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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

KNIGHTS OF COLUMBUS 1159
ST MARY'S COUNCIL

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

Room/suite

719 W 3RD ST

City or town, state or country, and ZIP + 4

GRAND ISLAND, NE 68801

D Employer identification number

47-0497628

E Telephone number

(308) 382-6060

F Group Exemption Number

0188

G Accounting method

Cash

Accrual

Other (specify)

I Website:

N/A

J Tax-Exempt status (check only one)

501(c)(3)

501(c)(8)

(insert no)

4947(a)(1) or

527

H 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 or a section 527 organization and its gross receipts are normally more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 62,044

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,852
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,906
	4	Investment income	4	27
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	6	Gaming and fundraising events	6d	8,123
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	c	Less direct expenses from gaming and fundraising events		
Expenses	7a	Gross sales of inventory, less returns and allowances	7c	1,861
	7b	Less cost of goods sold	8	7,331
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	9	25,100
	8	Other revenue (describe in Schedule O)	10	5,597
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	11	
	10	Grants and similar amounts paid (list in Schedule O)	12	484
	11	Benefits paid to or for members	13	1,900
	12	Salaries, other compensation, and employee benefits	14	50
	13	Professional fees and other payments to independent contractors	15	7,672
	14	Occupancy, rent, utilities, and maintenance	16	4,399
Net Assets	15	Printing, publications, postage, and shipping	17	20,102
	16	Other expenses (describe in Schedule O)	18	4,998
	17	Total expenses. Add lines 10 through 16	19	13,743
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	20	
	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)	21	18,741
	20	Other changes in net assets or fund balances (explain in Schedule O)		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	14,600	22	17,855
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	744	24	1,186
25	Total assets	15,344	25	19,041
26	Total liabilities (describe in Schedule O)	1,601	26	300
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	13,743	27	18,741

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? PROMOTE CHARITY, UNITY, FRATERNITY & PATRIOTISM	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29		
(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O) ☐ (Grants \$) If this amount includes foreign grants, check here ☐	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)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	Yes	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	Yes	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
37b	Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	39a	
39b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	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		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		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		
42b	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 .	Yes	No
42c	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 ▶		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	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-08-16 Date			
	CHARLES DONNER FINANCIAL SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEPHEN J DOUGLAS	Date 2012-08-17	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DOUGLAS BOOKKEEPING SVC INC 719 W 3RD ST GRAND ISLAND, NE 688015825			EIN Phone no (308) 382-6082
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

OMB No 1545-0047

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

47-0497628

Schedule G (Form 990 or 990-EZ) 2011

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
		(event type)	(event type)	(total number)	(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 and 10 in column (d). ▶			

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	30,211	11,288	41,499
	2	Cash prizes	22,657	8,274	30,931
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses	1,387	1,511	2,898
	6	Volunteer labor	Yes 100.000 % No	Yes 100.000 % No	Yes _____ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			(33,829)
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			7,670

9 Enter the state(s) in which the organization operates gaming activities NE

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	100 000 %
b	An outside facility	13b	

14 Provide 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? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 47-0497628
Name: KNIGHTS OF COLUMBUS 1159
ST MARY'S COUNCIL

Form 990-EZ, Special Condition Description:

Special Condition Description

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 . . . ☐	28a	
29 TV MASSES-SPONSOR AND RECORD TV MASSES FOR SHUT-INS (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	
30 ONE ROSE ONE LIFE-COLLECTION WITH RECEIPTS DONATED TO CHARITY (Grants \$) If this amount includes foreign grants, check here . . . ☐	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 . . . ☐		

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	TRUSTEE 1 00	0		
CHARLES C DONNER  1818 W CHARLES ST GRAND ISLAND, NE 68803	FINC'L SECR 4 00	450		
STEPHEN DOUGLAS  3119 MEMPHIS PL GRAND ISLAND, NE 68803	TREASURER 2 00	0		
JAMES WEBB  646 12TH AVE ST PAUL, NE 68873	RECORDER 1 00	0		
GERARD A PICCOLO  2020 N SYCAMORE ST GRAND ISLAND, NE 68801	ADVOCATE 1 00	0		
JIMMIE D NELSON  622 S CLARK ST GRAND ISLAND, NE 68801	OUTSIDE GUAR 1 00	0		
DOUG MAUL  1018 W 1ST ST GRAND ISLAND, NE 68801	GRAND KNIGHT 2 00	0		
JERRY NORIEGA  614 E DIVISION ST GRAND ISLAND, NE 68801	CHANCELLOR 1 00	0		
MARK GALVAN  584 E 20TH ST GRAND ISLAND, NE 68801	TRUSTEE 1 00	0		
RANDALL LEWANDOWSKI  1415 W 3RD ST GRAND ISLAND, NE 68801	TRUSTEE 1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
KNIGHTS OF COLUMBUS 1159
ST MARY'S COUNCIL**Employer identification number**

47-0497628

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	KNIGHTS NEWS PUBLICATION 7,331 TOTAL 7,331
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	KNIGHTS OF COLUMBUS SUPREME COUNCIL PER CAPITA ASSESSMNT 566 ONE COLUMBUS PLAZA NEW HAVEN CT 06507-0901 KNIGHTS OF COLUMBUS STATE COUNCIL PER CAPITA ASSESSMNT 1,420 517 N 4TH DAVID CITY NE 68632
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	FOOD SALES TAXES/LICENSES 43 0 KNIGHTS NEWS PUBLICATION OFFICE EXPENSE 105 EXPENSES ADVERTISING AND PROMOTION 1,322 OFFICE 149 CONFERENCES/MEETINGS 655 SUPPLIES 466 PRIEST & TEACHER APPRECIATION 995 TV MASSES 627 DUES & SUBSCRIPTIONS 37 TOTAL 4,399
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 744 1,186 TOTAL 744 1,186
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 1,500 150 PAYROLL TAX PAYABLE 30 30 SALES TAX PAYABLE 71 120
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	SEMINARIAN ASSISTANCE-HELP SEMINARY STUDENTS WITH COST OF ATTENDING SEMINARY, SUPPORT THE SOCIAL WELFARE OF THE COMMUNITY BY ASSISTING COMMUNITY YOUTH AND RELIGIOUS PROGRAMS

TY 2011 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	
JIMMIE D NELSON	
DOUG MAUL	
JERRY NORIEGA	
MARK GALVAN	
RANDALL LEWANDOWSKI	