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Form **990-EZ**

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Knights of Columbus 5842 Sacred Heart

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

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 ► $ 65,126

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	4,623
	4	Investment income	4	94
	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	6b	58,825
	c	Less: direct expenses from gaming and fundraising events — 6c	6c	32,577
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26,248
	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	1614
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	32,579
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9529
	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	9460
	17	**Total expenses.** Add lines 10 through 16 ►	17	18,989
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,590
	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	153,900
	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	167,490

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	80739	22	94329
23	Land and buildings	55615	23	55615
24	Other assets (describe in Schedule O)	17546	24	17546
25	**Total assets**	153900	25	167490
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)	153900	27	167490

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 . . ☐

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Catholic Fraternal organization dedicated to Furthering Fellowship among catholic men, while supporting various School, Church and civic activities
(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 - Grand Knight P.O. Box 222 Gervais 97026	3			
Edward Bashaw - Financial Secretary 5520 Ramp St NE Salem 97305	10			
Robert Tesch - Treasurer 7443 Shadowwood Ct NE Keizer 97303	5			

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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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		✓
b	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 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

▶ Robert Tesch - treasurer — Signature of officer — APRIL 8, 2015 — Date

▶ Robert Tesch - treasurer — 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

2014

Open to Public Inspection

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

Employer identification number: 23-7547791

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	44,506	7,494	6,825	58,825
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	44,506	7,494	6,825	58,825
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			4,464	
	7 Food and beverages	24,797	3,316	~~1,346~~	32,577
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				32,577
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,248

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 conducts gaming activities:

a Is the organization licensed to conduct 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:

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

2014

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:

Misc. Refund & Reimbursements	$1614

Part I Line 10 Grants & Similar Amounts Paid:

Local catholic Parish Support	$3,000
School & Parents club support	$2,629
Father Taffte Foundation	$1,500
Food baskets for needy	$1,000
Various other Local charities	$1,400
total	$9,529

Part I Line 16 other expenses:

General council expenses	$2,948
Supreme Per capita dues	$1,950
State Per capita dues	$ 983
Insurance	$ 631
Council activities	$2948
total	$9460

Part II Line 24 other assets:

