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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

B Check if applicable

C Name of organization
KNIGHTS OF COLUMBUS

% Thomas W Grote

Number and street (or P O box, if mail is not delivered to street address) Room/suite
223 Wind Haven Ln

City or town, state or province, country, and ZIP or foreign postal code
Lafayette, LA 70506

D Employer identification number
90-0369721

E Telephone number
(337) 988-2467

F Group Exemption Number

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 Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other fraternal benefit society

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 ▶ \$ 56,090

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 | 6,325 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 18 |
| | 5a | Gross amount from sale of assets other than inventory | 5c | |
| | b | Less cost or other basis and sales expenses | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | |
| | 6 | Gaming and fundraising events | 6d | 18,503 |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | |
| | b | Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | |
| Expenses | c | Less direct expenses from gaming and fundraising events | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | |
| | 7a | Gross sales of inventory, less returns and allowances | 7c | |
| | b | Less cost of goods sold | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | |
| | 8 | Other revenue (describe in Schedule O) | 8 | 9,855 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 34,701 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| Net Assets | 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 | 31,863 |
| | 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | 31,863 |
| | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,838 |
| | 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 | 29,382 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 32,220 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

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 | 29,382 | 22 | 32,220 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 Total assets | 29,382 | 25 | 32,220 |
| 26 Total liabilities (describe in Schedule O). | | 26 | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 29,382 | 27 | 32,220 |

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?
Knights of Columbus is a Catholic fraternal organization dedicated to promoting and conducting educational, charitable, religious and social welfare works, rendering mutual aid and assistance to sick and needy members and their families

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
See Additional Data Table

(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)

32 100

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 |
|---------------------|--|--|---|--|
| Thomas Grote | 5 | 0 | 0 | 0 |
| Grand Knight | | | | |
| Raymond Patout | 5 | 0 | 0 | 0 |
| Financial Secretary | | | | |
| Kim Broussard | 2 | 0 | 0 | 0 |
| Treasurer | | | | |
| Norris Thibodeaux | 1 | 0 | 0 | 0 |
| Trustee | | | | |
| Michael J Terro | 1 | 0 | 0 | 0 |
| Trustee | | | | |
| Henry K Thibodeaux | 1 | 0 | 0 | 0 |
| Trustee | | | | |
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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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 41 List the states with which a copy of this return is filed ▶ <u>LA</u> | | |
| 42a The organization's books are in care of ▶ <u>Raymond Patout</u> Telephone no ▶ <u>(337) 988-2467</u> Located at ▶ <u>223 Wind Haven Ln Lafayette, LA</u> ZIP + 4 ▶ <u>70506</u> | | |
| 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 | No |
| 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 | No |
| 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 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 | No |
| 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 | No |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | No |
| 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 | No |
| 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 | | No |

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 | | |
| 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? | | |
| 49b | If "Yes," was the related organization a section 527 organization? | | |

| 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 |
| | | | | |
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|---|---|---|--|
| 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 |
| | | |
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|---|--|---|--|
| 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 | ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | 2017-02-09 Date | |
| | Raymond Patout Financial Secretary Type or print name and title | | | |
| 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 | ▶ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---|--|

Additional Data

Software ID: 16000263

Software Version: V1.0

EIN: 90-0369721

Name: KNIGHTS OF COLUMBUS

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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 Collects money through donations through our annual Tootsie Roll Drive to help the Mentally Handicapped We donate the money to the Alleman Center which helps the locally Mentally Handicapped people Over 100 people benefitted (Grants \$ 3,893) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 100 |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|---|--|
| 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.) |
| <div>29</div> <div>We help the local Church, St Edmond Catholic Church by paying the monthly dumpster fees, keeping up the prayer garden and doing maintenance around the church grounds Entire church community of 1700 families benefits (Grants \$ 3,407)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>29a</div> <div>0</div> |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|---|--|
| 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.) |
| <div>30</div> <div>Assist the youth of our church parish by sending 25 kids to Steubenville on the bayou retreat, Support our youth through donation to the KOC (YEP) Youth expansion program which benefits 100's state wide</div> <div>(Grants \$ 567)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div> | <div>30a</div> <div>0</div> |

| Form 990EZ, Part III - Statement of Program Service Accomplishments | |
|---|--|
| 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.) |
| Made donations to 2 catholic seminarians to support their education and helped 35 seminarian attend foreign mission and provided to the retired religious (Grants \$ 3,050) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0 |

