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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning **January 1**, 2010, and ending **December 31**, 20 **10**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Knight of Columbus, Nativity Council # 6570

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1412 4th Ave North

City or town, state or country, and ZIP + 4
Fargo, ND 58102-4234

D Employer identification number
51-0135859

E Telephone number
701-235-1334

F Group Exemption Number ► **Gen 0188**

G Accounting Method. ☒ Cash ☐ Accrual Other (specify) ► _____

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

I Website: ► **www.nativityknights.org**

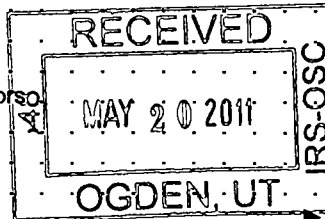
J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 501(c) (**8**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 56,541**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	6,550
	4	Investment income	4	570
	5a	Gross amount from sale of assets other than inventory	5a	N/A
	b	Less: cost or other basis and sales expenses	5b	N/A
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	14,210
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,653
c	Less: direct expenses from gaming and fundraising events	6c	16,173	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2690	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	19,874
	b	Less: cost of goods sold	7b	11,461
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,413
	8	Other revenue (describe in Schedule O)	8	10,684
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,907
	10	Grants and similar amounts paid (list in Schedule O)	10	5937
	11	Benefits paid to or for members	11	0
Net Assets	12	Salaries, other compensation, and employee benefits	12	865
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	1288
	16	Other expenses (describe in Schedule O)	16	16,393
	17	Total expenses. Add lines 10 through 16	17	24,483
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4424
Net Assets	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	32,651
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	37,075



For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED JUN 20 2011

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	47,706	22 51,566
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	510	24 350
25	Total assets	48,216	25 51,916
26	Total liabilities (describe in Schedule O)	0	26 18,621
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 33,295

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III . . . ☐	(Required for section

What is the organization's primary exempt purpose? Educational, Charitable, Religious, Social Welfare Works 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.	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
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28	Monthly Parish Breakfast	8 - Breakfast meals served an average of 200 meals.	
	Unity and Fellowship		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐		28a
29	A Calender Raffle The procees from this raffle were donated to Nativity Church and School to purchase the needed material to necessary to increase the size of the walk in freezer three time the present size.		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐		29a
30	Scholarship for Seminarians, Annual Dinner Auction		
	5 Seminarians are benefactor of the proceeds raised by the Dinner Auction.		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐		30a
31	Other program services (describe in Schedule O)		
	(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.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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 tax year 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 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
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 ▶ Steve Motschenbacher Telephone no. ▶ 701-235-1334 Located at ▶ 1412 4th Ave North, Fargo ND ZIP + 4 ▶ 58102-4234		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	☒
c Did the organization receive any payments for indoor tanning services during the year?	44c	☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	☒

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	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
None				

f Total number of other employees paid over \$100,000 **-0-**

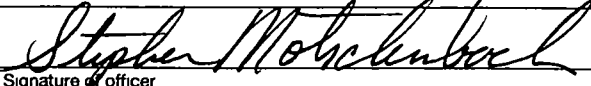
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **-0-**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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		Date 5-15-2011
	Signature of officer	
	Steve Molschenbacher, Financial Secretary	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

51-0135859**Part I Line #8 Other Revenue**

Breakfast Income 6671

Lenten Dinners Income 2517

Clothing Income 275

Red Hawks (Baseball) Income 821

R.S.V.P. Refund Income 400

Total 10,684

Part I Line # 10 Grants and Similar Amounts

Seminarian Scholarship 2500

Per Capita Assessment 3437

Total 5937

Part I Line # 16 Other Expenses**Donations**

Fr. Jack Davis Mission 200

FM Coalition for Homeless Persons 200

Presentation Sisters 200

Boy Scouts 400

Cub Scouts 100

Girl Scouts 100

Home on the Range 250

Pennies for Vocation 250

Pro Life 100

FM Church Basket Ball League 150

Sub Total A 1950

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I **Line # 16** **Other Expenses**

51-0135859

Council Expenses

Lenten Dinners Expenses 2,178

Party Expenses

Red Hawks Baseball 924

Clothing Expenses 606

Year Books Expenses 667

Insurance - Liability 287

Web Page Expenses 84

Sub Total E 4746

Total A, B, C, D, & E 16393

Part II **Line # 24** **Shirt Inventory for members**

Part II **Line # 27** **Net assets or fund balances do not agree. In the past the number on Line 19 of past 990's Returns may have been in error. The instruction this year were much clearer and easier to follow making future 990's accurate.**

Part V **Line # 44d** **We do not have any tanning equipment or provide any tanning services at all.**

Name of the organization

Employer identification number

Part I **Line # 16** **Other Expenses****51-0135859****Donations -continues**

Gifts for the Clergy	150
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Bishop Gift	75
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Blanket Project	335
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Nativity Church and School	1040
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Special Olympics	100
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Youth Poster Contest	681
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Shanley 1st Nighter	168
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Culture of Life	416
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Miscellaneous	638
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Sub Total B	3603
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Part I **Line # 16** **Other Expenses****Memorials**

Knigh of the Month, Alter Server of Month, Family of Month	175
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Memorial Mass	150
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Miscellaneous Memorial	235
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Sub Total C	560
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Part I **Line # 16** **Other Expenses****Council Expenses**

Kitchen & Offices Supplies	423
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Convention Expenses	1662
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Breakfast Expenses	3449
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Sub Total D	5534
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