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Department of the Treasury Internal Pevenue Service

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)

OMB No 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

<u> </u>	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and	ending J	UN 30, 2011								
В	heck if	C Name of organization		D Employer identific	cation number							
	pplicable	KNIGHTS OF COLUMBUS INTELLECTUAL										
L	Addre:	DISABILITIES FOUNDATION OF NEBRASKA, I	NC.	1								
	Name chang	Doing Business As		36-3	<u> 252991 </u>							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•							
	Termir	C/O KEN LEROY, 2008 VAN BUREN ST.	402-	<u>614-8095 </u>								
	Ameno return	City or town, state or country, and ZIP + 4		G Gross receipts \$	236,629.							
	Applic	eturn										
	F Name and address of principal officer KEN LEROY for affiliates?											
		2008 VAN BUREN, BELLEVUE, NE 68005		H(b) Are all affiliates inc	luded? X Yes No							
1.3	ax-exe	empt status X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)							
		e: ▶ www.nebraskakofc.org		H(c) Group exemption	n number 🕨							
KF	orm of	organization: X Corporation	L Year	of formation: 1975 N	State of legal domicile: NE							
	art I	Summary										
-	1	Briefly describe the organization's mission or most significant activities: Assi	st the	se with inte	ellectual							
Activities & Governance		disabilities.										
2	1	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets							
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	7							
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0							
Š		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0							
ij		Total number of volunteers (estimate if necessary)	·	6	20							
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
⋖		Net unrelated business taxable income from Form 990-T, line 34	•	. 7b	0.							
				Prior Year	Current Year							
ø.	8	Contributions and grants (Part VIII, line 1h)		0.	0.							
Ž		Program service revenue (Part VIII, line 2g)		131,573.	236,333.							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		471.	296.							
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,044.	236,629.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		197,667.	179,101.							
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.								
v		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
þe	4	Total fundraising expenses (Part IX, column (D), line 25)	o.									
ñ		Other expenses (Part IX, column (A), lines 17a, 111, 24n		3,013.	3,076.							
		Total expenses. Add lines 13-17 (must equal Paul X) column (A), line 25)	• –	200,680.	182,177.							
		Revenue less expenses. Subtractiline 18 from line 12		-68,636.	54,452.							
Ses		Total assets (Part X line 16) FEB 1 7 2012	Ве	ginning of Current Year	End of Year							
Assets or Balances	20	Total assets (Part X, line 16)		37,618.	92,070.							
	21			0.	0.							
ĒĒ	22	Net assets or fund balances Subtract-line:21-from line 20		37,618.	92,070.							
	art II	Signature Block										
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is							
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			<u></u>							
		1 min	<u> </u>	108	FER 12							
Sig	n	Signature of officer	•	Date								
Here KEN LEROY, SECRETARY												
	_	Type or print name and title										
-		Print/Type preparer's name Preparer's signature /	1	Date Check	PTIN							
Paid	l	Larry J. Weber, CPA Laury Luk	leisa	N 1 8 2012 If employe	d							
Prep												
	Only	Firm's name WEBER & THORSON, P.C. / Firm's address 11205 WRIGHT CIRCLE, SUITE 220	·	Firm's EIN								
	-	OMAHA, NE 68144-4719		Phone no. (402) 330-9900							
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No							
_	01 02-2	· · · · · · · · · · · · · · · · · · ·	ons.		Form 990 (2010)							

KNIGHTS OF COLUMBUS INTELLECTUAL 36-3252991 Form 990 (2010) DISABILITIES FOUNDATION OF NEBRASKA, INC. Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III None Briefly describe the organization's mission. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 236,333.) (Code: ______) (Expenses \$ _____182,177. including grants of \$ _____178,442.) (Revenue \$ ____ Provide assistance to organizations, schools and groups throughout the State of Nebraska who work with those with intellectual disabilities. (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c

4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
	·			
		74.		
				_
		<u>.</u>		
	services (Describe in Schedule O)			

) (Revenue \$

(Expenses \$

including grants of \$

Form 990 (2010) DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991 Page 3

Part IV | Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			}
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	-	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- T
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
124	Schedule D, Parts XI, XII, and XIII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	_	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	_		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u></u>	

