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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 private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

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

C Name of organization: Knights of Columbus 5842 Sacred Heart Council

Number and street (or P O. box if mail is not delivered to street address): P.O. Box 222 — Room/suite:

City or town, state or province country, and ZIP or foreign postal code: Gervais, OR 97026-0222

D Employer identification number: 23-7544791

E Telephone number:

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) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 69,654

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	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	4513
	4	Investment income		4	124
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 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	63,519	
	c	Less: direct expenses from gaming and fundraising events	6c	36,624	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	26,895
	7a	Gross sales of 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 in Schedule O)		8	1498
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	33030
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	6056.00
	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	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	9589.00
	17	**Total expenses.** Add lines 10 through 16 ▶		17	15,645
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,385
	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	147,197
	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	164,582

21

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 74936	~~61605~~	22	80739
23	Land and buildings 55615	~~55615~~	23	55615
24	Other assets (describe in Schedule O) 17546	~~17546~~	24	17546
25	**Total assets**	147197	25	153,900
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) . .	147197	27	153,900

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 Catholic Fraternal org. Dedicated to Furthering Fellowship among Catholic men, various school, church & civic activities are supported

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 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 title	(b) 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
Rick Lewis P.O. Box 222, Gervais, OR 97026	Grand Knight-3			
Edward Basham 5520 Ramp St, Salem, OR 97305	Financial-sec-2			
Robert Tesch 7443 Shadowood Ct NE Keizer OR 97303	Treasurer-1			

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 ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	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		
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		✓
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			
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 tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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 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		
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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 ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
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)? 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.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
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 ▶ 43			

			Yes	No
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 in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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	46		

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 ☐

			Yes	No
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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 title of each employee	(b) 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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

Signature of officer — Date

Robert Tesch, Treasurer — May 15, 2014

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ 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 G (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: Knights of Columbus 5842 Sacred Heart Council

Employer identification number: 23-7544791

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Festival Booth (event type)	(b) Event #2 Festival Booth (event type)	(c) Other events other dinners (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	47,363	7,312	8,844	63,519
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	47,363	7312	8,844	63,519
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	27,273	3,200	6,151	36,624
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(36,624)
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,895

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ..... and the amount of gaming revenue retained by the third party ▶ $ .....

c If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: Knights of Columbus 5842 Sacred Heart Council

Employer identification number: 23-7544791

Part I Line 8 other Revenue:

Miscellaneous Refund & Reimbursements	$1498.00

Part I Line 10 Grants & Similar amounts paid:

Local catholic parish support	$2000.00
School & Parents club support	$950.00
Father tarffe Foundation	$1000.00
Food Baskets For Needy	$1000.00
Various other Local charities	$1106.00
total	$6056.00

Part I Line 16 other expenses:

General council Expenses	$5248.00
Supreme Per capita dues	$985.00
State Per capita dues	$136.00
Insurance	$763.00
Council Activities	$2457.00
total	$9589.00

Part III Line 24 other assets:

