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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2011

Open to Public Inspection

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

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

<u> </u>	For the	2011 cale	C Name of organization Knights of Columbus Council #8058	ing Dece	mber 3 i	, 20 11		
В	Check if	applicable		D Employer identification number				
	Address	change	Doing Business As St. Theresa K of C Council 8058		72-0951746			
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number		
	Initial ret	turn	645 Lori Ln.			337-583-7709		
	Termina	ted	City or town, state or country, and ZIP + 4					
	Amende	ed return	Sulphur, LA 70665		G Gross re	ceipts \$	67,022	
	Applicat	ion pending	F Name and address of principal officer	H(a) is this	a group return t	for affiliates? 🔲 Yes	. ✓ No	
			Michael Field, 2219 W Dave Dugas Rd., Sulphur, LA 70665	all affiliates in	cluded? 🗌 Yes	i □ No		
<u> </u>	Tax-exe	mpt status	☐ 501(c)(3)	lf "l	No," attach a	list (see instruction	ons)	
J	Website	e. ►		H(c) Grou	p exemption	number >		
ĸ	Form of	organization	Corporation ☐ Trust ☐ Association ✓ Other ► Faternal L Year of form	nation 1982	M State	of legal domicile	LA	
P	art I	Summ	ary				-	
	1	Briefly de	escribe the organization's mission or most significant activities:					
4.			ort the Catholic Church, St. Theresa of the Child Jesus Parish it's parisho	ners, our cou	ncil memb	ers, and the		
nce			ling Sulphur/Carlyss communities		*			
Activities & Governance								
š	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed	d of more tha	n 25% of	its net assets.		
Ğ	3		- · · · · · · · · · · · · · · · · · · ·		1 _ 1		165	
ଞ	4		of independent voting members of the governing body (Part VI, line 1b	o)	. 4		165	
ıte	5		nber of individuals employed in calendar year 2011 (Part V, line 2a)	<i>.</i>	. 5		0	
Ę	6		nber of volunteers (estimate if necessary)		. 6		50	
¥	7a		elated business revenue from Part VIII, column (C), line 12		7a	•	0	
	b		lated business taxable income from Form 990-T, line 34		7b		0	
_	 			Prior \		Current Y	ear	
_	8	Contribu	tions and grants (Part VIII, line 1h)		44,466		39,422	
Revenue	9		service revenue (Part VIII, line 2g)		0		0	
	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0			
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,538 27			
	12		enue – add lines 8 through 11 (must equal Part VIII, cottinin (A), line 12)		86,004		67,022	
_	13		nd sımılar amounts paid (Part IX, colump (A), (m. §\$) 1-3)		12,829		6,244	
	14		paid to or for members (Part IX a Jump (A) Jine 4		0		0,2.11	
	45		other compensation, employee benefits (Part IX, column (A) lines 5-10)		0		0	
Expenses	16a		onal fundraising fees (Part IX, contime (A), line 1192.		0		0	
e	b	Total fun	draising expenses (Part IX, 2011111 (A), The alignment of the state of					
ă	17	Other ov	penses (Part IX, column (A), tines 11a-11d, 111-246)	 	65,915		59,234	
		Total over	penses. Add lines 13–17 (mustingual Part I), column (a), line 25)		78,744		65,478	
	18	Dovonus	Jose expenses. Subtreet line 19 forting 19		7,260		1,544	
	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of C		End of Ye		
sets or	00	Tatal ass	sate (Dart V. June 16)	Deginning of C		Lilu O. T.	634,050	
Sset	20		sets (Part X, line 16)		632,533			
Net As	21		pilities (Part X, line 26)		362,176	-	347,352	
			tts or fund balances Subtract line 21 from line 20		270,357		286,698	
_	art II		ture Block	 				
Uı tri	nder pena Je correc	alties of perju	iry, I declare that I have examined this return, including accompanying schedules and sta (ate: Qeelaration; of preparys (other than officer) is based on all information of which prepa	itements, and to irer has anv knov	tne best of r vledae	ny knowledge an	d Delief, it is	
. 		I k			2/0	, , , , , , , , , , , , , , , , , , ,		
ei.	~~	Sugar	adve of officer		ate 5/3	0/12		
	gn	Sigi	MICHAEL R. FIELD GRAND	KNICH		•		
П	ere			INDA	•/			
			e or print name and title	Date		PTIN		
Pa	aid	Frint 1)	/pe preparer's name Preparer's signature	Date	Check	□		
Pı	epare				self-em	pioyea		
	se On		name >		rm's EIN ▶			
		Firm's a	address >	Pi	none no		- [7]	
			s this return with the preparer shown above? (see instructions) .	· · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u> Ye		
Fo	r Paper	work Redu	action Act Notice, see the separate instructions. Cat	No 11282Y		Form	990 (2011)	