Form 990 (2010)

DISABILITIES FOUNDATION OF NEBRASKA, INC. Part JV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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			٠,,
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
54	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		 -
50	Note. All Form 990 filers are required to complete Schedule O	38	$ _{\mathbf{x}}$	
	Note, Part Offices are required to complete ocheanic o	•		2010)

Form 990 (2010) DISABILITIES FOUNDATION OF NEBRASKA, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	_6b_		
7	Organizations that may receive deductible contributions under section 170(c).	_		,,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		v
	to file Form 8282?	7с		X
		7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
f q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ĺ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the event value on your payments for indeer tanging convices during the tax year?	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
D	II 163. HAS IL HICU A FUHLI (20 LU IGDUIT INGSE PAYINGILS) II NO, PIONIUE AN EXPIANALIUM IN SUNEGUIE O	I TU	I	

DISABILITIES FOUNDATION OF NEBRASKA, INC.

36-3252991 Form 990 (2010) Part.VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X

500	tion A. Coverning Rody and Management			LAI
<u>Sec</u>	tion A. Governing Body and Management			
_	For the control of th		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year Finter the number of voting members included in line 1a, above, who are independent 1b 0		.	
b	Enter the hemoer of voting members included in the fat, above, who are incoperation.			í
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	_2_	-	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		77
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9_		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c_		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b_		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public.	a		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
20	KENNETH LEROY - 402-250-0627			
	2008 VAN BUREN ST., BELLEVUE, NE 68005			
	TOOO ATEN DOUBLE DIE! DEFENDADE HE COOOD			

DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization		orga	ınıza			nper	nsat					
(A)	(B)	•			C)			(D)	(E)	(F)		
Name and Title	Average				itior			Reportable	Reportable	Estimated		
	hours per	(cl	heck	ali	that	арр	ly)	compensation	compensation	amount of		
	week	혍						from	from related	other		
	(describe	g g				- E	ļ	the	organizations	compensation from the		
	hours for	10 aa	stee			Highest compensated employee		organization	(W-2/1099-MISC)	organization		
	related	trus	altr		oyee	Ē		(W-2/1099-MISC)		and related		
	organizations in Schedule	Individual trustee or director	Institutional trustee	چة	Key emptoyee	loyee	횰			organizations		
	O)	Ē	la Str	Officer	Key	是曲	Former			-		
MICHAEL G. CONRAD								_		_		
DIRECTOR		X						0.	0.	_0.		
JAMES HAIAR	ļ			ŀ								
PRESIDENT	5.00	X		X	ļ	<u> </u>		0.	0.	0.		
KENNETH LEROY						1			_			
SECRETARY		Х		X	_	_		0.	0.	0.		
RICHARD LOWERY												
DIRECTOR		X			<u>L</u>			0.	0.	0.		
MATT RICHARDSON					1		ĺ					
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CONNIE RICHARDSON												
DIRECTOR		X						0.	0.	0.		
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Page 7

Form 990 (2010)

DISABILITIES FOUNDATION OF NEBRASKA, INC.

