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SCANNED MAR 12 2010

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 black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **July 1** , 2008, and ending **June 30** , 20 **09**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Knights of Columbus Santa Maria Council 6065

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3614 Tanner Lane

City or town, state or country, and ZIP + 4
Richardson, TX 75082-2617

D Employer identification number
23 7546116

E Telephone number
(972) 744-9760

F Group Exemption Number . . ▶

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method: ☑ Cash ☐ Accrual
Other (specify) ▶

! **Website:** ▶ **www.KofC6065.org**

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

J **Organization type** (check only one)— ☑ 501(c) (**8**) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	876
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	7,215
	4	Investment income		4	1,730
	5a	Gross amount from sale of assets other than inventory	5a 73,556		
	b	Less: cost or other basis and sales expenses	5b 66,448		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	7,108
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ **0** of contributions reported on line 1)	6a 81,597		
	b	Less: direct expenses other than fundraising expenses	6b 47,442		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	34,155
	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 ▶ **Scholarship Program Refund**)		8	500
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	51,584
Expenses	10	Grants and similar amounts paid (attach schedule)		10	25,076
	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	200
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	1,092
	16	Other expenses (describe ▶ **Schedule attached**)		16	13,002
	17	**Total expenses.** Add lines 10 through 16 ▶		17	39,370
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	12,214
	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	261,604
	20	Other changes in net assets or fund balances (attach explanation)		20	(33,034)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	240,794

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	261,604	22	240,794
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	261,604	25	240,794
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	261,604	27	240,794

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

What is the organization's primary exempt purpose? **Fraternal and Charitable Work**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 **Engage in fund raising activities to provide funds for religious, civic and non sectarian causes.**

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

29 **Promote fraternal activities to provide our members with a sense of brotherhood.**

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

30 **Enhance spirituality of our members by daily good works.**

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

31 Other program services (attach schedule)

(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.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Phil Reinkemeyer **4300 Pecan Orchard Dr, Parker, TX 75002**	**Grand Knight** **20 hours**	**0**	**0**	**0**
Paul Krusac **12 Eastport Pl, Plano, TX 75074**	**Deputy Grand Knight** **20 Hours**	**0**	**0**	**0**
Michael Bernatis **2909 Knollwood Dr, Plano, TX 75075**	**Financial Secretary** **20 hours**	**0**	**0**	**0**
Israel DeLaRosa **1425 Blackburn Ln, Plano, TX 75025**	**Treasurer** **10 hours**	**0**	**0**	**0**
Larry Sloan **426 Fall Creek, Richardson, TX 75080**	**Trustee** **1 hour**	**0**	**0**	**0**
Will Alt **2316 Northcrest, Plano, TX 75075**	**Trustee** **1 hour**	**0**	**0**	**0**
Chuck Neubecker **5012 Lakewood Dr, Plano, TX 75093**	**Trustee** **1 hour**	**0**	**0**	**0**

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 0			
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 unpaid at the start of the period 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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	*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. ▶ **None**

42a The books are in care of ▶ **Richard N Park** Telephone no. ▶ **(972) 744-9760**

Located at ▶ **3614 Tanner Lane, Richardson, TX** ZIP + 4 ▶ **75082-2617**

			Yes	No
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 of 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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating 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(s) a section 527 organization?	49b		

50 Complete this table for the 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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.

Paul A. Krusac — Signature of officer — Date: 7-4-2010

Paul A Krusac, Grand Knight — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		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

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

Knights of Columbus Santa Maria Council 6065

Employer identification number

23 : 7546116

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a ☐ Mail solicitations
b ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Passbook Sales (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	41,881	10,825	18,612	71,318
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	41,881	10,825	18,612	71,318
Direct Expenses	4 Cash prizes	50			50
	5 Non-cash prizes				
	6 Rent/facility costs		2,445		2,445
	7 Other direct expenses	28,805	280	7,552	36,637
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(39,132)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				32,186

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 Non-cash 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. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
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?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide 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?	15a		
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:			
	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?	17a		
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 ► $			

Knights of Columbus Santa Maria Council 6065
Form 990-EZ
Tax Year Ended June 30. 2009

