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Form

990-EZDepartment 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****A** For the 2009 calendar year, or tax year beginning JULY 1, 2009, and ending JUNE 30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions.**C** Name of organization KNIGHTS OF COLUMBUS6357 FR PETER BOARDING COUNCIL

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 464

Room/suite

City or town, state or country, and ZIP + 4

BELLE CHASSE, LA 70037**D** Employer identification number23-7281877**E** Telephone number(504) 329-9081**F** Group ExemptionNumber ▶ 0188▶ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|------------|---|--|-------|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 20204 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | 4818 |
| | 4 | Investment income | 4 | 1803 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ <u>20204</u> of contributions reported on line 1) | 6a | 42628 |
| | b | Less: direct expenses other than fundraising expenses | 6b | 19594 |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 23034 | |
| 7a | Gross sales or (loss) from inventory less returns and allowances | 7a | | |
| b | Less: cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe <u>SEE SCHEDULE 1</u>) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 49859 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | 9239 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 14575 |
| | 15 | Printing, publications, postage, and shipping | 15 | 6186 |
| | 16 | Other expenses (describe <u>SEE SCHEDULE 1</u>) | 16 | 3491 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 33491 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 16368 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 93079 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | 1200 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 110647 |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | | |
|----|--|-----------------|--------|
| | (A) Beginning of year | (B) End of year | |
| 22 | Cash, savings, and investments | 93079 | 109447 |
| 23 | Land and buildings | | |
| 24 | Other assets (describe <u>AIR - MEMBER DUES</u>) | | 1200 |
| 25 | Total assets. | | |
| 26 | Total liabilities (describe <u>SEE SCHEDULE 1</u>) | | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 93079 | 110647 |

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED SEP 23 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

| | | | |
|----|---|-----|--|
| 28 | KC 6357 DONATED APPROXIMATELY \$10,000 TO CHARITABLE & BENEVOLENT CAUSES. | | |
| | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 28a | |
| 29 | KC 6357 PERFORMED IN EXCESS OF 10000 HOURS OF VOLUNTARY COMMUNITY SERVICE TO AID THE LESS FORTUNATE | | |
| | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 29a | |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) ▶ | 32 | |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V 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 | | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 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. | | |
| a 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? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 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 | | X |
| 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? | N/A | |
| 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? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | N/A | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | N/A | |
| b Gross receipts, included on line 9, for public use of club facilities | N/A | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A | | |
| b 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 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 | | X |
| c 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 | N/A | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | 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. | | X |
| 41 List the states with which a copy of this return is filed. ▶ NONE | | |
| 42a The organization's books are in care of ▶ JOHN P. MCCROSSEN Telephone no. ▶ (504) 329-9081 Located at ▶ 13315 HWY 23 BELLE CHASSE, LA ZIP + 4 ▶ 70037 | | |
| 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 account)? | | X |
| If "Yes," enter the name of the foreign country: ▶ N/A | | |
| See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| If "Yes," enter the name of the foreign country: ▶ N/A | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 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 | | X |

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 46 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (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 | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: John P. McCrossen Date: 8/30/10

Type or print name and title: JOHN P. MCCROSSEN, FINANCIAL SECRETARY

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

Preparer's identifying number (See instructions): _____

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE 1

KC 6357 FR PETER BOERDING, COUNCIL

FYE 6/30/10 EIN 23-7281877

Form 990-EZ

LN 16 OTHER EXPENSES

| | |
|------------------------|------|
| PER CAPITA ASSESSMENTS | 2602 |
|------------------------|------|

| | |
|------|----|
| DUES | 50 |
|------|----|

| | |
|-------------|-----|
| MEETING EXP | 650 |
|-------------|-----|

| | |
|-----------|-----|
| BANK FEES | 189 |
|-----------|-----|

| | |
|-------|------|
| TOTAL | 3491 |
|-------|------|

KNIGHTS OF COLUMBUS
FR. PETER BOERDING
COUNCIL 6357

| Column A | Column B | Column C | Column D | Column E |
|---|--------------------------------|----------|----------|----------|
| Rev. Billy O'Riordan 8968 Hwy 23 Belle Chasse, LA 70037 | Chaplain 4 Hrs. | 0 | 0 | 0 |
| Ed Theriot 106 Mu St. Belle Chasse, LA 70037 | Grand Knight 16 Hrs. | 0 | 0 | 0 |
| Mike Chudzinski 8792 Hwy 23 Belle Chasse, LA 70037 | Dep Grand Knight 8 Hrs. | 0 | 0 | 0 |
| Ricky Harrison 101 Thousand Oaks Dr. Belle Chasse, LA 70037 | Chancellor 8 Hrs. | 0 | 0 | 0 |
| John McCrossen 13315 Hwy 23 Belle Chasse, LA 70037 | Financial Secretary 16 Hrs. | 0 | 0 | 0 |
| Rande Gaudin 160 Sarah Victoria Dr. Belle Chasse, LA 70037 | Recorder 8 Hrs. | 0 | 0 | 0 |
| Nelson Chaisson P O Box 7228 Belle Chasse, LA 70037 | Warden 4 Hrs. | 0 | 0 | 0 |
| Collins Arcement 101 Pi St. Belle Chasse, LA 70037 | Treasurer 16 Hrs. | 0 | 0 | 0 |
| Mike Mariana 112 Live Oak Dr. Belle Chasse, LA 70037 | Advocate 4 Hrs. | 0 | 0 | 0 |
| Boyd Mothe 2 Park Riverwoods Dr. Belle Chasse, LA 70037 | 3 Year Trustee 2 Hrs. | 0 | 0 | 0 |
| Harold Becnel 204 Good News Ave. Belle Chasse, LA 70037 | 2 Year Trustee 2 Hrs. | 0 | 0 | 0 |
| Fabian Ancar 113 Zacks Ln Belle Chasse, LA 70037 | 1 Year Trustee 2 Hrs. | 0 | 0 | 0 |

| Column A | Column B | Column C | Column D | Column E |
|---|-------------------------|----------|----------|----------|
| Melchor Delin 317 Good News Ave Belle Chasse, LA 70037 | Inside Guard 2 Hrs. | 0 | 0 | 0 |
| Brendan Greene 203 Omega St. Apt D Belle Chasse, LA 70037 | Outside Guard 2 Hrs. | 0 | 0 | 0 |