Par	Section A. Officers, Directors, Tr		npk	oyee			High	est	T					
	(A)	(B) (C) Average Position							(D)	(E)	(F)			
	Name and title	Average hours per	(6)				n tapp	ntv)	Reportable Reportable				timate	
		week	(c)	T	ا	ınal	Tapp	יעיי ר	compensation from	compensation from related			nount (other)I
		(describe	ğ						the	organization	1		pensa	tion
		hours for	Ē				Ē		organization	(W-2/1099-MIS			om the	
		related	ste (ruste		١.,	bensa		(W-2/1099-MISC)	•		org	anızatı	ion
		organizations	ral tru	onal t		Key employee	5 e					and	d relate	ed
		in Schedule	Individual trustee or director	institutional trustee	Officer	E G	Highest compensated employee	Former				orga	anızatı	ons
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	Sub-total								0.		0.			0.
	Total from continuation sheets to Part \	/II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)			link.			<u> </u>	.		000				<u>, 0</u>
2	Total number of individuals (including but	not limited to tr	nose	liste	ed a	DOV	e) w	no r	eceived more than \$100	,000 in reportable	3			C
	compensation from the organization									· · · · · · · · · · · · · · · · · · ·			Yes	No
•	Del de consende de la conse					1-		ا ا	humbaat aanmanaatad a	molevee en	١		.03	110
3	Did the organization list any former office			э, ке	y en	npic	yee,	Or I	nignest compensated er	ripioy ee or		3		Х
	line 1a? If "Yes," complete Schedule J for								har assessantian from	the erganization		3		
4	For any individual listed on line 1a, is the s									the organization		4		х
-	and related organizations greater than \$19 Did any person listed on line 1a receive or									Idual for convices		-		
5	rendered to the organization? If "Yes," con							Cla	led organization or indiv	iddai ioi seivices		5		Х
Sec	tion B. Independent Contractors	npietė Scriedui		101 5	ucn	per	3011	-		-				
1	Complete this table for your five highest c	ompensated in	don	onde	nt c	ont	racti	ore 1	that received more than	\$100,000 of com	nens	ation f	rom	
'	the organization. NONE	ompensated in	ucp	cnac	,,,,,	,0110	iaci	013 1	mat received more man	ψ100,000 OI 00III	ропо	u		
	(A)								(B)	<u> </u>		(0	<u></u>	
	Name and busines	s address							Description of s	services	С	ompe		n
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2	Total number of independent contractors	(including but r	ot li	mıte	d to	tho	ose li	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organ						0_							

KNIGHTS OF COLUMBUS INTELLECTUAL DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991 Page 9 Form 990 (2010) Part VIII Statement of Revenue (D) Revenue excluded from (C) (A) (B) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ h_Total. Add lines 1a-1f **Business Code** 236,333. 236,333. "TOOTSIE ROLL" DRIVE 900099 f All other program service revenue 236,333. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 296. 296. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a

236,629.

236,333.

b

d All other revenuee Total, Add lines 11a-11d

Total revenue. See instructions.

0.

DISABILITIES FOUNDATION OF NEBRASKA, INC.

Part JX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 70, 8b, 9b, and 10 of Part VIII. 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 25 4 Bernefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation and included above, to disqualified persons (as dired under section 4958(I)(I) and persons described in section 4958(I)(I) and persons described in section 493(I) employee benefits 6 Person plan contributions (include section 401(I)) and section 493(I) employee contributions 7 Person plan contributions (include section 401(I)) and section 493(I) employee benefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 9 Person plan contributions (include section 401(I)) and section 493(I) employee obenefits 10 Payrol taxes 10 Payrol taxes 11 Person obenefits 11 Person obenefits 12 Payrol taxes 12 Payrol taxes 13 Payrol taxes 14 Payrol taxes 15 Payrol taxes 15 Payrol taxes 16 Payrol taxes 16 Payrol taxes 17 Payrol taxes 17 Payrol taxes 17 Payrol taxes 17 Payrol taxes 17 Payrol tax	nization	organization	zations m	ns must d	must con	nplete column	(A) but are			e columns (B),	(C), and (
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b	Schedule	on Schedul	chedule O.)	le 0.)	D.)				0.45	_			
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26 Joint costs. Check here 🕨 L. Lift following SOP L						182	.,⊥//.	18	<u> 4,1//.</u>	_	υ.		0.
98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	s line or 3) joint c	te this line of nn (B) joint d	line only if joint costs	only if the costs from	rif the sts from a								

Form 990 (2010)

KNIGHTS OF COLUMBUS INTELLECTUAL DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991 Page 11

