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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 private foundations)

OMB No. 1545-1150

2016

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

JULY 01

, 2016, and ending

JUNE 30

, 2017

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

KNIGHTS OF COLUMBUS → ST JAMES COUNCIL 10895

Number and street (or P.O. box, if mail is not delivered to street address)

2615 N 100<sup>th</sup> AVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

OMAHA NE 68134

D Employer identification number

47-0757819

E Telephone number

402-210-9641

F Group Exemption

Number

0188

G Accounting Method:  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) —  501(c)(3)  501(c)(8) ▶ (insert no)  4947(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other FRATERNAL BENEFIT ORGANIZATION

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 69,814

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

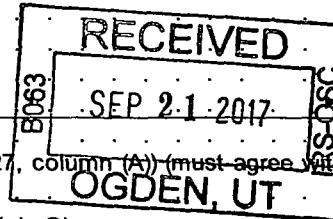
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2,032.
	2 Program service revenue including government fees and contracts	2	0.
	3 Membership dues and assessments	3	4,601.
	4 Investment income	4	0.
	5a Gross amount from sale of assets other than inventory	5a	0.
	b Less: cost or 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	61,772
	c Less: direct expenses from gaming and fundraising events	6c	37,951
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,821.
	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	1,409.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	31,883.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	26,177.
	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	648.
	16 Other expenses (describe in Schedule O)	16	1,405.
Net Assets	17 Total expenses Add lines 10 through 16	17	28,233.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,630.
	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	38,845.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	2,944.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,49.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2016)

SCANNED SEP 26 2017



## 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	38,845	22 45,419
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	38,845	25 45,419
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,845	27 45,419

## 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.

28 PROVIDE SPIRITUAL, FRATERNAL, FAMILY, AND SOCIAL SUPPORT TO THE GRANDFRATERNAL MEMBERSHIP BASIS.

29 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 PROVIDE ASSISTANCE, SERVICES, AND LEADERSHIP TO THE PASTOR, PARISH STAFF, AND PARISHIONERS TO ACHIEVE PARISH GOALS OF WORSHIP, FAMILY, YOUTH, SOCIAL, AND FINANCIAL ACTIVITIES (25) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 ENHANCE 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 <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 Total program service expenses (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 title	(b) 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
(ALL LISTED ARE FROM OMAHA NE) DAN WALSH - GRAND KNIGHT	1-10	0	0	0
CHRIS MORTARO - DEPUTY GRAND KNIGHT	1-5	0	0	0
KEVIN McMAHON - FINANCIAL SECRETARY	1-10	0	0	0
BRIAN STEINBRUCK - TREASURER	1-5	0	0	0
JAMES CURRER - RECORDER	1-5	0	0	0
LIZZIE LOEFFLER - ADVOCATE	1-5	0	0	0
JASON FENNISON - WARDEN	1-5	0	0	0
DOUG POWELL - INSIDE GUARD	1-5	0	0	0
DAN CAMPBELL - OUTSIDE GUARDS	1-5	0	0	0
TRIA SNOODY - TRUSTEE	1-5	0	0	0
JON DALY - TRUSTEE	1-5	0	0	0
STEVEN MURFORD - TRUSTEE	1-5	0	0	0
PAUL RYBA - TRUSTEE	1-5	0	0	0

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**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 35b

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 35c

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? 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

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), 501(c)(4), and 501(c)(29) 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 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed ► N/A

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

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 42c

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

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

b 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		<input type="text"/>
37b		<input checked="" type="checkbox"/>
38a		<input checked="" type="checkbox"/>
39a		<input type="text"/>
39b		<input type="text"/>
40b		<input checked="" type="checkbox"/>
40c		<input type="text"/>
40d		<input type="text"/>
40e		<input checked="" type="checkbox"/>
40f		<input type="text"/>
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>
43		<input type="checkbox"/>
44a		<input checked="" type="checkbox"/>
44b		<input checked="" type="checkbox"/>
44c		<input checked="" type="checkbox"/>
44d		<input checked="" type="checkbox"/>
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 only**

All section 501(c)(3) organizations 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 business address of each independent contractor	(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 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  Signature of officer Date 09/17/17  
BRIAN STEINBRUCK - TREASURER

Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date		Check <input type="checkbox"/> if self-employed
	Firm's name ►				Firm's EIN ►
	Firm's address ►				Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No 1545-0047

**2017**  
Open to Public  
Inspection

Name of the organization

**KNIGHTS OF COLUMBUS - ST JAMES COUNCIL 10895**Employer identification number  
**47-0757819****Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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

2b If "Yes," list the 10 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						

**Total**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" on 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>FF3H FRY 1</u> (event type)	(b) Event #2 <u>FF3H FRY 2</u> (event type)	(c) Other events <u>FF3H FRY 3</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1	Gross receipts . . . . .	<u>20,967.20</u>	<u>20,142.85</u>	<u>15,518.33</u>
	2 Less: Contributions . . . . .	<u>0</u>	<u>0</u>	<u>0</u>
	3 Gross income (line 1 minus line 2) . . . . .	<u>20,967.20</u>	<u>20,142.85</u>	<u>15,518.33</u>
				<u>56,628.40</u>
Direct Expenses				
4	Cash prizes . . . . .	<u>0</u>	<u>0</u>	<u>0</u>
5	Noncash prizes . . . . .	<u>0</u>	<u>0</u>	<u>0</u>
6	Rent/facility costs . . . . .	<u>0</u>	<u>0</u>	<u>0</u>
7	Food and beverages . . . . .	<u>8,748.16</u>	<u>1,956.00</u>	<u>18,025.71</u>
8	Entertainment . . . . .	<u>0</u>	<u>0</u>	<u>0</u>
9	Other direct expenses . . . . .	<u>2,068.46</u>	<u>803.93</u>	<u>1,259.98</u>
				<u>4,132.37</u>
10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .			<u>32,862.24</u>
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .			<u>23,766.16</u>

**Part III Gaming.** Complete if the organization answered "Yes" on 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 . . . . .	<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. Subtract line 7 from line 1, column (d) . . . . .			

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity conducted 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 ► \$ \_\_\_\_\_

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?  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.** 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 provide any additional information. See instructions.

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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS - ST JAMES COUNCIL 10895

Employer identification number  
47-0757819

PART I LINE 8:

MEMBER STEAK FRY DONATIONS	686
KNIGHTS CLOTHING REIMBURSE	590
STATE CONVENTION REIMBURSE	133
LINE 8:	<u>\$1,409.</u>

LINE 16: OTHER EXPENSES

BANK FEES	23.64
STATE CONVENTION EXPENSE	533.31
KNIGHTS MEMBER CLOTHING	791.75
GRAND KNIGHT SEMINAR / MFSC	56.67
LINE 16	<u>\$1,405</u>

LINE 20: OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN/LOSS IN MUTUAL FUNDS ACCT	2,943.62
LINE 20:	<u>\$2,944</u>