Form 99	90 (2011) Page 2
Part	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response to any question in this Part III
1	Brièfly describe the organization's mission:
	We Support the Catholic Church, St. Theresa of the Child Jesus Parish it's parishoners, our council members, and the surrounding Sulphur & Carlyss communities.
	surrounding Sulphur & Carrys's communities.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
2	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (LARANDOO V
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Part I	V Checklist of Required Schedules			Page 3
			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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	√	
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		1
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	_	1
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		1
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	1	
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	1	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
LU a				1 4

Form 99	90 (2011)		f	age 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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 through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	(2011)

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
`			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			,
_	reportable gaming (gambling) winnings to prize winners?	1c	√	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u> </u>	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	3-		,
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b 40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country		-	
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			١,
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		/
	1 - 1	7c		 *
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?	7f		1
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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-	ł	1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	1		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			†
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		<u> </u>	
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 in Schedule O.	14b		1

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	<u>· · · </u>	<u> </u>	. 😢
0000	on A dovorming Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 165			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 165			
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		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
	supervision of officers, directors, or 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?	4		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6 7a	Did the organization have members or stockholders?	6		
74	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,	1 a	_	
U	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 in Schedule O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
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?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		
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?	İ		
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a	i	/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104	-	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	1	1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	finte	rest p	oolicy,
••	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Hubert A Coco Sr, 7011 Enos Abshire Rd., Sulphur, LA 70665	or the	•	
	g			

Form	990	(201	11

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

✓ Check this box if neither the organization nor	any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, of lindividua	unles er and	Pos eck s pe	more rson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lyndon LeBlanc, 1 Year Trustee		→				8.		0	0	0
(2) Camille Sonnier, 2 Year Trustee		<u>·</u>						0	0	0
(3) Percy Monceaux, 3 Year Trustee		1			-			0	0	0
(4) Michael Field, Grand Knight				\				0	0	0
(5) Bill Stetz, Deputy Grand Knight				1				o	0	0
(6) David K Ellender, Recorder				✓				0	0	0
(7) Douglas Como, Financial Secretary				✓				0	0	0
(8) Calbert Leger, Treasurer				1				0	0	0
(9)			-							
(10)										
(11)	-								-	
(12)							-			
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	•	(C) Position (D) (E)										_		
•	(A) Name and title	(do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated					
	Name and title	hours per		box, unless person is both a officer and a director/truste				compensation	compensation			unt of		
		week (describe				_		<u> </u>	from the	related organization			ther ensatior	n
		hours for	Individual trustee or director	stitu	Officer	Key employee	ghes	Former	organization	(W-2/1099-MI			n the	
		related organizations	ctor	tion	•	ᇢ.	yee yee	٦	(W-2/1099-MISC)				nization related	
		in Schedule	trus	al tr		yee	mpe						ızatıons	3
		O)	e e	Institutional trustee			Highest compensated employee							
_				L"			ë							
(15)		1												
(10)						_		_						
(16)														
/47)						-								
1111		-												
(18)								-						
1.107		-												
(19)														
2														
(20)														
(21)														
				_					ļ					
(22)		1												
			-	_	_	-		_	 	<u> </u>				
(23)		1						į						
(24)	· · · · · · · · · · · · · · · · · · ·					1		1						
1241		1		i							i			
(25)	· · · · · · · · · · · · · · · · · · ·									 				
3=32		1												
1b	Sub-total							▶	0		0			0
	Total from continuation sheets to Part	•						▶	0		0			0
d	Total (add lines 1b and 1c)							▶	0		0			0
2	Total number of individuals (including bu			ose	e list	ted	above	e) w	ho received m	ore than \$10	0,000) of		
	reportable compensation from the organ	ization ► N	lone											
•		· · · · · · · · · · · · · · · · · · ·					.		_1			. —	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							əmp	ployee, or nigr	iest comper	isated			,
4	• •								· · · · ·	· · · ·	· ·	3	 	✓_
4	For any individual listed on line 1a, is the organization and related organizations													l
	individual	-							•			4		1
5	Did any person listed on line 1a receive of									zation or ındı	vidua			
_	for services rendered to the organization											5	[✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization Rej	oort compe	nsatio	on f	or ti	he c	alenc	lar y	year ending wit	th or within t	he org	ganızatıd	on's ta	λ£
	year													
	(A)								(B)			(C)	ation	
	Name and business add	aress						├	Description of s	services		Compens		
No Inc	dependent Contractors							\vdash						
								\vdash						
							_	\vdash		-				
								\vdash						
	Total number of independent contractor	ors (includii	ng bi	ut n	ot	lımı	ted to	o th	nose listed ab	ove) who				
-	received more than \$100,000 of compen								None	,				
							_							