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	37,618.	1	92,070.
	2	Savings and temporary cash investments	3,7010.	2	327070.
	3	Pledges and grants receivable, net		3	
		Accounts receivable, net		4	
	4	Receivables from current and former officers, directors, trustees, key	•	-	
	5	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	_	• •			
	6	Receivables from other disqualified persons (as defined under section		i l	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş	۱ ـ	employees' beneficiary organizations (see instructions)		7	
Assets	7	Notes and loans receivable, net			
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	·
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D			
	l	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	•	11_	
	12	Investments · other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	37 610	15	02 070
	16	Total assets. Add lines 1 through 15 (must equal line 34)	37,618.	16	92,070.
	17	Accounts payable and accrued expenses	•	17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
Ħ	22	Payables to current and former officers, directors, trustees, key employees			
Liabilities		highest compensated employees, and disqualified persons. Complete Part	H	. 1	
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
]	Organizations that follow SFAS 117, check here X and comple	te		
es		lines 27 through 29, and lines 33 and 34.	25 610	1.1	00 070
aŭ	27	Unrestricted net assets	37,618.	27	92,070.
Bal	28	Temporarily restricted net assets		28	·· - ·
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ī	1	Organizations that do not follow SFAS 117, check here and			
, or		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	37,618.	33	92,070.
	34	Total liabilities and net assets/fund balances	37,618.	34	92,070.

Form **990** (2010)

36-3252991 DISABILITIES FOUNDATION OF NEBRASKA, INC. Form 990 (2010) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 236,629. Total revenue (must equal Part VIII, column (A), line 12) 182,177. 2 Total expenses (must equal Part IX, column (A), line 25) 2 54,452. Revenue less expenses Subtract line 2 from line 1 3 3 37,618. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 5 0. 5 92,070. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X **b** Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

Form 990 (2010)

X

За

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KNIGHTS OF COLUMBUS INTELLECTUAL 36-3252991 DISABILITIES FOUNDATION OF NEBRASKA, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I **b** Type II c Type III - Functionally integrated Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11<u>g(iii)</u> (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. in col. (i) listed in your (i) organized in the U.S.? organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes (see instructions)) Yes No Yes

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization

	fails to qualify under the tests	s listed below, plea	ase complete Part	111)			
Se	ction A. Public Support		- -				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					į	
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					-	
	the organization without charge						
4	Total. Add lines 1 through 3						·
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			ļ	 		
	Public support. Subtract line 5 from line 4		<u> </u>	<u></u>			
	ction B. Total Support		T	1	[
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 4			 			
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			ł			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				}		
	assets (Explain in Part IV)						- · · ·
	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>		ļ <u>.</u>	
	Gross receipts from related activities,	•	•			12	-
13	First five years. If the Form 990 is for		s first, second, th	ira, tourtn, or tirtn to	ax year as a section	on 501(c)(3)	.□
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage			·	
	Public support percentage for 2010 (column (fl)		14	%
	Public support percentage from 2009		•	column (i)	•	15	//
	33 1/3% support test - 2010.If the o	·	•	n line 13, and line 1	14 is 33 1/3% or n	·	
	stop here. The organization qualifies	=					▶ □
b	33 1/3% support test - 2009.If the o				line 15 is 33 1/3%	or more, check th	ıs box
~	and stop here. The organization qual					,	▶□
17a	10% -facts-and-circumstances tes				 e 13. 16a. or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					3-	▶□
b	10% -facts-and-circumstances tes	_				17a, and line 15 is	10% or
-	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization						s 🕨

Schedule A (Form 990 or 990-EZ) 2010 DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991 Page 3
Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Section A. Public Support (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 236,333. include any "unusual grants.") 180,587. 203,154. 186,831. 131,573. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 186,831. 131,573. 236,333. 938,478. 203,154. 180,587. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 938,478. 8 Public support (Subtract line 7c from line 6) **Section B. Total Support** (c) 2008(d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 131,573. 236,333. 938,478. 180,587. 203,154. 186,831. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 296 458 461 471 2,019. and income from similar sources 333 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 296 471 2,019. 333. 458. 461 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 180,920. 203,612. 187,292. 132,044. 236,629 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.79 15 % 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 99.78 16 % 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage .21 17 % 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 22 18 Investment income percentage from 2009 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2010 032023 12-21-10

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2010
Open to Public Inspection

