



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue ServiceUnder 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
InspectionA For the 2009 calendar year, or tax year beginning July, 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 Instructions.	C Name of organization Knights of Columbus - St James Council #10895	D Employer identification number 47-0757819
	Number and street (or P.O. box, if mail is not delivered to street address) 9905 Evans St	E Telephone number 402-571-2889
	City or town, state or country, and ZIP + 4 Omaha, NE 68134-4517	F Group Exemption Number ► 0188

• 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.stjameskofc.orgJ 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 ► \$ 38,336

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 <u>2,011</u>
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <u>1,798</u>
	4 Investment income	4 <u>364</u>
	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 ► <input type="checkbox"/>	
	a Gross revenue (not including \$ <u>1741</u>) of contributions reported on line 1)	6a <u>34,163</u>
	b Less: direct expenses other than fundraising expenses	6b <u>23,929</u>
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c <u>10,234</u>
	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)	
	8 Other revenue (describe ► <u>RECEIVED</u>)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► <u>14,407</u>	9 <u>14,407</u>
Expenses	10 Grants and similar amounts paid (attach schedule) <u>0</u>	10 <u>4,365</u>
	11 Benefits paid to or for members <u>NOV 08 2010</u>	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 <u>1,314</u>
	16 Other expenses (describe ► <u>"per Attachment"</u>)	16 <u>726</u>
	17 Total expenses. Add lines 10 through 16 ► <u>6,405</u>	17 <u>6,405</u>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <u>8,002</u>
	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 <u>23,803</u>
	20 Other changes in net assets or fund balances (attach explanation)	20 <u>1,241</u>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► <u>32,546</u>	21 <u>32,546</u>

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	<u>23,303</u>	22 <u>32,546</u>
23 Land and buildings	<u>-0-</u>	23 <u>-0-</u>
24 Other assets (describe ► <u>N/A</u>)	<u>N/A</u>	24 <u>N/A</u>
25 Total assets	<u>23,303</u>	25 <u>32,546</u>
26 Total liabilities (describe ► <u>-0-</u>)	<u>-0-</u>	26 <u>-0-</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>23,303</u>	27 <u>32,546</u>

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

What is the organization's primary exempt purpose? Fraternal Benefit Society
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 Provided spiritual, fraternal, family and social support to the general membership base.

(Grants \$) If this amount includes foreign grants, check here

29 Provided assistance, service and leadership to the pastor, parish staff and parishioners to achieve parish goals.

(Grants \$) If this amount includes foreign grants, check here

30 Enhanced the Community of St. James Parish through programs of worship, family, youth, social and financial activities.

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

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

	Yes	No
33		X
34		X
35		
a		
b		
36		
37a	37a	None
b	37b	X
38a	38a	X
a	38b	
39	39a	NA
b	39b	NA
40a	40b	
b		
c		
d		
e		
41	List the states with which a copy of this return is filed. ► Nebraska	
42a	The organization's books are in care of ► Jerome Coan, Treasurer Telephone no. ► 402-572-7109 Located at ► 5634 N. 81st St., Omaha, NE ZIP + 4 ► 68134-2036	
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.	
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: ► _____	
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	
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	

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.

Not Applicable

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**

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."

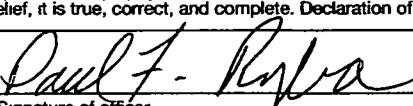
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<i>NONE</i>				

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." *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 ►

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  Type or print name and title			
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	►
			Phone no.	►
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

FORM 990EZ 47-0757819

Knights of Columbus, St James Council #10895
2009 Form 990EZ - ATTACHMENT

RE: Part I Line 6 - Special Events and Activities

	<u>Line 6 A</u>	<u>Line 6 B</u>
Lenten Fish Frys	\$ 31,689	\$ 17,812
Entertainment Book Sales	1,600	1,198
Council Steak Fry	749	818
Council Shirt Sales	125	—
Nebraska Mentally Handicapped		1741
Parish Coffees and Socials		1139
Parish Youth Events		494
Council Christmas Party		467
Teacher Appreciation		260
	<u>\$ 34,163</u>	<u>\$ 23,929</u>

RE: Part I Line 10 - Grants and Similar Accounts:

Financial Gifts to Priests, Seminarians etc.	\$ 1,580
Schools, Education, Youth	2,610
Food Baskets for Needy	150
Masses for Deceased Brothers	25

\$ 4,365

RE: Part I Line 16 - Other Expenses

Travel Conventions and Conference	\$ 631
Investment Expense	44
Bank Charges	51

\$ 726

RE: Part I Line 20 - Other Changes in Net Assets:

Unrealized Gain/Loss Mutual Fund Investments	<u>\$ 1,241</u>
--	-----------------