Furniture & Fixtures	$17,546

2014

Sheet1

Sacred Heart Council NO. 6843													
	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD
Beginning Cash													
Checking	7,408 81	5,744 18	9,047 84	12,763 15	10,361 65	6,631 63	7,934 13	7,247 21	6,657 38	6,037.05	8,762 43	2,670 06	
Money Market	65,600.47	65,602.14	58,603.59	58,605.08	58,606.53	58,608.02	58,609.47	58,610.96	58,812.45	78,120.04	78,122.03	78,123.96	
TOTAL	73009 28	71346 32	67651 43	71368.23	68968 38	65239 65	66543.6	65858 17	65469 83	86157 09	86884 46	80794 02	0
Receipts:													
Crab Feed Income	-	-	2,950 00	-	-	-	-	-	-	-	-	-	2,950 00
Bach Festival	-	-	-	-	-	-	-	-	1,488.00	-	-	-	1,488 00
Kick Off Dinner	-	-	-	-	-	-	-	-	-	3,875 00		-	3,875 00
Oktoberfest Booth	-	-	-	-	-	-	-	-	44,506 14	-	-	-	44,506 14
Schreiners Iris Festival	-	-	-	-	-	7,494 10	-	-	-	-	-	-	7,494 10
St Paul Rodeo (Gross Receipts)	-	-	-	-	-	-	-	-	-	-	-	-	-
Miscellaneous Income	50 00	-	50 00	311 00	69 75	454.01	44 00	-	160 00	-	-	475 00	1,613 76
Other Fund Raisers	-	-	-	-	-	36 00	-	-	-	-	-	-	36 00
Membership Dues	2,120 00	-	1,890 00	60 00	130 00	205 00	187 50	-	30 00	-	-	-	4,622 50
Interest Income	1.67	1.45	1.49	1.45	1.49	24.41	16.39	1.49	1.45	1.89	1.93	38.41	93.82
TOTAL RECEIPTS	2171 67	1 45	4891 49	372 45	201.24	8213 52	247 89	1 49	46165 59	3876 99	1 93		66165 71
Expenditures:													
Routine Operating Expenses	-	-	-	-	-	-	-	-	-	-	-	-	
Meeting Expense	152 54	85 00	173 25	123 32		379 46	200 57	209 58	96 65	210 69	102 91	108 21	1842 18
Bulletin	55 35	72 80	-	116 17	193 68	203 31	60 71	137.25	66 69	-	138 46	66 78	1111.2
Flowers & Masses	-	-	100 00	40 00	-	99 90	-	-	-	-	-	-	239 9
Insurance	-	-	-	-	-	-	-	-	631 80	-	-	-	631 8
Petty Cash	134 09	259 00	9 00	(18 00)	-	2.14			-	-	-	222 45	608 68
Membership	-	-	-	-	-	400 00	-	-	-	-	-	-	400
Maintenance	-	-	-	78 89	298 65	65 00	-	-	-	-	45.00	885 06	1372 8
Supreme Per Capita	-	466 65	-	-	-	-	532 04	-	-	-	-	-	998 69
State Per Capita	-	1,950.70	-	-	-	-	-	-	-	-	-	-	1950 7
BBQ Maintenance	-	-	-	-	183 16	-	-	-	-	-	-	800 00	983 16
Advertising & Supplies	-	203.42	-	-	32.74	-	-	-	37.78	-	-	-	273.94
Total Operating Expenses	341 98	3037 57	282 25	340 38	708 43	1149 81	793 32	346 83	832 92	210 69	286 37	2082.5	10413 05
Fund Raising Costs:													
Crab Feed Expense	2,918 94	-	-	-	-	-	-	-	-	-	-	92 49	3011 43
Bach Festival	-	-	-	-	-	-	-	-	-	-	-	-	0
Octoberfest booth	85 00	-	75 00	-	-	-	-	-	21,948 55	2,588.93	100 00	-	24797 48
Oktoberfest Kick off Dinner	-	-	-	-	-	-	-	-	1,546 66	-	-	-	1546.66
Schreiner's	-	-	-	-	3,093 69	222 92	-	-	-	-	-	-	3316 61
Sacred Heart (St Paul Rodeo)	-	-	-	-	-	-	-	-	-	-	-	-	0
Hall Rental	-	-	-	-	-	-	-	-	-	-	-	-	0
Other Indirect Costs	-	-	-	-	-	2,752.92	-	-	500.00	-	-	-	3,252.92
Total Fund Raising Costs	3003 94	0	75	0	3093 69	2975 84	0	0	23995 41	2588 93	100	92 49	$35,925 50
Church, Youth & Community													
School & Parents Club	-	88 77	400 00	2,000 00	-	139.95	-	-	-	-	-	-	2628.72
Parish Support	-	-	-	-	-	100 00	-	-	-	-	-	1,900 00	2000
St Louis Parish	-	-	-	-	-	-	-	-	-	-	-	1,000 00	1000
Mothers Day Breakfast	-	-	-	-	-	769.97	-	-	-	-	-	-	769 97
Easter Egg Hunt	-	-	-	450 00	(92.35)	-	-	-	-	-	-	-	357 65
Altar Servers	-	-	-	-	-	500 00	-	(57 00)	-	-	-	-	443
Faith Formation	-	350 00	-	-	-	-	-	-	-	-	-	150 00	500
Father Teaffe Foundation	-	-	-	-	-	-	-	-	-	-	-	1,500 00	1500
Quo Vadis Days	-	-	-	-	-	500 00	-	-	-	-	-	-	500
Gervais Summer Lesuge	-	-	-	-	-	-	-	-	-	-	-	-	0
High School Senior Parties	300 00	-	-	-	-	-	-	-	-	-	-	-	300
Keep Christ in Christmas	-	-	-	-	-	-	-	-	-	350 00	-	-	350
Scholarship	-	-	-	-	-	-	-	-	-	-	1,000 00	-	1000
Sacred Heart Food Baskets	-	-	-	-	-	-	-	-	-	-	1,000 00	-	1000
Radio Advertising	-	-	-	120 00	-	-	120 00	-	-	-	-	-	240
Perpetual Masses	200 00	-	-	-	-	-	-	100 00	100 00	-	-	-	400
Mass Stipends	-	-	-	-	-	-	-	-	-	-	200 00	-	200
Clergy Christmas Gifts	-	-	-	-	-	-	-	-	-	-	-	150.00	150
Members Needs	-	220 00	-	-	-	-	-	-	-	-	-	-	220
Sacred Heart Tuition Assistance													
4th Degree Assembly													
Contingency	-	-	50.00	-	150.00	300.00	20.00	-	570.00	-	500.00	200.00	1,790.00
Total Church Youth & Community	500 00	658 77	450	2570	57 65	2309 92	140	43	670	350	2700	4900	16349.34
Council, Membership & Family													
Family Bingo	-	-	367.44	-	-	-	-	-	-	-	-	-	367.44

Sacred Heart Council NO. 6849													
	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD
Worker Appr/Christmas Party	(11 29)	-	-	(138.08)	-	-	-	-	-	-	2,000 00	-	1850 63
Convention Expense	-	-	-	-	70 00	474 00	-	-	-	-	-	-	544
Family Bowling	-	-	-	-		-	-	-	-	-	186 00	-	186
Softball Tournament	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Council, Membership & Fam	-11.29	0	367 44	-138 08	70	474	0	0	0	0	2186	0	2948 07
Reserves & Transfers													
Building Reserve	-	-	-	-	-	-	-	-	-	-	-	-	0
Parish Priest Project	-	-	-	-	-	-	-	-	-	-	-	-	
School - Special Needs	-	-	-	-	-	-	-	-	-	-	820.00	1,680.00	2,500.00
	0	0	0	0	0	0	0	-	-	0	820	1680	2500
			-	-		-		-	-	-		-	
TOTAL EXPENDITURES	3834 63	3696.34	1174 69	2772 3	3929 97	6909 57	933 32	369 63	25498 33	3149 62	8092 37	8754 99	$67,135 96
ENDING CASH BALANCE	71348 32	67651.43	71368 23	68968 38	65239.65	66543 6	65858 17	65469 83	66157 09	66684.46	80794 02	72039 03	-$970 25
BUILDING RESERVE FUND	-	-	-	-	-	-	-	-	-	-	-	-	-
SCHOLARSHIP FUNDS													-
Columbia Daily	-	-	-	-	-	-	-	-	-	-	-	-	-
Pioneer Trust CD	-	-	-	-	-	-	-	-	-	-	-	-	-
American Express Funds	-	-	-	-	-	-	-	-	-	-	-	-	-