶ section 4911 ► \_\_\_\_ ; section 4955 🕨 \_\_ N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b N/Ac Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed N/A e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed \( \sum\_{IN} \) Telephone no.  $\triangleright$  812-254-0938 42a The organization's books are in care of **KEMPER CPA GROUP LLP** ZIP+4 ► 47501 Located at ▶ 414 SOUTH STATE RD 57, WASHINGTON, b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

THE NAVIGATOR HOME INC

orm 990-EZ (2	2020)	THE N										0446			age 4
-		engage, dire	ctly or indire	-		paign activit	ies on behalf of	or in opposition	on to can	didates for p	oublic of	fice?		Yes	No
		nedule C, Pa 501(c)(3	) Organi	zations	Only					<del></del>			46	J	<u> </u>
			-		•	uestions 4	7-49b and 52,	and complet	te the ta	bles for lin	es 50 a	nd 51.			
	Check if th	ne organiza	tion used S	Schedule (	O to res	pond to an	y question in	this Part VI						N	
Did the or	rnanization (	iol ni ensone	hhvinn activi	ties or have	e a sectio	n 501(h) ele	ction in effect d	uring the tax v	ear? If "\	'es " comple	te Schil	Part II	47	Yes	NO
							complete Sche		ou	00, 00р.0	10 0011.	,, r u.r. ii	48		
a Did the or						ible related o	rganization?						49a		
b If "Yes," w Complete		•		•		nd amployed	s (other than o	ficare director	e trueto	ne and kov	amalaya	] oolwboo	49b	CONTO	
			from the orga				:	ncers, un color	3, 11 4316	cs, and key	cilipioye	cs) wild c	aciiic	CEIVEU	11016
			title of each e				(b) Aver	age hours		Reportable		alth benefits butions to	"	) Estim	
				/-			1 '	devoted to		1099-MISC)	emplo plans, a	yee benefit and deferre	. 1	ount of mpens:	
		<u> </u>		N/A		· · ·	<del></del>	<del></del> -	<del>  -</del> -		com	pensation	+		
					<del></del>		†								
				<del></del>	<del></del>		-				<del> </del>		+		
		<u>_</u>		<del></del>			-								
					<del></del>		<u> </u>		1	<del></del> -	_		+-		
Complete organizati	this table fo ion. If there	or the organi is none, ente	er "None."	highest cor			ent contractors				0,000 of				
Complete organizati	this table fo ion. If there	or the organi is none, ente	zation's five	highest cor			ent contractors		Ived moi		),000 of			rom the	
Complete organizati	this table fo ion. If there	or the organi is none, ente	zation's five er "None."	highest cor			ent contractors				),000 of				
Complete organizati	this table fo ion. If there	or the organi is none, ente	zation's five er "None."	highest cor			ent contractors				0,000 of				
Complete organizati	this table fo ion. If there	or the organi is none, ente	zation's five er "None."	highest cor			ent contractors				0,000 of				
Complete organizati	this table fo ion. If there	or the organi is none, ente	zation's five er "None."	highest cor			ent contractors				0,000 of				
Complete organizati (a) N	this table for	or the organi is none, enter siness addre	zation's five er "None." ess of each ii	highest cor N/A ndependen	elving over	er \$100,000	ent contractors	(b)			0,000 of		Compe	ensation	
Complete organizati (a) N	this table for	or the organi is none, enter siness addre	zation's five er "None." ess of each ii	ndependen  s each rece te: All sect	eiving over	er \$100,000 (c)(3) organi		(b)	Type of	service		(c) (	Ye	ensation	No
Complete organizati  (a) N  1 Total num Did the or completed der penalties	this table for	or the organi is none, enter siness addressiness addressi	zation's five er "None." ess of each ii nt contractor hedule A? No	ndependen  s each rece te: All sect	eiving over	er \$100,000 c)(3) organi	zations must at	ach a	Type of	service	est of my	(c) (	Yege and	ensation	No
Total num Did the or completed der penalties e, correct, an	this table for ton. If there is ame and but the table for the is a second secon	r independer complete Sci A l declare tha	zation's five er "None." ess of each ii nt contractor hedule A? No	ndependen  s each rece te: All sect	eiving over	er \$100,000 c)(3) organi	zations must at	ach a	Type of	service	est of my	(c) (	Yege and	ensation	No
Total num Did the or complete der penalties e, correct, an	this table for the tame and but the table for the tame and but the table for the table	r independer complete Sci A l declare tha	nt contractor hedule A? No at I have exan of preparer	ndependen  s each rece te: All sect	eiving overtion 501(	er \$100,000 c)(3) organi	zations must at	ach a	Type of	service	est of my	(c) (	Yege and	ensation	No
Complete organizati  (a) N  1 Total num Did the or completed der penalties	this table for the tame and but the table for the tame and but the table for the table	r independer complete Scl	nt contractor hedule A? Not at I have exam n of preparer	s each recepte: All sections of the context of the	eiving overtion 501( return, inch officer)	er \$100,000 c)(3) organi	zations must at	ach a	Type of	service	est of my	(c) (	Yege and	ensation	No
1 Total num Did the or complete der penalties e, correct, an	this table for the tame and but the table for the tame and but the table for the table	r independer complete Sci A l declare tha Declaration	nt contractor hedule A? No at I have exam of preparer	s each recepte: All sections of the than	eiving over tion 501( return, inch officer)	er \$100,000 c)(3) organi cluding acco	zations must at	ach a dules and stat of which prepa	Type of	service  and to the biny knowled	est of my	(c) (d)	Yege and	ensation	No
Total num Did the or completed der penalties e, correct, an gn ere	this table for the table for t	r independer complete Sci A i declare that Declaration to name and to preparer's preparer's in NY R.	nt contractor hedule A? No at I have exam n of preparer lename	s each recepte: All sections of the than	eiving over tion 501( return, inch officer)	er \$100,000 c)(3) organi cluding acco is based on	zations must at	ach a dules and stat of which prepa	Type of	and to the biny knowled	est of myge.  Date	(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yege and	ensation	
Total num Did the or completed der penalties e, correct, an gn ere	this table for the tame and but the table for the tame and but the table for the table	r independer complete Sci A i declare that Declaration it name and tit preparer's interest of the prep	nt contractor hedule A? No at I have exam of preparer lename  SHOWA	s each recepte: All sections of the content of the	eiving over tion 501( return, inn n officer) URER Preparer ANTHOWN	er \$100,000 c)(3) organi cluding acco is based on	zations must at	ach a dules and state of which prepa	Type of	and to the biny knowled.  Check self- emplo	est of myge.  Date  Date  N > 3	(c) (d)	Yege and	ensation d belief,	No nt is
Total num Did the or completed der penalties e, correct, an gn	this table for the tame and but the table for the tame and but the table for the table	r independer complete Scladideclare that Declaration in ame and tite preparer's large property in the preparer's large property in the preparer's large prepare	nt contractor hedule A? No at I have exam n of preparer lename	s each recepte: All sections of the content of the	eiving over tion 501( return, inc n officer)  URER  Preparer  ANTHOMAROUP  1	er \$100,000 c)(3) organi cluding acco is based on	zations must at	ach a dules and state of which prepa	Type of	and to the biny knowled	est of myge.  Date  Date  N > 3	(c) (d) (d)	Yege and	ensation d belief,	No nt is

