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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 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 \$500,000 and total assets less than \$1,250,000 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

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning		1 January	, 2009, and ending	31 December	, 20 09
<input checked="" type="checkbox"/> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Knights of Columbus Council 10160 Number and street (or P O box, if mail is not delivered to street address) 16701 "S" Street City or town, state or country, and ZIP + 4 Omaha, NE 68135		D Employer identification number 470731980 E Telephone number 402-895-1935 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) ►

I Website: ► **N/A**

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

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

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **71890**

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 7430
	4 Investment income	4 3642
	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)	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a 59918
Expenses	b Less: direct expenses other than fundraising expenses	6b 25725
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 34193
	7a Gross sales of inventory, less returns and allowances	7a 125
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ► Refunds and Reimbursements (See Statement 2))	8 1197
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 46587	9
	RECEIVED	
	10 Grants and similar amounts paid (attach schedule)	10 32244
Net Assets	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	13 125
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 176
	16 Other expenses (describe ► I See Statement 4)	16 7674
	17 Total expenses. Add lines 10 through 16 ► 40219	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 6368
	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 138114
	20 Other changes in net assets or fund balances (attach explanation)	20 920
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 145402	21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	138114	22 145402
23 Land and buildings	0	23 0
24 Other assets (describe ► I See Statement 4)	0	24 0
25 Total assets	138114	25 145402
26 Total liabilities (describe ► I See Statement 4)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138114	27 145402

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2009)

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

	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? 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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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 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 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 outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's 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 ► 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of 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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? 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."		

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."

d 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			
	Signature of officer John F Schulte, Treasurer	Date		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN <input type="checkbox"/>	Phone no <input type="checkbox"/>

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2009)

2009 FEDERAL STATEMENTS
 KNIGHTS OF COLUMBUS COUNCIL 10160

4709731980

STATEMENT 1

990-EZ PART 1, LINE 6

	GROSS RECEIPTS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
TOTAL	<u>\$59,918</u>	<u>\$59,918</u>	<u>\$25,725</u>	<u>\$34,193</u>

STATEMENT 2

FORM 990-EX PART 1, LINE 8

OTHER INCOME

REFUNDS	\$297
REIMBURSEMENT	\$478
WRITE OFF LIABILITIES	\$422
TOTAL	<u>\$1,197</u>

STATEMENT 3

FORM 990-EX PART 1, LINE 10

GRANTS AND SIMILAR AMOUNTS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME	Arch Dioceses Of Omaha	
DONEE'S ADDRESS	100 N 62 nd St	
AMOUNT	Omaha, NE 68132	\$500
DONEE'S NAME	St Stephen the Martyr	
DONEE'S ADDRESS	16701 S Street	
AMOUNT	Omaha, NE 68135	\$17,312
DONEE'S NAME	American Red Cross	
DONEE'S ADDRESS	3838 Dewey	
AMOUNT	Omaha, NE 68105	\$500
DONEE'S NAME	Youth Emergency Services	
DONEE'S ADDRESS	2679 Farnam ST	
AMOUNT	Omaha, NE 68131	\$420
DONEE'S NAME	Emergency Pregnancy Services	
DONEE'S ADDRESS	8011 Grant St	
AMOUNT	Omaha, NE 68134	\$410
DONEE'S NAME	Woman's Care Center	
DONEE'S ADDRESS	908 W Mission Ave	
AMOUNT	Bellevue, NE 68005	\$420
DONEE'S NAME	One Rose One Life	
DONEE'S ADDRESS	1218W 20 th St	
AMOUNT	Kearney, NE 68845	\$2,639
DONEE'S NAME	Knights Mental Retardation Fund	
DONEE'S ADDRESS	87441 480th Ave	
AMOUNT	Atkinson, NE 68713	\$8,277
DONEE'S NAME	Boy Scouts	
DONEE'S ADDRESS	5020 S 171 St	
AMOUNT	Omaha, NE 68135	\$1,766
TOTAL GRANTS AND SIMILAR AMOUNTS PAID		<u>\$32,244</u>

STATEMENT 4
FORM 990-EX PART 1, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$4,311
PER CAPITA EXPENSE	\$3,363
TOTAL	\$7,674

STATEMENT 5

FORM 990-EZ, PART REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFITS CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE AND FUND DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

STATEMENT 6

FORM 990-EZ, LINE 20: OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FEDERAL HOME LOAN MTG CORP CALLABLE FREDDIE NOTE, PAYS M 5 2% 12/15/24	
SHARE VALUE 12/31/2008 (80,000 SHARES @ \$0.9885	\$79,080
FULL CALL (80,000 Shares) 10/15/2009 AT \$1.00	\$80,000
MARKET VALUE ADJUST 80,000 SHARES	\$920