Supplemental Information Regarding Fundraising or Gaming Activities

2016

Open to Public Inspection

Complete if the organization answered "Yes" on 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.

Employer identification number

90-0369721

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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? | | (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 |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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| 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" on 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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|---------------------------------|--------------------------|------------------|--|
| | | Catfish Dinners (event type) | Barbeque (event type) | (total number) | Total events (add col (a) through col (c)) |
| Direct Expenses | 1 Gross receipts | 24,524 | 10,161 | | 34,685 |
| | 2 Less Contributions | 0 | 0 | | 0 |
| | 3 Gross income (line 1 minus line 2) | 24,524 | 10,161 | | 34,685 |
| | 4 Cash prizes | 0 | 0 | | 0 |
| | 5 Noncash prizes | 0 | 0 | | 0 |
| | 6 Rent/facility costs | 0 | 0 | | 0 |
| | 7 Food and beverages | 10,965 | 4,880 | | 15,845 |
| | 8 Entertainment | 0 | 0 | | 0 |
| | 9 Other direct expenses | 0 | 0 | | 0 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 15,845 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 18,840 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Direct Expenses | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 _____

- 11** Does the organization conduct 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 conducted 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 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).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
KNIGHTS OF COLUMBUS

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

2016

Open to Public Inspection

Employer identification number

90-0369721

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 8 | Other Revenues , Amount Tootsie Roll Drive for donations for Mentally Handicapped , \$3893 Pro-Life Walk Donations, \$4150 RSVP Matching from KOC Supreme Office for contributions to support Catholic Seminarians , \$800 Donations for Greco Memorial Fund , \$106 Miscellaneous donations made to the Council , \$906 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| Part I, line 16 | Other Expenses , Amount KOC Supreme Council per Capita, \$1149 00 KOC State per Capita , \$1573 00 Awards Banquet, \$1058 00 Chrildren's Christmas Party (Gumbo), \$797 00 Patrio tic Rosary, \$213 00 Church Picnic and Easter Egg Hunt, \$155 00 Christmas Baskets for the poor , \$917 00 Officers Installation , \$47 00 St Edmond Prayer Garden Maintenance, \$251 00 Sport Tournaments, \$260 00 Pro-Life Walk, \$2799 00 Membership Blitz and Initiation Fees , \$271 00 Grand Knight and FS supplies , \$228 00 Church dumpster, calendars and wor k around property , \$3158 00 State Convention, \$674 00 Liability Insurance, \$351 00 Pos tage, \$205 00 Crawfish Social , \$482 00 Miscellaneous Council Expenses , \$1946 00 Youth Expansion Program, \$1560 00 Seminarian Mission Fund, \$500 00 Tootsie Roll Drive paid ou t to Allemand Center and St Mary's, \$4195 00 DesOrmeaux Center, \$1560 00 Seminarian and Priest support , \$1350 00 Donation to the KC's Ladies Auxiliary , \$1000 00 CYLA Banquet, \$347 00 Donation to the Boy Scouts troop 162 , \$200 00 Donation to the Retired Religiou s , \$1200 00 Youth Group and Lunch with the Lord Program at Wisdom Church , \$567 00 Dona tion for kids to go to Steubenville South , \$500 00 Award Scholarship tp 2 CYLA Students , \$200 00 Donations for the poor , \$2150 00 |