Furniture & Fixtures	$17,546.00

Sacred Heart Council NO 5842														
	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD	Budget
Beginning Cash							-							
Checking	11,338 56	8,701 43	8,676 44	8,723 66	8,243 32	6,766 56	6,226 38	6,392 40	5,086 93	15,852 34	9,721 98	7,140 34		
Money Market	56,020 13	56,023 46	58,393 62	58,396 61	58,399 17	58,401 65	58,403 06	58,404 64	58,406 13	73,595 05	73,596 93	73,598 74		
TOTAL	67358 69	64724 89	67270 06	67120 27	66642 49	65168 21	64629 44	64797 04	63493 06	89447 39	83318 91	80739 08	0	
Receipts														
Crab Feed Income	-	2,410 00	-	-	-	-	-	-	-	-	-	-	2,410 00	2,380 00
Bach Festival	-	-	-	-	-	-	-	-	-	-	-	-	-	1,650 00
Kick Off Dinner	-	-	-	-	-	-	-	-	4,068 75	-	-	-	4,068 75	6,200 00
Oktoberfest Booth	-	-	-	-	-	-	-	-	43,128 65	98 00	70 00	-	43,294 65	42,000 00
Schreiners Iris Festival	-	-	-	-	-	4,833 86	1,600 00	-	-	-	-	-	6,433 86	7,000 00
St Paul Rodeo (Gross Receipts)	-	-	-	-	-	-	-	-	-	-	7,312 40	-	7,312 40	8,000 00
Miscellaneous Income	-	232 40	75 00	240 00	228 00	372 51	22 00	-	140 00	-	-	315 00	1,624 91	
Other Fund Raisers	-	-	-	-	-	-	-	-	1,081 25	-	-	-	1,081 25	1,800 00
Membership Dues	-	3,330 00	480 00	360 00	120 00	200 00	22 50	-	-	-	-	-	4,512 50	4,600 00
Interest Income	3 30	37 63	19 44	2 56	10 18	9 16	1 58	1 49	17 33	1 68	1 81	17 84	124 20	350 00
TOTAL RECEIPTS	3 3	6010 03	574 44	602 56	358 18	5415 53	1646 08	1 49	48435 98	97 68	7384 21	332 84	70862 52	73980
Expenditures:														
Routine Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	-		
Meeting Expense	139 00	81 47	87 07	154 36	76 07	212 40	282 00	125 69	101 93	231 76	183 35	270 95	1926 05	2,300 00
Bulletin	-	190 73	56 16	68 14	61 40	56 56	52 52	-	181 80	55 89	55 35	38 95	817 5	1,000 00
Flowers & Masses	(224 00)	-	-	-	-	99 95	-	-	50 00	-	-	-	-74 05	850 00
Insurance	-	-	-	-	-	-	-	-	763 10	-	-	-	763 1	2,675 00
Utilities & maint	-	-	-	-	-	-	138 22	-	20 00	-	-	635 66		-
Petty Cash	-	36 00	6 00	-	300 00	58 90	-	-	-	-	649 00	-	1049 9	600 00
Membership	-	-	-	-	-	-	-	-	-	-	184 00	-	184	-
Supreme Per Capita	-	492 57	-	-	-	-	492 50	-	-	-	-	-	985 07	1,000 00
State Per Capita	-	-	-	-	-	-	-	-	-	-	-	-	0	1,795 00
Advertising & Supplies	164 81	42 83	-	-	-	148 84	313 24	150 00	510 00	-	17 80	117 08	1,464 60	450 00
Total Operating Expenses	79 81	843 7	149 23	222 5	437 47	576 75	1278 48	275 69	1626 83	287 65	1089.3	1062 64	7910 05	10470
Fund Raising Costs.														
Crab Feed Expense	1,907 29	-	-	-	-	-	-	-	-	-	-	-	1907 29	2,380 00
Bach Festival	-	-	-	-	-	-	-	-	-	-	-	-	0	500 00
Octoberfest booth	-	-	-	-	75 00	-	-	-	17,866 64	5,124 71	2,044 74	-	25111 09	27,500 00
Oktoberfest Kick off Dinner	-	-	-	-	-	-	-	-	2,162 56	-	-	-	2162 56	3,150 00
Schreiner's	-	-	-	-	1,100 00	2,751 52	-	-	393 00	-	-	-	4244 52	4,475 00
Sacred Heart (St Paul Rodeo)	-	-	-	-	-	-	-	-	-	-	3,200 00	-	3200	1,875 00
Hall Rental	-	-	-	-	-	-	-	-	-	-	-	-	0	-
Other Indirect Costs	-	391 20	-	-	700 00	2,270 35	-	179 78	-	200 00	-	100 00	3,841 33	5,000 00
Total Fund Raising Costs	1907 29	391 2	0	0	1875	5021 87	0	179 78	20422 2	5324 71	5244 74	100	40466 79	44880
Church, Youth & Community														
School & Parents Club	-	850 00	-	-	99 95	-	-	-	-	-	-	-	949 95	3,000 00
Parish Support	-	-	-	-	-	-	-	-	-	-	-	2,000 00	2000	2,000 00
St Louis Parish	-	-	-	-	-	-	-	-	-	-	-	1,000 00	1000	1,000 00
Mothers Day Breakfast	-	-	-	950 00	92 00	(328 18)	-	-	-	-	-	-	713 82	1,150 00
Easter Egg Hunt	-	-	400 00	(92 16)	-	-	-	-	-	-	-	-	307 84	450 00
Altar Servers	-	-	-	-	-	-	-	-	-	-	-	-	0	500 00
Faith Formation	-	-	-	-	-	-	-	-	-	-	-	-	0	350 00
Father Tatte Foundation	-	-	-	-	-	-	-	-	-	-	1,000 00	-	1000	1,000 00
Quolvades Days	-	-	-	-	-	-	-	400 00	-	-		-	400	400 00
Gervais Summer Leauge	-	-	-	-	-	-	-	-	-	-	-	-	0	250 00
High School Senior Parties	-	-	150 00	-	-	-	-	-	-	-	-	-	150	300 00
Keep Christ in Christmas	-	-	-	-	-	-	-	350 00	-	-	-		350	350 00
Scholarship	-	500 00	-	-	-	-	-	-	500 00	500 00	500 00	-	2000	1,600 00
Sacred Heart Food Baskets	-	-	-	-	-	-	-	-	-	-	-	1,000 00	1000	1,000 00
Radio Advertising	-	-	-	-	-	-	-	-	-	-	-	-	0	480 00
Morality In Media	-	-	-	-	-	-	-	-	-	-	-	-	0	-
Perpetual Masses	-	200 00	-	-	-	100 00	-	100 00	-	-	-	-	400	250 00
Mass Stipends	-	-	-	-	-	-	-	-	-	-	150 00	-	150	200 00
Clergy Christmas Gifts	-	-	-	-	-	-	-	-	-	-	-	150 00	150	100 00
Members Needs	-	-	-	-	-	-	-	-	-	-	-	250 00	250	250 00
Sacred Heart Tuition Assistance												1,000 00		1,000 00
4th Degree Assembly									-					200 00
Contingency	-	125 00	25 00	-	-	273 00	200 00	-	(87 38)	-	-	-	555 62	3,780 00
Total Church Youth & Community	-	1,875 00	575	857 84	191 95	44 82	200	850	432 62	500	1650	5400	12377 23	19590
Council, Membership & Family														
Family Bingo	650 00	708 96	-	-	(671 96)	-	-	-	-	-	-	-	687	750 00
40th Anniversary Party	-	-	-	-	-	-	-	-	-	-	-	-	0	-
Worker Appr/Christmas Party	-	(154 00)	-	-	-	-	-	-	-	-	2,000 00	-	1846	2,000 00
Convention Expense	-	-	-	-	-	310 86	-	-	-	-	-	-	310 86	350 00