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

KNIGHTS OF COLUMBUS INTELLECTUAL

Name of the organization

Department of the Treasury

Internal Revenue Service

2 36-3252991 (h) Purpose of grant or assistance OPERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT DPERATING SUPPORT DPERATING SUPPORT X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government (c) RMC section (d) Amount of cash grant or government (f) Method of valuation (book, adulation (book, ad Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States DISABILITIES FOUNDATION OF NEBRASKA, INC. 7,798, 20,765 6,749 10,000 35,119 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization ASSOCIATION OF RETARDED CITIZENS 638 NORTH 109TH PLAZA 4980 S 118TH STREET 6402 N 71ST PLAZA OMAHA, NE 68104 OMAHA NE 68154 OMAHA, NE 68137 MADONNA SCHOOL EASTER SEALS SMILES INC Part I Part II MOSAIC

032101 01-13-11

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

7205 N 112TH STREET

WAVERLY, NE 68462

VILLA MARIE SCHOOL

Enter total number of other organizations

0 W

Schedule I (Form 990) (2010)

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OPERATING SUPPORT

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OF
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Page 1

36-3252991

Schedule I (Form 990) (h) Purpose of grant or assistance OPERATING SUPPORT OPERATING SUPPORT PERATING SUPPORT OPERATING SUPPORT (g) Description of non-cash assistance Schedule I (Form 990) DISABILITIES FOUNDATION OF NEBRASKA, INC.

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance (d) Amount of cash grant 30,443, 7,706 (c) IRC section if applicable (p) EIN (a) Name and address of organization or government SPECIAL OLYMPICS NEBRASKA CAMP QUALITY USA OMAHA, NE 68137 11011 Q STREET ¥

KNIGHTS OF COLUMBUS INTELLECTUAL DISABILITIES FOUNDATION OF NEBRASKA, INC.

Page 2

36-3252991

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2010)

Part III Grants and Other

(a) Type of grant or assistance	(h) Number of	(c) Amount of	(d) Amount of non-	L	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
1					

032102 01-13-11

SCHEDULE'O (Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KNIGHTS OF COLUMBUS INTELLECTUAL DISABILITIES FOUNDATION OF NEBRASKA, INC.

Employer identification number 36-3252991

Form 990, Part VI, Section B, line 11: The organization engages a CP	A firm
to prepare the Form 990. The completed form 990 is reviewed by the	
organization's treasurer before it is filed.	
Form 990, Part VI, Section C, Line 19: Upon request, the organization	n will
make its governing documents and conflict of interest policy availab	le.
	-

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number. 36-3252991

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► See separate instructions. DISABILITIES FOUNDATION OF NEBRASKA, INC. COLUMBUS INTELLECTUAL ► Attach to Form 990. KNIGHTS OF Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

elated tax-exempt	e it had one or more r	art IV, line 34 becaus	swered "Yes" to Form 990, Pa	tions (Complete if the organization an	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part
	_					
entity			foreign country)		of disregarded entity	
Direct controlling	End-of-year assets	Total income	Legal domicile (state or	Primary activity	Name, address, and EIN	
(2)	(e)	(p)	(0)	(q)	(a)	

organizations during the tax year) Part II

(a)	(q)	(0)	(p)	(e)	(J)	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(2 Y 2)
of related organization		foreign country)	section	status (ir section 501(c)(3))	enniy	Yes	Z
KNIGHTS OF COLUMBUS NEBRASKA STATE COUNCIL -						-	
23-7380798, 2008 VAN BUREN STREET, BELLEVUE,	ç						
		Nebraska	501(c)(3)	Line 9			×

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

Schedule R (Form 990) 2010

032161 12-21-10 LHA

KNIGHTS OF COLUMBUS INTELLECTUAL Schedule R (Form 990) 2010

DISABILITIES FOUNDATION OF NEBRASKA, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

36-3252991

Percentage ownership General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ 3 Yes No Share of end-of-year assets Code V-UBI (amount in box 20 of Schedule - K-1 (Form 1065) Ξ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> <u>6</u> Direct controlling entity Share of total income ন্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> Primary activity Direct controlling entity <u>a</u> ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization **a** <u>a</u> Part IV

