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AUG 19 2014

STATUTE CLEARED

SCANNED SEP 08 2014

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 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.

OMB No. 1545-1150

2009



Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 4/01, 2009, and ending 3/31, 2010

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C ST. FRANCIS XAVIER HOME ASSN OF KNIGHTS OF COLUMBUS COUNCIL 6430 C/O BRAD RACKERS 8624 LIBERTY ROAD JEFFERSON CITY, MO 65101. D Employer identification number 23-7381782. E Telephone number 573-395-4475. 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: X Cash Accrual Other (specify)

I Website: N/A. H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - X 501(c) ( 8 ) 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.

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. \$ 123,956.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 21 rows for revenue and expenses. Includes handwritten notes like 'STATUTE UNIT RECEIVED', 'AUG 15 2014', 'TPR BRANCH CORDEN', 'JUL 22 2014', 'SERVICE CENTER DIRECTOR', 'COWINGTON, KY MAIL UNIT #95', and 'Clerical SUPPORT'. Total revenue on line 9 is 22,670.

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.

Table with 7 rows for balance sheets. Columns (A) Beginning of year and (B) End of year. Total assets on line 25 are 154,591.

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

Form 990-EZ (2009)

1003

27



Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 4

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33-41 regarding organizational activities, financial reporting, and state filing.

42 a The organization's books are in care of JOSH SANDBOTHE Telephone no. 573-395-0171 Located at 6014 SHADE TREE LN JEFFERSON CITY MO ZIP + 4 65101

42 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... 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 a Foreign Bank and Financial Accounts. 42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 44 and 45 regarding donor advised funds and controlled entities.

**Part VII 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.

	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 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 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 and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000..... ▶ \_\_\_\_\_

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: **JOSH SANDBOTHE** Date: \_\_\_\_\_  
 ▶ Type or print name and title: **Treasurer**

Paid Preparer's Use Only

Preparer's signature: ▶ **CAROL J BURKHEAD** Date: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ▶ **Burkhead & Associates, LLC**  
 ▶ **600 E. Capitol Ave.**  
 ▶ **Jefferson City, MO 65101**  
 Preparer's Identifying Number (See instructions): **P01315419**  
 Check if self-employed:   
 EIN: ▶ **43-1834774**  
 Phone no.: ▶ **(573) 635-1181**

May the IRS discuss this return with the preparer shown above? See instructions..... ▶  Yes  No



**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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		DINNER/DANCES, (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1	Gross receipts	116,127.		116,127.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	116,127.		116,127.
EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	101,286.		101,286.
	10	Direct expense summary. Add lines 4- through 9 in column (d)			101,286.
	11	Net income summary. Combine lines 3, column (d) and line 10			14,841.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
		(Add col. (a) through col. (c))			
	1	Gross revenue			
EXPENSES	2	Cash prizes			
	3	Non-cash 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. Combine lines 1, column (d) and line 7			

	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	

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: ▶ -----

15 a Does the organization have a contact 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 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?..... 17a

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: ▶ \$ \_\_\_\_\_

	YES	NO
13a		
13b		
15a		
17a		

Client 6207

ST.FRANCIS XAVIER HOME ASSN OF  
KNIGHTS OF COLUMBUS COUNCIL 6430

23-7381782

8/10/10

07:29PM

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Class of Activity:	C3 CHARITIES		
Donee's Name:	COLUMBIA CHARITIES		
Donee's Address:	RANGELINE DR		
	COLUMBIA, MO 65203		
Cash Amount Given:		\$	2,323.
Class of Activity:	501 C-3		
Donee's Name:	RELAY FOR LIFE		
Relationship of Donee:	JEFFERSON CITY, MO 65101		
	NONE		
Cash Amount Given:		\$	450.
Class of Activity:	501 C-3		
Donee's Name:	MISCELLANEOUS CHARITIES UNDER \$500		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	1,645.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising and Promotion.....	\$	295.
DUES.....		5,226.
Insurance.....		1,013.
Office Expenses.....		570.
PROPERTY & SALES TAX.....		227.
SAFE DEPOSIT BOX.....		60.
<b>Total</b>	<b>\$</b>	<b>7,391.</b>

**Statement 3**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

PROVIDE COUNCIL HOME AND COMMUNITY/CHARITY BENEFITS

**Statement 4**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, 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

7/10/14

# 2009 Exempt Org. Client Activity Report

12:41:35 PM

Burkhead & Associates, LLC

## 6207 ST.FRANCIS XAVIER HOME ASSN OF

Date	Time	User	Action	Detail
5/4/10	11:29:52 AM	Reuben	Bridge	Bridged
8/13/10	2:03:29 PM	Carol	Detail Change	Codes Added: 3, Codes Modified: 0, Codes Deleted: 0
8/13/10	2:03:29 PM	Carol	Client Info. Change	Fields Changed: 1
8/13/10	2:04:54 PM	Carol	Detail Change	Codes Added: 3, Codes Modified: 0, Codes Deleted: 0
8/13/10	2:04:54 PM	Carol	Client Info. Change	Fields Changed: 1
8/13/10	2:05:41 PM	Carol	Print	Federal: 30.0527
8/13/10	2:09:33 PM	Carol	Detail Change	Codes Added: 14, Codes Modified: 5, Codes Deleted: 0
8/13/10	2:09:33 PM	Carol	Client Info. Change	Fields Changed: 1
8/10/10	7:28:22 PM	Carol	Detail Change	Codes Added: 113, Codes Modified: 47, Codes Deleted: 56
8/10/10	7:28:22 PM	Carol	Client Info. Change	Fields Changed: 1
8/10/10	7:29:39 PM	Carol	Print	Federal: 30.1103
4/14/11	12:29:24 PM	Carol	Client Info. Change	Fields Changed: 1
8/15/11	12:53:27 PM	Carol	Detail Change	Codes Added: 3, Codes Modified: 0, Codes Deleted: 0
8/15/11	1:19:21 PM	Carol	Detail Change	Codes Added: 4, Codes Modified: 0, Codes Deleted: 0