Sacred Heart Council NO 5842														
	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD	Budget
Family Bowling	-	-	-	-	-	-	-	-	-	114 00	-	-	114	500 00
Softball Tournament	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Council, Membership & Fam	650	554 98	0	0	-671 98	310 86	0	0	0	114	2000	0	2957 86	3600
Reserves & Transfers														
Building Reserve	-	-	-	-	-	-	-	-	-	-	-	-	0	-
Parish Priest Project	-	-	-	-	-	-	-	-	-	-	-	-		-
School - Special Needs	-	-	-	-	-	-	-	-	-	-	-	1,500 00	1,500 00	1,500 00
	0	0	0	0	0	0	0	-	-	0	0	1500	1500	1500
		-	-		-		-	-	-	-		-		
TOTAL EXPENDITURES	2637 1	3484 86	724 23	1080 34	1832 48	5954 3	1478 48	1305 47	22481 85	6226 36	9964 04	8062 64	65211 93	80040
ENDING CASH BALANCE	64724 89	67270 06	67120 27	66642 49	65168 21	64629 44	64797 04	63493 06	89447 39	83318 91	80739 08	73009 28	5650 59	
BUILDING RESERVE FUND	6,677 36	6,677 97	6,678 61	6,679 31	6,679 99	6,680 60	6,673 33	6,665 97	6,674 01	6,667 31	6,667 97	6,676 68	66,676 68	
SCHOLARSHIP FUNDS														
Columbia Daily	10,339 07	10,339 07	10,341 47	10,341 47	10,341 47	10,342 90	10,303 15	10,303 15	10,318 15	10,318 15	10,318 15	10,339 07	10,339 07	
Pioneer Trust CD	4,114 03	4,114 03	4,114 03	4,119 11	4,119 11	4,119 11	4,073 02	4,073 02	4,108 85	4,083 17	4,083 17	4,108 85	4,108 85	
American Express Funds	1,765.75	1,765.75	1,783.59	1,783.59	1,783.59	1,771.70	1,626.33	1,626.33	1,730.08	1,602.59	1,605.23	1,765.75	1,765.75	
	16218 85	16218 85	16239 09	16244 17	16244 17	16233 71	16002 5	16002 5	16157 08	16003 91	16006 55	16213 67	16213 67	