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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 517(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2011 calendar year, or tax year beginning JULY 1, 2011, and ending JUNE 30, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization KNIGHTS OF COLUMBUS
6357 FR PETER BOARDING COUNCIL
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O Box 464
 City or town, state or country, and ZIP + 4
BELLE CHASSE LA 70037

D Employer identification number:
23-7281877

E Telephone number:
504 329-9081

F Group Exemption Number ▶ 0188

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$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.)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11287
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	4783
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ <u>11287</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	48460	
6c	Less direct expenses from gaming and fundraising events	6c	20080	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	28380	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44450	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	10971
	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	13474
	15	Printing, publications, postage, and shipping	15	3449
	16	Other expenses (describe in Schedule O)	16	3803
17	Total expenses. Add lines 10 through 16	17	31697	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12753
	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	115062
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	127815

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	113,462	127,015
23 Land and buildings		
24 Other assets (describe in Schedule O) AIR-MEMBER DUES	1,600	800
25 Total assets	115,062	127,815
26 Total liabilities (describe in Schedule O)	-	-
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	115,062	127,815

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

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	KC 6357 DONATES APPROXIMATELY \$10,000 TO CHARITABLE AND BENEVOLENT CAUSES	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	KC 6357 PERFORMED IN EXCESS OF 12,000 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 (describe in Schedule O)	
	(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)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED LIST				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Includes rows 33 through 45b with various financial and organizational details.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI N/A

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		X

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 ▶ _____

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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 12/2/12
 Signature of officer: John P. McCrosson
 Date
 Type or print name and title: JOHN P. MCCROSSON, FINANCIAL SECRETARY

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

▶ Attach to Form 990 or 990-EZ

Name of the organization

6357 FR. PETER BOARDING COUNCIL

Employer identification number

23-7281877

PART I LN 16 OTHER EXPENSES

PER CAPITA EXPENSES 3191

DUES 75

MEETING EXPENSES 537

TOTAL 3803

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
Michael Chudzinski 8792 Hwy 23 Belle Chasse, LA 70037	Grand Knight 16 Hrs.	0	0	0
Frank Ranatza 161 Ranatza Rd. 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
Craig Hill 138 Saint Ann 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
Harold Becnel 204 Good News Ave. Belle Chasse, LA 70037	3 Year Trustee 2 Hrs.	0	0	0
Edward Theriot 106 Mu St. Belle Chasse, LA 70037	2 Year Trustee 2 Hrs.	0	0	0

Column A	Column B	Column C	Column D	Column E
Boyd Mothe 2 Park Riverwoods Dr Belle Chasse, LA 70037	1 Year Trustee 2 Hrs.	0	0	0
Melchor Delin 317 Good News Ave Belle Chasse, LA 70037	Inside Guard 2 Hrs	0	0	0
Amos Cormier 106 highland ave. Belle Chasse, LA 70037	Outside Guard 2 Hrs.	0	0	0