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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

ΑI	For th	ie 2009 calend	ar year,	, or tax y	/ear beginn	ing			, 2009, an	d ending	_			, 20	
В	Check i	f applicable	plicable Please C Name of organization D Empl							oyer id	entifi	ication number			
П	Addres	s change	use IRS St. Theresa of the Child Jesus Knights of Columbus Council 8058						72-0951746						
\Box	Name o	change	label or print or			or P O box, if mail				loom/suite	E Telep	elephone number			
	Initial re	etum	type	<u> </u>	•							•			
	Termin	ated	See 645 Lori Lane							-	337-583-7709				
	Amend	led return	Instruc-	0.1, 0.1			+ 4				1	roup Exemption			
Ц	Applica	ation pending	tions	Sulphu	ır, LA 7066	5				,	1	ber 1			
	• Se	ection 501(c)(3)	organiz	zations a	and 4947(a)	(1) nonexempt	charitab	ole trusts mus	t attach	G Accou	unting Me	ethod.	✓	Cash	
			a coi	mpleted	Schedule A	A (Form 990 or	990- <i>EZ</i>).	•		Other	(specify)	•			
										H Chec	< ▶ 🗸	f the c	orgar	nization is not	
١ ١	Nehs	site: ▶										ttach Schedule B (Form 990,			
I Website: ► required to a J Tax-exempt status (check only one) — ✓ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 99														,	
	Check					on 509(a)(3) supp							ore ti		
			-			but if the organ	_	_	_					iaπ ψευ,υυυ. Α	
												CIC IC	·		
_						s receipts, if \$500 anges in Net						tion:	s fo	r Part I \	
Ļ	art I										instruc		3 101		
	1					nılar amounts r						1		61,758	
	2	Program s	ervice i	revenue	including	government fe	es and	contracts				2		0	
	3	Membersh	np dues	s and as	ssessment	s						_3		3,110	
	4	Investmen	t incom	ne .								4		0	
	5	a Gross amo	ount fro	m sale	of assets of	other than inve	ntory		5a		0				
	1	b Less: cost	or othe	er basis	and sales	expenses			5b		0	*			
	Ι.					ther than inven			o from line	e 5a)		5c		0	
ne	6					cable parts of Sche									
Revenue	, ا									•	_	ž.			
e	'		Gross revenue (not including \$61,758 of contributions reported on line 1)							133 232					
Œ	1 -	•													
			Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						103,123			24,109			
	1 _										6c		24,103		
	7			-		ns and allowar									
			st of goods sold							0	7c				
	•	Gross prof	fit or (lo	ıss) fron	n sales of ı	ales of inventory (Subtract line 7b from line 7a)								0	
	8	Other reve	Other revenue (describe ►))	8		0		
	9	Total reve	nue. A	dd lines	s 1, 2, 3 <mark>, 4</mark> ,	5c, 6c, 7c, an	d8 .	<u> </u>		. <u></u>	. ▶	9		88,977	
	10	Grants and	d sımıla	r amou	nts paid (a	ttach schedule	e)	L				10		0	
	11	Benefits pa	Benefits paid to or for members							J	11		0		
S	12	•	Salaries, other compensation, and employee benefits]	12		0		
Se	13		Professional fees and other payments to independent contractors							H	13		0		
Expenses	14		Occupancy, rent, utilities, and maintenance								1	14		79,993	
Ä	15		ing publications postage and shipping								15		0		
	16	•		s (describe ► Donations given out s. Add lines 10 through 16							16		5,161		
	17	Total expe		Add In	on 10 throu	ich 16		l OGI	JEN.	117	<u>†</u> ,	17		85,154	
—	+	Fyeers or	/doficit	\ for the	CS TO LITTOL	tract line 17 fro		<u></u>		20. I	, -	18		3,823	
Net Assets	18										· ·	10	-	3,023	
SS	19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with										20.000		
Ž		end-of-year figure reported on prior year's return)								19		39,822			
ē	20		Other changes in net assets or fund balances (attach explanation)							•	20		5,980		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶								. ▶	21	Ļ	49,625		
Ŀ	art) instead of Form 990-EZ.						
		(See the instructions for Part II.) (A) Begins						_	_	<u> </u>	(B) End of year				
2	2 (5,743		50,625		
2	3	and and buildings						8,000		578,000					
2	4 (Other assets (describ	oe ► N	None))			24	0	
2											61	8,822	25	628,625	
20								38	5,220	26	375,717				
	Net assets or fund balances (line 27 of column (B) must agree with line 21)							3	9.822	27	49.625				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Cat No 10642I

