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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 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

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 1159 ST MARY'S COUNCIL	D Employer identification number 47-0497628
	Number and street (or P O box, if mail is not delivered to street address) 719 W 3RD ST	E Telephone number (308) 382-6060
	City or town, state or country, and ZIP + 4 GRAND ISLAND, NE 68801	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: ► N/A

J Tax-Exempt status (check only one)  501(c) (8) (insert no)  4947(a)(1) or  527H 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 ► \$ 53,514

## 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	3,080
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	3,110
4 Investment income	4	89
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 checked="" type="checkbox"/>		
a Gross revenue (not including \$ of contributions reported on line 1) <input checked="" type="checkbox"/>	6a	44,309
b Less direct expenses other than fundraising expenses	6b	37,609
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,700
7a Gross sales of inventory, less returns and allowances	7a	2,926
b Less cost of goods sold	7b	1,471
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,455
8 Other revenue (describe ► )	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	14,434
10 Grants and similar amounts paid (attach schedule) <input checked="" type="checkbox"/>	10	9,755
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	488
13 Professional fees and other payments to independent contractors	13	1,920
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► )	16	5,780
17 Total expenses. Add lines 10 through 16	17	17,943
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,509
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	15,014
20 Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>	20	3,366
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	14,871

## 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	14,263	22
23 Land and buildings		23
24 Other assets (describe ► )	898	24
25 Total assets	15,161	25
26 Total liabilities (describe ► )	147	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,014	27
		14,871



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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<b>Section 501(c)(7) organizations.</b> Enter		39a	
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	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		40b	
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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			
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> 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		No
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► DOUGLAS BOOKKEEPING SRVC	Telephone no ► (308) 382-6082		
	719 W 3RD ST Located at ► GRAND ISLAND, NE	ZIP + 4 ► 68801		
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	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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	No
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	No

**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.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	
<b>50</b>	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."		

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

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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 CHARLES DONNER FINANCIAL SECRETARY Type or print name and title	2010-11-18 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature STEPHEN J DOUGLAS	Date 2010-11-22	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DOUGLAS BOOKKEEPING SVC 719 W 3RD ST GRAND ISLAND, NE 688015825			EIN <input checked="" type="checkbox"/>

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No



**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 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .				
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .				
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .				
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				

**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 . . . . .	32,829	8,333		41,162
Direct Expenses	2 Cash prizes . . . . .	25,096	6,278		31,374
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .	2,176	1,078		3,254
	6 Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				34,628
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . .				6,534

9	Enter the state(s) in which the organization operates gaming activities	NE	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		9a	Yes
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?		11	Yes
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	No

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in		
a The organization's facility . . . . .	<b>13a</b>	100 000 %
b An outside facility . . . . .	<b>13b</b>	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►	DOUGLAS BOOKKEEPING SRVC	
Address ►	719 W 3RD ST GRAND ISLAND, NE 68801	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	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		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

## TY 2009 Compensation Explanation

**Name:** KNIGHTS OF COLUMBUS 1159  
ST MARY'S COUNCIL  
**EIN:** 47-0497628

Person Name	Explanation
MATTHEW RIPP	
CHARLES C DONNER	
STEPHEN DOUGLAS	
JAMES WEBB	
GERARD A PICCOLO	
RODGER ZAWODNIK	
JIMMIE D NELSON	
DOUG MAUL	
JERRY NORIEGA	
ROBERT MULLIGAN	
MARK GALVAN	
RANDALL LEWANDOWSKI	

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

**EIN:** 47-0497628

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	KNIGHTS OF COLUMBUS SUPREME COUNCIL
<b>Donee's Address</b>	ONE COLUMBUS PLASA NEW HAVEN, CT 065070901
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	PER CAPITA ASSESSMNT
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	KNIGHTS OF COLUMBUS STATE COUNCIL
<b>Donee's Address</b>	517 N 4TH DAVID CITY, NE 68632
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	PER CAPITA ASSESSMNT
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Assets Schedule

**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

**EIN:** 47-0497628

Description	Beginning of Year Amount	End of Year Amount
INVENTORIES FOR SALE OR USE	898	633
	898	633

## TY 2009 Other Changes in Net Assets Schedule

**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

**EIN:** 47-0497628

Description	Amount
RECOGNIZE CD INVESTMENT	3,366

## TY 2009 Other Expenses Schedule

**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

**EIN:** 47-0497628

Description	Amount
EXPENSES	
ADVERTISING AND PROMOTION	1,158
OFFICE	39
CONFERENCES/MEETINGS	146
SUPPLIES	1,290
POSTAGE	483
PRIEST & TEACHER APPRECIA	740
TV MASSES	534
REPAIRS	890
SEMINARIAN ASSISTANCE	500

## TY 2009 Other Liabilities Schedule

**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

**EIN:** 47-0497628

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAX PAYABLE	34	34
SALES TAX PAYABLE	113	93
	147	127

**Additional Data****Software ID:  
Software Version:**

**EIN:** 47-0497628  
**Name:** KNIGHTS OF COLUMBUS 1159  
 ST MARY'S COUNCIL

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

<b>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.</b>	<b>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</b>
<b>28</b> TOOTSIE ROLL DRIVE- SALE OF TOOTSIE ROLLS WITH PROCEEDS BEING DONATED TO CHARITY (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>28a</b>
<b>29</b> TV MASSES- SPONSOR AND RECORD TV MASSES FOR SHUT-INS (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>29a</b>
<b>30</b> ONE ROSE ONE LIFE- COLLECTION WITH RECEIPTS DONATED TO CHARITY (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	<b>30a</b>
SEMINARIAN ASSISTANCE- HELP SEMINARY STUDENTS WITH COST OF ATTENDING SEMINARY SUPPORT THE SOCIAL WELFARE OF THE COMMUNITY BY ASSISTING COMMUNITY YOUTH AND RELIGIOUS PROGRAMS (Grants \$ ) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MATTHEW RIPP 1027 HALL ST GRAND ISLAND, NE 68801	GRAND KNIGHT 0	0		
CHARLES C DONNER 1818 W CHARLES ST GRAND ISLAND, NE 68803	FINC'L SECR 0	450		
STEPHEN DOUGLAS 3119 MEMPHIS PL GRAND ISLAND, NE 68803	TREASURER 0	0		
JAMES WEBB 646 12TH AVE ST PAUL, NE 68873	RECORDER 0	0		
GERARD A PICCOLO 2020 N SYCAMORE ST GRAND ISLAND, NE 68801	ADVOCATE 0	0		
RODGER ZAWODNIAK 2008 W CHARLES ST GRAND ISLAND, NE 68803	OUTSDE GUARD 0	0		
JIMMIE D NELSON 622 S CLARK ST GRAND ISLAND, NE 68801	INSIDE GUARD 0	0		
DOUG MAUL 1018 W 1ST ST GRAND ISLAND, NE 68801	WARDEN 0	0		
JERRY NORIEGA 614 E DIVISION ST GRAND ISLAND, NE 68801	CHANCELLOR 0	0		
ROBERT MULLIGAN 640 E MEMORIAL DR GRAND ISLAND, NE 68801	TRUSTEE 0	0		
MARK GALVAN 584 E 20TH ST GRAND ISLAND, NE 68801	TRUSTEE 0	0		
RANDALL LEWANDOWSKI 1415 W 3RD ST GRAND ISLAND, NE 68801	TRUSTEE 0	0		