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Short Form  
Return of Organization Exempt From Income Tax

2011

Open to Public  
Inspection

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, 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.

JAN 22 2014

ENVELOPE POST MARK DATE

Revenue

SCANNED FEB 06 2014

Expenses

Net Assets

A For the 2011 calendar year, or tax year beginning <b>JULY</b> , 2011, and ending <b>JUN 30</b> , 2012	B Check if applicable	C Name of organization <b>KNIGHTS OF COLUMBUS - ST JAMES COUNCIL 10895</b>	D Employer identification number <b>47-075 7819</b>
E Address change		Number and street (or P.O. box, if mail is not delivered to street address) <b>2615 N 100<sup>th</sup> AVE</b>	Room/suite
F Name change		City or town, state or country, and ZIP + 4 <b>OMAHA NE 68134</b>	E Telephone number <b>402-210-9641</b>

G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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I Website: ► **N/A**

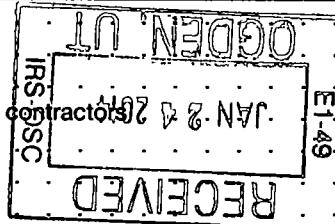
J Tax-exempt status (check only one) —  501(c)(3)  501(c) (8) (insert no.)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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.

Line 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 ► **\$ 53,288.00**

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. ►

1 Contributions, gifts, grants, and similar amounts received	1 8,597
2 Program service revenue including government fees and contracts	2 0
3 Membership dues and assessments	3 3,999
4 Investment income	4 0
5a Gross amount from sale of assets other than inventory	5a 0
b Less: cost or other basis and sales expenses	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 0
b Gross income from fundraising events (not including \$ 0 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 39,825
c Less: direct expenses from gaming and fundraising events	6c 25,260
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 14,565
7a Gross sales of inventory, less returns and allowances	7a 0
b Less: cost of goods sold	7b 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
8 Other revenue (describe in Schedule O)	8 867
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 28,028
10 Grants and similar amounts paid (list in Schedule O)	10 16,452
11 Benefits paid to or for members	11 0
12 Salaries, other compensation, and employee benefits	12 0
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 1,612
16 Other expenses (describe in Schedule O)	16 1,115
17 Total expenses. Add lines 10 through 16	17 19,179
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,849
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 35,130
20 Other changes in net assets or fund balances (explain in Schedule O)	20 294
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 44,273



22

**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 . . . . .	35,130	22 44,273
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	35,130	25 44,273
26	Total liabilities (describe in Schedule O) . . . . .	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	35,130	27 44,273

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III . . . What is the organization's primary exempt purpose? FRATERNAL BENEFIT SOCIETY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	<u>PROVIDE SPIRITUAL, FRATERNAL, FAMILY, AND SOCIAL SUPPORT TO THE GENERAL MEMBERSHIP BASIC</u>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	<u>PROVIDE ASSISTANCE, SERVICES AND LEADERSHIP TO THE PASTOR, PARISH STAFF, AND PARISHIONERS TO ACHIEVE PARISH GOALS</u>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	<u>ENHANCE THE COMMUNITY OF ST JAMES PARISH THROUGH PROGRAMS OF WORSHIP, FAMILY, YOUTH, SOCIAL AND FINANCIAL ACTIVITIES.</u>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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 . . . . . 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) . . . . .	(d) Health benefits, contributions to employee benefit plans, and deferred compensation . . . . .	(e) Estimated amount of other compensation . . . . .
THOMAS HYDE OMAHA NR	GRAND KNIGHT 1-10 HOURS	0	0	0
JOHN DALY OMAHA NR	DEPUTY GRAND KNIGHT 1-5 HRS	0	0	0
MIKE GALLAGHER OMAHA NR	FINANCIAL SECRETARY 1-8 HRS	0	0	0
BRIAN STEINBRUCK OMAHA NR	TREASURER 1-5 HRS	0	0	0
JIM CURRIR OMAHA NR	RECORDAR 1-5 HRS	0	0	0
KEVIN MCMATION OMAHA NR	ADVOCATE 1-5 HRS	0	0	0
GARY KLUTH OMAHA NR	WARDEN 1-5 HRS	0	0	0
DAN WALSH OMAHA NR	FACTOR GUARD 1-5 HRS	0	0	0
JIM MISCINSKI OMAHA NR	OUTSIDER GUARD 1-5 HRS	0	0	0
PAUL RYBA OMAHA NR	TRUSTEE 1-5 HRS	0	0	0
WOODY ARMSTRONG OMAHA NR	TRUSTEE 1-5 HRS	0	0	0
STRIVE MORFORD OMAHA NR	TRUSTEE 1-5 HRS	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant 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

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . 35a

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .

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 . . . . .

b Did the organization file Form 1120-POL for this year? . . . . .

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

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 ► \_\_\_\_\_ 40b

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 . . . . .

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 . . . . . 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 40d

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. ► NEBRASKA

42a The organization's books are in care of ► BRIAN STEINBRUCK Telephone no. ► 402-210-9641  
Located at ► 2615 N 100<sup>th</sup> AVE OMAHA NE 68134 ZIP + 4 ► 68134 42b

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. 42c

c At any time during the calendar year, did the organization maintain an office outside 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

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 . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

45b 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) . . . . . 45b

	Yes	No
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a		<input checked="" type="checkbox"/>
35b		<input checked="" type="checkbox"/>
35c		<input checked="" type="checkbox"/>
36		<input checked="" type="checkbox"/>
37a		
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
38b		
39a		
39b		
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>
43		
44a		<input checked="" type="checkbox"/>
44b		<input checked="" type="checkbox"/>
44c		<input checked="" type="checkbox"/>
44d		
45a		<input checked="" type="checkbox"/>
45b		<input checked="" type="checkbox"/>

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.

**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 or have a section 501(h) election in effect during the tax year? 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."

(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

**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.

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

<b>Sign Here</b>		<b>01/21/14</b>			
	Signature of officer	Date			
	<b>BRIAN STEINBRUCK TREASURER</b>				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> 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 ► <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

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**Name of the organization**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

**Employer identification number**

47-0757819

## KNIGHTS OF COLUMBUS - ST JAMES COUNCIL 10895

**Part I** **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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>FFSH FRY (1)</u> (event type)	(b) Event #2 <u>FISST FRY (2)</u> (event type)	(c) Other events <u>FFSA FRY (3)</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	12,388.00	14,721.75	11,485.53
	2 Less: Charitable contributions . . . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	12,388.00	14,721.75	11,485.53
Direct Expenses	4 Cash prizes . . . . .	0	0	0
	5 Noncash prizes . . . . .	0	0	0
	6 Rent/facility costs . . . . .	0	0	0
	7 Food and beverages . . . . .	6,783.10	6,332.83	5,967.47
	8 Entertainment . . . . .	0	0	0
	9 Other direct expenses . . . . .	2,848.15	766.04	835.00
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				► ( 23,532.59 )
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				► 15,062.69

**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 . . . . .			
	2 Cash prizes . . . . .			
	3 Noncash prizes . . . . .			
Direct Expenses	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 line 1, column d, and line 7 . . . . .			►

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? . . . . .  Yes  No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
b If "Yes," explain: \_\_\_\_\_

11	Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .  Yes  No

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 ► \$ \_\_\_\_\_

□ Sign in / Sign out   □ Log in   □ Help   □ Log out   □ Log in with SSO

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?  Yes  No
- 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 ► \$

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## 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.

2011

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS - ST JAMES COUNCIL 10895

Employer identification number

47-0757819

RE PART I LINE 8: KNIGHTS SHIRTS SOLD TO MEMBERS 210<sup>00</sup>

STATE CONVENTION TRAVEL REIMBURSE 70<sup>00</sup>

MEMBER STEAK FRY DONATIONS 587<sup>00</sup>

LINE 8 \$ 867.

LINE 10: GRANTS IN EXCESS OF \$5000<sup>00</sup>

1.) DONATION TO THE FAMILY OF DECEASED MEMBER

KEN BIRRMANN IN THE AMOUNT OF \$5,000<sup>00</sup>

LINE 16: "OTHR EXPNSRS"

STATE CONVENTION TRAVEL/LOGGING 479<sup>00</sup>

KNIGHT'S SHIRTS (FOR MEMBERS) 280<sup>00</sup>

MISC ADMIN. EXPNSRS (WEB DOMAIN, SUPPLIES) 356<sup>00</sup>

LINE 16: \$ 1,115<sup>00</sup>

LINE 20: OTHER CHNGRS IN NET ASSETS:

UNREALIZED GAIN/LOSS IN MUTUAL FUND ACCT 294<sup>00</sup>

\$ 294<sup>00</sup>