Schedule R (Form 990) 2010

Page 3 36-3252991

Schedule R (Form 990) 2010 DISABILITIES FOUNDATION OF NEBRASKA, INC. KNIGHTS OF COLUMBUS INTELLECTUAL

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۲	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to other organization(s)				1p	×
c Gift, grant, or capital contribution from other organization(s)				10	×
d Loans or loan quarantees to or for other organization(s)				19	×
e Loans or loan guarantees by other organization(s)				-	×
f Sale of assets to other organization(s)				¥	×
a Purchase of assets from other organization(s)				70	×
				. ÷	 >
n Exchange of assets				=	‹ :
i Lease of facilities, equipment, or other assets to other organization(s)				;=	×
					: -
j Lease of facilities, equipment, or other assets from other organization(s)				F	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets				£	×
n Sharing of paid employees				ţ	×
 Reimbursement paid to other organization for expenses 			:	10	×
p Reimbursement paid by other organization for expenses				1p	X
d Other transfer of cash or property to other organization(s)				19	×
				11	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(2)					
(4)					
(5)					
197					
1 9) 032163 12-21-10	_		Schedule	Schedule R (Form 990) 2010	90) 2010

Page 4

KNIGHTS OF COLUMBUS INTELLECTUAL

DISABILITIES FOUNDATION OF NEBRASKA, INC. Schedule R (Form 990) 2010 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	(4)	(3)	6	(6)	9	(5)	3
	(2)	(a)	3	·		(A)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
San Co		country)	Yes No			of Schedule K-1 (Form 1065)	1.
					ı		
				•			
				-			
			-				
			-				
							_
					<u>-</u>		,
						Schedule R (Form 990) 2010	n 990) 2010

Schedule R	(Form 990) 2010	KNIGHTS OF COLUMBUS INTELLECTUAL DISABILITIES FOUNDATION OF NEBRASKA, INC. 36-3252991 Page 5
Part VII	Supplemental Infor	mation
	Complete this part to prov	ide additional information for responses to questions on Schedule R (see instructions)
		
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Form **8868**

(Rev Jahuary 2011) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 $\rightarrow X$

If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	LX.		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)				
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	led For	m 8868			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	o file (6	months for a corpo	oration		
required	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time You can electronically file F	orm 88	368 to request an ex	tension		
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers A	Associated With Cei	taın		
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	he elec	tronic filing of this f	orm,		
	w rs gov/efile and click on e-file for Charities & Nonprofits				_ 			
Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).					
A corpo	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete				
Part I o	• • • • • • • • • • • • • • • • • • • •				>			
	r corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time			
Type or	Name of exempt organization			Emp	loyer identification	number		
print	KNIGHTS OF COLUMBUS INTELLI	ECTUA	L					
	DISABILITIES FOUNDATION OF	NEBR	ASKA, INC.	3	6-3252991			
File by the due date f		ee instruc	tions.					
filing your	C/O KEN LEROY, 2008 VAN BUI	REN S'	Γ					
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BELLEVUE, NE 68005							
C-4 4b			to application for each return)			0 3		
Enter tr	ne Return code for the return that this application is for (file	e a separa	te application for each return)		•			
Application Return Application								
Is For Code Is For						Code		
Is For Code Is For Code Form 990 01 Form 990-T (corporation) 0								
Form 9		02	Form 1041-A			08		
Form 9		03	Form 4720			09		
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
	KENNETH LEROY	*						
• The	books are in the care of ▶ 2008 VAN BUREN	ST.	- BELLEVUE, NE 68005	.				
Tele	phone No ► 402-250-0627		FAX No ▶					
• If the	e organization does not have an office or place of business	s in the Ur	nited States, check this box		>			
If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole group, c	:heck this		
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension is	for		
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time unt	tıl				
	February 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	above.	The extension			
IS	for the organization's return for							
•								
•	X tax year beginning JUL 1, 2010	, an	id ending <u>JUN 30, 2011</u>		<u> </u>			
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on. Initial return Fina	al retur	n			
_ [Change in accounting period							
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
<u>n</u>	onrefundable credits See instructions.			3a	\$	0.		
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
<u>e</u>	stimated tax payments made Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.		
с В	alance due. Subtract line 3b from line 3a Include your pa	yment wit	th this form, if required,			_		
	y using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.		
Cautio	n. If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453 EO and Form	8 <u>8</u> 79-	EO for payment inst	ructions.		