Part VIII Statement of Revenue									
	•			-1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
ıts	1a	Federated campaigns .	1a	0			-		
our a	b	Membership dues	. 1b	2,250					
S, C	С	Fundraising events	. 1c	23,880					
Gift	d	Related organizations		0					
in.	е	Government grants (contribution		0					
tior er S	f	All other contributions, gifts, gra							
tributions, Gifts, Grants Other Similar Amounts		and similar amounts not included a		13,292			1		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lin		0	İ				
	h	Total. Add lines 1a-1f			39,422				
Program Service Revenue	0-			Business Code					
eve!	2a				0	0	0	0	
Se F	b				0	0	0	0	
ě.	c d				0	0	0	0	
Ϋ́	e				0		0		
graı	f	All other program service re			0	0	- 0	0	
Pro	g	Total. Add lines 2a-2f		•	0				
	3	Investment income (include	ding divide	ends, interest,	_				
		and other similar amounts)		•					
	4	Income from investment of tax	c-exempt bo	ond proceeds ►	0	0	0	0	
	5	Royalties		▶	0	0	0	0	
			i) Real	(II) Personal					
	6a	Gross rents .	10,078						
	b	Less rental expenses	2,500						
	C	Rental income or (loss)	7,578		7 570			7.570	
	d 7a	Net rental income or (loss) Gross amount from sales of (i) 5	Securities	▶ (II) Other	7,578		0	7,578	
	7 G	assets other than inventory	0	0					
	ь	Less: cost or other basis							
	_	and sales expenses	0	o					
	С	Gain or (loss)	0	0					
	d	Net gain or (loss)		▶	0	0	0	0	
e	8a	Gross income from fundrais	sına						
evenue		events (not including \$	9						
Re		of contributions reported on	ine 1c)						
er		See Part IV, line 18	a						
Other	b	Less: direct expenses	b						
		Net income or (loss) from fu		events . 🕨	0		0	0	
	9a	Gross income from gaming							
		See Part IV, line 19							
		Less direct expenses							
	C	Net income or (loss) from g	-	vities ►	20,022			20,022	
	าบล	Gross sales of invento returns and allowances							
	_		· a	0					
	b	Less: cost of goods sold Net income or (loss) from s	b ales of inve		0	o	0	0	
	-	Miscellaneous Revenue		Business Code			U		
	11a								
	b				-			<u> </u>	
	С			_					
	d	All other revenue							
	е	Total. Add lines 11a-11d .		>					
	12	Total revenue. See instruc	tions	.	67,022		_	67,022	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , 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 governments and			_					
_	organizations in the United States See Part IV, line 21	0	0		 				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,244	6,244						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	o	o						
4 5	Benefits paid to or for members . Compensation of current officers, directors,	0	0						
	trustees, and key employees	0	0	0	0				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	o	0	0				
7	Other salaries and wages	0		0					
8	Pension plan accruals and contributions (include	-		-	<u>_</u>				
	section 401(k) and 403(b) employer contributions)	o	o	٥	0				
9	Other employee benefits	0	0	0	0				
10	Payroll taxes	0	0	0					
11	Fees for services (non-employees):		_	-					
а	Management	o	0	o	0				
b	Legal	480	0	0	480				
С	Accounting	0	0	0	0				
d	Lobbying	0	0	0	0				
е	Professional fundraising services See Part IV, line 17	0			0				
f	Investment management fees	0	0	0	0				
g	Other	0	0	0	0				
12	Advertising and promotion	759	0	0	759				
13	Office expenses	4,934	0	0	4,934				
14	Information technology	0	0	0	0				
15	Royalties	0	0	0	0				
16	Occupancy	35,397	0	0	35,397				
17	Travel	0	0	0	0				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				•				
40		308	0	0	0				
19 20	Conferences, conventions, and meetings . Interest	0	0	0	308				
21	Payments to affiliates	0	0	0					
22	Depreciation, depletion, and amortization .	0	0	0					
23	Insurance	5,306	0	0	5,306				
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,							
а	General Expenses	12,050	0	0	12,050				
b									
c d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	65,478	6,244	0	59,234				
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 following SOP 98-2 (ASC 958-720)								