Part I, Line 5a
Gross Amount from Sale of Assets other than Inventory

Description	Sale Date	Amount
7 Shares of Berkshire Hathaway Class B	October 29, 2008	22,466.90
870.4 Shares of First Eagle Overseas Fund	October 29, 2008	14,492.16
20 Shares of Liberty Media Corp	October 29, 2008	124.04
80 Shares of Liberty Media ENTR A	October 29, 2008	1,294.24
104 Shares of Liberty Media Interactive	October 29, 2008	604.90
1,450.49 Shares of Longleaf Partners International Fund	October 29, 2008	15,692.85
33.928 Shares of Longleaf Partners Fund	October 29, 2008	533.46
658.98 Shares of FPA Captial Fund	May 20, 2009	18,347.62
Form 990-EZ, Part I, Line 5a Total		73,556.17

Part I, Line 5b
Cost or Other Basis and Sales Expenses

Description	Purchase Date	Basis
7 Shares of Berkshire Hathaway Class B	May 9, 1996	7,770.00
870.4 Shares of First Eagle Overseas Fund	April 30, 2002	15,129.47
20 Shares of Liberty Media Corp	April 30, 2002	0.00
80 Shares of Liberty Media ENTR A	April 30, 2002	0.00
104 Shares of Liberty Media Interactive	April 30, 2002	0.00
1,450.49 Shares of Longleaf Partners International Fund	June 6, 2001	20,812.92
33.928 Shares of Longleaf Partners Fund	March 22, 1999	904.79
658.98 Shares of FPA Captial Fund	May 14, 2002	21,831.06
Form 990-EZ, Part I, Line 5b Total		66,448.24

Christmas Project Gifts for Senior Citizens

Knights of Columbus Santa Maria Council 6065
Form 990-EZ
Tax Year Ended June 30, 2009

Part I, Line 10
Grants and Similar Amounts Paid

Military Support - Donation to USO	1,300.00
Youth drug free program	205.50
St Mark library materials	350.00
White Rose Pregnancy Crisis Center	8,344.00
St Mark Church Music Group	400.00
Texas Voice Project (Parkinsons Disease Assn)	500.00
St Mark's Technology project	500.00
St Mark's Youth Group	1,500.00
John Paul Catholic High School Youth Group	200.00
Ukrainian Catholic University	1,000.00
St. Vincent de Paul Society STM	1,200.00
St. Mark's Couples Milestone Anniversary Meal	250.00
St. Mark's School Auction for Teachers Supplies	500.00
St. Mark's - Refreshments for Jobless Meetings	100.00
Pro-Life	125.00
G.D.A. Basketball Tournament for Youth	250.00
Ukraine Orphans Project	500.00
Clergy Recognition Program	440.00
Scholarships	2,500.00
Ronald McDonald House	197.00
Thanksgiving Project - Turkeys for Poor	1,034.87
Christmas Project - Gifts for Senior Citizens	500.00
RCIA Program	473.69
Pro-Life Activities	700.00
Altar Boy Outings	155.52
G.D.A.	50.00
Guadalupe Catholic Radio	650.00
St Mark's Men's Retreat	1,150.25
Form 990-EZ, Part I, Line 10 Total	25,075.83

Other Changes in Net Assets or Fund B

Knights of Columbus Santa Maria Council 6065
Form 990-EZ
Tax Year Ended June 30, 2009

Part I, Line 16
Other Expenses

Liability Insurance	598.00
Bank Service Charges	75.00
Accounting	657.50
Rosary Chain Supplies	170.21
Awards - Plaques and Trophies	360.00
Knights of Columbus State Organization Member Assessments	4,583.00
Knights of Columbus National Organization Member Assessments	1,026.67
Miscellaneous Expenses	92.13
Supplies	258.61
Publicity Photo Expenses	105.33
Membership Name Badges	471.50
Internet site Fee	105.24
Answering Service	212.40
Gumbo Event	101.05
July 4th Parade	31.96
Prodigal Son Dinner	1,019.75
Picnics	114.23
Corporate Communion	115.48
Christmas Parade	60.00
Easter Egg Hunt	77.94
Awards Banquet	2,765.82
Form 990-EZ, Part I, Line 16 Total	13,001.82

Part I, Line 20
Other Changes in Net Assets or Fund Balances

Decrease in Market Value of Securities	(33,024.00)
Form 990-EZ, Part I, Line 20 Total	(33,024.00)