## **SCHEDULE 0**

032211 11-20-20

(Form 990 cr/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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE NAVIGATOR HOME INC.

Employer identification number 35-0446320

THE NAVIGATOR HOME INC.	1440320
FORM 990-EZ, PART I, LINE 4, RENTAL INCOME:	
KIND AND LOCATION OF PROPERTY:	AMOUNT:
COMMERICAL BUILDING- 319 EAST MAIN, WASHINGTON	
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:	
ACTIVITY CLASSIFICATION: COMMUNITY SUPPORT	
GRANTEE NAME: KNIGHTS OF COLUMBUS COUNCIL #630	
GRANTEE ADDRESS: 319 EAST MAIN STREET WASHINGTON, IN 47501	
GRANTEE RELATIONSHIP: COMMON MEMBERSHIP	
DATE OF GIFT: 12/31/20	
AMOUNT GIVEN:	40,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	8,139.
PROF FEES	625.
TOTAL TO FORM 990-EZ, LINE 16	8,764.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
DESCRIPTION BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS 20,000.	20,000.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CON	TRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, D	IRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (For	rm 990 or 990-EZ) 2020

Name of the Arganization  THE NAVIGATOR HOME INC.	Employer identification number 35-0446320
THE NAVIGATOR HOME INC.  THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	
	OMS, DIRECTHI,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	<del></del>
	····
-	
	<u> </u>
<del></del>	
,	