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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 July 1, 2009, and ending June 30, 2010****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization****Knight 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) ►**I Website: ► www.kofc6065.org****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 ► \$ 87,458****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	9,918
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	10,708
4	Investment income	4	256
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	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	66,576
b	Less: direct expenses other than fundraising expenses	6b	34,881
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	31,695
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 ► _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	52,577
10	Grants and similar amounts paid (attach schedule)	10	36,540
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	2,046
16	Other expenses (describe ► Schedule Attached)	16	12,832
17	Total expenses. Add lines 10 through 16	17	51,418
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,159
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	240,794
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	241,953

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.)

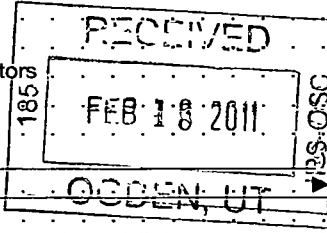
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22 240,794	241,953
23 Land and buildings	23	
24 Other assets (describe ► _____)	24	
25 Total assets	25 240,794	241,953
26 Total liabilities (describe ► _____)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 240,794	241,953

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

Cat No 106421

Form **990-EZ** (2009)

5P

SCANNED MAR 08 2011
Revenue

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

What is the organization's primary exempt purpose?	Fraternal and Charity 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, and other relevant information for each program title.	

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

[illegible]

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	37b	✓
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		
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 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 ▶		
d	Section 501(c)(3) and 501(c)(4) 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. ▶ None		
42a	The organization's books are in care of ▶ Richard N Park Telephone no. ▶ 972-744-9760 Located at ▶ 3614 Tanner Lane, Richardson, TX ZIP + 4 ▶ 75082-2617		
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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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 **46** ☐ **Yes** ☐ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☐ **No**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 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."

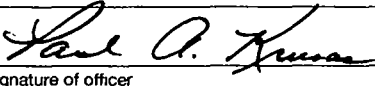
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f** _____

- 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 **d** _____

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		2-14-2011 Date	
Paid Preparer's Use Only	Paul A Krusac, Grand Knight Type or print name and title		Preparer's identifying number (See instructions)	
	Preparer's signature	Date	Check if self-employed ☐	EIN
	Firm's name (or yours if self-employed), address, and ZIP + 4		Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**



Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

2009

Open To Public Inspection

Knights of Columbus Santa Maria Council 6065

23 : 7546116

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.

- 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

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.

[illegible]

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	39,097	8,771	13,907	61,775
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	39,097	8,771	13,907	61,775
Direct Expenses	4 Cash prizes	38			38
	5 Noncash prizes				
	6 Rent/facility costs		1,561		1,561
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,447		5,930	32,377
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(33,976)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				27,799

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. Combine line 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	

		Yes	No
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 ▶		
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 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 ▶ \$		

Knights of Columbus Santa Maria Council 6065
Form 990-EZ
Tax Year Ended June 30, 2010

Part I, Line 10

Grants and Similar Amounts Paid

Military Support - Donation to USO, VA	1,232.10
St Mark's Teachers' Wish List	500.00
Youth drug free program	194.80
KC Supreme Culture of Life	238.00
White Rose Pregnancy Crisis Ctr	5,458.23
Texas Voice Project	1,250.00
St Mark's Youth Group	1,500.00
Ukrainian Catholic University	1,000.00
Catholic Television	750.00
St. Vincent de Paul Society STM	1,200.00
St. Mark's Projects	11,001.57
Pro-Life	545.00
Ukraine Orphans Project	500.00
Clergy Recognition Program	328.80
Basketball Tournament- Squires	125.00
Scholarships	2,500.00
Ronald McDonald House	96.00
Thanksgiving Project	1,166.17
Christmas Project	500.00
Foster Children Program	75.00
RCIA Program	607.13
Pro-Life Activities	630.00
Altar Boy Outings	148.88
State Charity Fund	3,550.00
Seminarian Fund	1,300.00
G.D.A. Chili Cook-On	143.52

Form 990-EZ, Part I, Line 10 Total

36,540.20

Knights of Columbus Santa Maria Council 6065
Form 990-EZ
Tax Year Ended June 30, 2010

Part I, Line 16
Other Expenses

Liability Insurance	690.69
Bank Service Charges	102.77
Telephone	59.70
Audit Copies	10.05
Awards - Plaques and Trophies	12.00
Knights of Columbus State Organization Member Assessments	2,053.50
Knights of Columbus National Organization Member Assessments	874.46
State Convention Expenses	1,204.23
Supplies	426.60
Publicity Photo Expenses	135.00
Membership Name Badges	138.50
Internet site Fee	111.24
Answering Service	232.20
Gumbo Event	0.00
July 4th Parade	88.68
Prodigal Son Dinner	998.86
Golf Tournament	1,561.00
Picnics	170.00
Corporate Communion	499.47
District Meetings	260.00
Easter Egg Hunt	100.00
Awards Banquet	2,225.60
Major Degrees	14.28
Refreshments - Meetings	120.35
Miscellaneous	742.73
Form 990-EZ, Part I, Line 16 Total	12,831.91