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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	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
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 719 W 3RD ST		E Telephone number (308) 382-6060
Name change				
Initial return		City or town, state or country, and ZIP + 4 GRAND ISLAND, NE 68801		F Group Exemption Number 0188
Terminated				
Amended return				
Application pending				

* 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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)									
Revenue	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		5c	
	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"/>						6c	6,700
	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		
	7a	Gross sales of inventory, less returns and allowances				7a	2,926	7c	1,455
	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			
8	Other revenue (describe <input type="checkbox"/>)						8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						9	14,434	
Expenses	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 <input checked="" type="checkbox"/>)						16	5,780
	17	Total expenses. Add lines 10 through 16						17	17,943
Net Assets	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 14,365
23 Land and buildings		23
24 Other assets (describe)	898	24 633
25 Total assets	15,161	25 14,998
26 Total liabilities (describe)	147	26 127
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	15,014	27 14,871

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? PROMOTE CHARITY, UNITY, FRATERNITY & PATRIOTISM			
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			
28 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule)			
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	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)				
(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

Part VOther 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 not 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 Form 990-T 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 Form 1120-POL for this year?	37b	No
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 period covered by this return?	38a	No
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		
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 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	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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	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)? 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.	42b	No
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	42c	No
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.	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.

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

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

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 "

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

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

Please 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		2010-11-18 Date		
	CHARLES DONNER FINANCIAL SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEPHEN J DOUGLAS	Date 2010-11-22	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
	DOUGLAS BOOKKEEPING SVC 719 W 3RD ST GRAND ISLAND, NE 688015825				Phone no (308) 382-6082
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS 1159
ST MARY'S COUNCIL

Employer identification number

47-0497628

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.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail 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 activities? ☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
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
	2	Cash prizes	25,096	6,278	31,374
Direct Expenses	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 <u>100 000</u> % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 000</u> % <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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities <u>NE</u>			
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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a 100 000 %		
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 ► DOUGLAS BOOKKEEPING SRVC			
Address ► 719 W 3RD ST GRAND ISLAND, NE 68801			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	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 ►			
16	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			
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?	17a	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 ZAWODNIAK	
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

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

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

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 APPRECIATION	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

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 TOOTSIE ROLL DRIVE-SALE OF TOOTSIE ROLLS WITH PROCEEDS BEING DONATED TO CHARITY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 TV MASSES-SPONSOR AND RECORD TV MASSES FOR SHUT-INS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 ONE ROSE ONE LIFE-COLLECTION WITH RECEIPTS DONATED TO CHARITY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
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 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	OUTSIDE 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		