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon- t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	se to any question (A) Total expenses	In this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0	general expenses	ехрепьеь
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,244	6,244		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages	0	0	0	0
9 10	Other employee benefits	0	0	0	0
11 a	Fees for services (non-employees): Management	0	0	0	0
b c	Legal	480	0	0	480
d e	Lobbying	0	0	0	0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	759	0	0	759
13	Office expenses	4,934	0	0	4,934
14	Information technology	0	0	0	0
15	Royalties	. 0	0	0	0
16	Occupancy	35,397	0	0	35,397
17 18	Travel	0	0	U	0
10	for any federal, state, or local public officials	0	o	0	0
19	Conferences, conventions, and meetings .	308	0	0	308
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	5,306	0	0	5,306
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	General Expenses	12,050	0	0	12,050
b					
C					
d	***************************************				
e	All other expenses	05.470	0.044		50.004
25 26	Total functional expenses. Add lines 1 through 24e 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) In through 24e	65,478	6,244	0	59,234

	art X	Balance Sheet		1	(B)
	•		(A) Beginning of year	İ	End of year
	1	Cash-non-interest-bearing	54,533	1	\$56,050
i	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of		_	
		Schedule L	. 0	5	0
s	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ass	8	Inventories for sale or use	0	8	0
1	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 578,000			
	b	Less accumulated depreciation 10b	578,000	10c	578,000
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	_	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	632,533	_	634,050
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	00	
ia	00	•	362,176	22	347,352
_	23	Secured mortgages and notes payable to unrelated third parties	302,176	23	347,352
	24	Unsecured notes and loans payable to unrelated third parties	0	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 of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	362,176	\vdash	347,352
- ses		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	0	27	0
3al	28	Temporarily restricted net assets	0	28	0
Ā	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances	 	Organizations that do not follow SFAS 117, check here ▶ ✓ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
det.	33	Total net assets or fund balances	270,357	33	286,698
~	34	Total liabilities and net assets/fund balances	0	34	0
	-				Form 990 (2011)

Form 9	90 (2011)				Pa	ge 12
Par	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>			<u> </u>
, 1	Total revenue (must equal Part VIII, column (A), line 12)	1			6	7,022
2	Total expenses (must equal Part IX, column (A), line 25)			65,478		
3			_	1,544		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			270,357		
5	ther changes in net assets or fund balances (explain in Schedule O)		_	16,341		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))	6			28	6,698
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
				\neg	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," ex Schedule O.	plaın ı	in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					✓
b	Were the organization's financial statements audited by an independent accountant?					✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					✓
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.					
•	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	· · · · · · · · · · · · · · · · · · ·		a		✓
b						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits					✓

Form **990** (2011)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

80

Open to Public Inspection

% □ (h) Purpose of grant **Employer identification number** or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. √ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash 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 Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN Knights of Columbus Council #8058 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part Part II N 2 ල ₹ (2) 9 2 ® 6 (12) Ξ

Schedule I (Form 990) (2011)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. All donations must be voted on at the regular business meeting and is recorded by the Recorder. We also receive the canceled checks from the banks. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 6244 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1 Cash Donation Part IV Part III Q က 4 Ŋ ဖ

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Knights of Columbus Council #8058	72-0951746									
Part VI Section B: Policies Line 11a & Section C Line 19 -										
- Form 990 was presented before the council at the monthly business meeting and is available to anyone										
at the council's home upon request and appointment.										
Part VI Section A ⁻ Lines 6 through 7b -										
- Council is made up of members who elect governing bodies to the building association and bingo										
association Any major decisions are brought before the council at the monthly business meeting, discussed and voted on. These items										
are recorded on the Recorders books.										
Part XI Line 5 - Equity gained on building Extra payments were made during the year.										
	· .									