Form 9	990-EZ (2009)					Page Z	
Par						Expenses	
What		Support of the Church, it's p				ired for section	
Desc	501(c)(3) and 501(c)(4)						
manı	organizations and section 4947(a)(1) trusts, optiona						
	ner, describe the services provided, the number of program title.	·			for ot		
28	·		<u>.</u>		 	- 	
28							
	•••••						
					00-	NI/A	
	(Grants \$) If this amount	includes foreign grants, chi	eck nere	▶ 📙	28a	N/A	
29							
		29a					
	(Grants \$) If this amount) If this amount includes foreign grants, check here				N/A	
30							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🔲	30a	N/A	
31	Other program services (attach schedule)						
	(Grants \$) If this amount	31a	N/A				
32	Total program service expenses (add lines 28a t	through 31a)		▶	32	N/A	
	List of Officers, Directors, Trustees, and Key					tions for Part IV)	
	Elat of Officera, Photolog, Tractoco, and Italy	(b) Title and average	(c) Compensation	(d) Contribution	ons to	(e) Expense	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefi deferred compe		account and other allowances	
1	In La Diana	devoted to position	enter -o,	deletted compe	J. ISQUIGH	Other unovarious	
	Ion LeBlanc	Grand Knight	o		0	0	
	Tara Dr., Sulphur, LA 70665			-			
	Stetz	Deputy Grand Knight					
	Primrose Dr., Sulphur, LA 70665		0		0	0	
	ace Drounette	Chancellor	_		_	_	
5254	1st St. Sulphur, LA 70665		0		0	0	
Davi	d K. Ellender	Recorder				0	
1105	Majestic Pines Rd., Sulphur, LA 70663	The control of the co	0		0		
Dou	glas Como	Financial Secretay					
3737	Mars St., Sulphur, LA 70665	Financial Secretay	0		0	0	
Calb	ert Leger						
1244	Henning Dr., Sulphur, LA 70663	Treasurer	0	}	0	0	
	est Granger						
6236	Augie Lyons Rd , Sulphur, LA 70665	Warden	0		0	0	
	ert Verret	-					
	Goodrich Rd., Sulphur, LA 70665	Advocate	0		0	0	
	ene Williams						
	Gay Dr., Sulphur, LA 70665	3 Year Trustee	o		0	٥	
	ille Sonnler						
	Thompson Rd., Sulphur, LA 70665	2 Year Trustee	o		0	0	
						-	
	ert Coco, Sr.	1 Year Trustee			0	o	
7011	Enos Abshire Rd., Sulphur, LA 70665		0		- 0	•	
		<u></u>					
						-	
		-1					
			<u> </u>				
		-		1			

Form 99	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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 period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part il and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9	ł		
b 40-	Gross receipts, included on line 9, for public use of club facilities	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		\@	
b	section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	70 O 45500	~.	
	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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	i	*	
е	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. ► None			
42a	The organization's books are in care of ▶ Calbert Leger Telephone no. ▶	37-52	7-540	5
	Located at ► 1244 Henning Dr., Sulphur, LA ZIP + 4 ►	700	663	
b	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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u> </u>	<u> </u>
43	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	•	•	▶ □
				
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
AF	Form 990-EZ	44		├
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	AE		- <u>-</u> -
		45	\	(2000)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	17(a)(1) nonexempt ch	nexempt charita aritable trusts mu	ble trusts only. A st answer question	ll sec ns 46	tion i–49t	,				
	Did the organization engage in direct or indirect					Yes	No				
	candidates for public office? If "Yes," complete Schedule C, Part I										
	Did the organization engage in lobbying activities				47 48		-/ -				
	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E id the organization make any transfers to an exempt non-charitable related organization?										
	If "Yes," was the related organization a section 5				49a 49b						
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated em	ployees (other than	officers, directors, t	ruste		d key				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation			nd				
None											
					_						
	Complete this table for the organization's five l \$100,000 of compensation from the organizatio	n. If there is none, enter		ctors who each rece	eived	more	than				
	(a) Name and address of each independent contractor	paid more than \$100,000	(ь) Т	ype of service	(c) Con	npensa	tion				
NO ING	ependent Contractors										
d	Total number of other independent contractors e		0,000	0							
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accom of preparer (other than officer)	panying schedules and s is based on all information	tatements, and to the bes	t of my any kno	knowle wledge	 ∍dge ∍				
Sign Here	Signature of officer Trustee Type or print hame and title										
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nun	nber (See	- instruc	tions)				
Use On	Firm S harrie (or			Phone no							
May the	e IRS discuss this return with the preparer show	above? See instruction		▶ [Yes		Vo_				
	- "			Fo	rm 99 0)-EZ	(2009)				

Sine 20 equity gainedon Sines 22 Muss 27. Only Copies of 2008 form were stolen from present Grand Knight's truck while on business in Houston -Inflorer