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Net Assets

19

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Form 990-EZ

Department of the Treasury

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)

2012

OMB No 1545-1150

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.

Open to Public Inspection

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending C Name of organization B Check if applicable D Employer identification number Address change Our Lady of Victory Foundation 42-1344392 Name change Number and street (or P O box, if mail is not delivered to street address) Boom/suite E Telephone number initial return c/o Joseph C. Creen, 4105 N Division 563-344-4900 Terminated City or town, state or country, and ZiP + 4 F Group Exemption Amended return Number ▶ Application pending Davenport, IA 52806 G Accounting Method ✓ Cash ☐ Accrual Other (specify) ▶ Check > If the organization is not I Website: ► www.olvjfk.com required to attach Schedule B **527** (Form 990, 990-EZ, or 990-PF) If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not 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 14,214 ≟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 $\overline{\mathbf{Q}}$ Contributions, gifts, grants, and similar amounts received. 8,495 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . 3 0 4 Investment income 4 5,719 5a Gross amount from sale of assets other than inventory 5a O Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 Gross sales of inventory, less returns and allowances J.W. 7a 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 Other revenue (describe in Schedule O) 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 14,412 10 Grants and similar amounts paid (list in Schedule O) 10 15,520 RECEIVED 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . 12 0 Ş JUL 3 1 2014 13 Professional fees and other payments to independent contractors 13 0 14 Occupancy, rent, utilities, and maintenance 14 0 15 Printing, publications, postage, and shipping. 15 0 Other expenses (describe in Schedule O) . . 16 16 895 17 17 **Total expenses.** Add lines 10 through 16. 16,415 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (2,201)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

For Paperwork Reduction Act Notice, see the separate instructions.

end-of-year figure reported on prior year's return) .

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

Cat No 10642I

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Form **990-EZ** (2012)

282,196

31,589

311,584

19

20

21

Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar			•	🔽
22	Cook sounge and sourcements		<u> </u>	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments Land and buildings			7,708		3,334
24	Other assets (describe in Schedule O)	• • • • •			23	0
25	Total assets			274,488 282,196		308,250
26	Total liabilities (describe in Schedule O) .				26	311,584 0
27	Net assets or fund balances (line 27 of column			282,196	\rightarrow	311,584
Par	t III Statement of Program Service Accomp			art III)		Expenses
	Check if the organization used Schedule		ny question in this f	Part III 🗸	(Re	quired for section
		See Schedule O				(c)(3) and 501(c)(4) anizations and section
as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	f its three largest pressives services provided	ogram services, the number of	494	17(a)(1) trusts, optional others)
28	ons benefited, and other relevant information for ea	ion program title.				
20						
	(Grants \$) If this amount	ıncludes foreign gra	nts. check here	▶ 🗆	28	a
29						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	29	a
_30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .		30:	a
31	Other program services (describe in Schedule O)				-	
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31	a
32	1 3	hrough 31a)		•	32	
Par	List of Officers, Directors, Trustees, and Key	Employees List each	n one even if not comp	pensated (see the ins		•
	Check if the organization used Schedule	O to respond to ar	ny question in this I		- 1	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation) Estimated amount of other compensation
Jose	ph Creen					
		4 hours/week	0	_	0	0
Ron	Gunnare					
Char	- Hostor	2 hours/week	0		<u> </u>	0
Silai	on Hester	2 hours/week	o		0	•
Mike	Lazio	2 Hours/week	0		-	0
		2 hours/week	0		٥	0
Bern	ie Mack					
		2 hours/week	0		0	0
Mike	Matthys					
		2 hours/week	0		0	0
Barb	Milke	2 h a				
	Nolan	2 hours/week	0		0	0
200	Nolan	2 hours/week	o		0	0
Mary	Ann Otte				+	
		2 hours/week	0		0	0
Roni	i Pianca					
		2 hours/week	0		0	0
Paul	Scheibelhut	-				
		4 hours/week	0		이	0
Mary	y Wilson	2 hours/wook				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	_	\Box
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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	30		•
05-	change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	<u> </u>	✓
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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	l	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	7,3	7 4.	7.
b 38a	Did the organization file Form 1120-POL for this year?	37b	M×1-	✓
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	£ .	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
a b	Initiation fees and capital contributions included on line 9	1005		
40a	Gross receipts, included on line 9, for public use of club facilities			清整
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		949	F. 25 45 11
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 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	40b		
С	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			
е	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		
41	List the states with which a copy of this return is filed ▶ Federal and Iowa			
42a	The organization's books are in care of ▶ Paul Scheibelhut/Joe Creen Telephone no ▶			
b	Located at ► 5705 Vine St., Davenport, IA/1041 W. 57th St., Davenport, IA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	52	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		K.
	If "Yes," enter the name of the foreign country: ▶	420	<u> </u>	<u> </u>
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		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	C1 389 45 1545 3	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
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)	45b		

46	Did the organize to candidates f	ration engage, directly or in- or public office? If "Yes," co	directly, in political c omplete Schedule C	ampaign activities or	behalf of or i	n oppositi	on 👯	1	7		
Part	VI Section	501(c)(3) organizations on 501(c)(3) organizations	only					for line	v es		
		the organization used Sch	edule O to respond	I to any question in t	this Part VI						
		-						Yes	No		
47	Did the organia	zation engage in lobbying a complete Schedule C, Part				iring the t			,		
48	·	•					47		1		
49a	Did the organization	ion a school as described in ation make any transfers to	section 170(b)(1)(A)(i an exempt non-cha	i)? If "Yes," complete	Schedule E		48 49a	+	1		
b		ne related organization a sec					49b		 		
50	Complete this	table for the organization's	five highest compen	sated employees (ot	her than office	rs, directo	ors, truste	ees an	nd key		
	employees) wh	o each received more than	\$100,000 of comper	nsation from the orga	nization. If the	re is none	e, enter "l	None '	1		
		tle of each employee than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health b contributions to benefit plans, ar compens	employee d deferred	(e) Estimat other cor				
No par	d employee										
					 						
		-									
f 51	Complete this	of other employees paid over table for the organization's compensation from the organ	s five highest comp	ensated independent	t contractors	who each	received	i more	e thar		
(a)	Name and address	of each independent contractor pair	d more than \$100,000	(b) Type of ser	vice	(c)	Compensa	tion			
No pai	d independent co	ontractors		1							
				1							
		***************************************	***************************************								
				4							
		<u></u>									
				†							
d	Total number of	of other independent contra	ctors each receiving	over \$100,000	. >	(0				
52		zation complete Schedule A			s and 4947(a)	1)					
		aritable trusts must attach a	•				► ✓ Ye		No		
		declare that I have examined this re Declaration of preparer (other than					owledge ar	ıd belief	i, it is		
C:~~	0.2	ture of officer			Date						
Sign Here	'	rure of Officer		Date							
. 1016	l B	r print name and title									
Paid	D	preparer's name	Preparer's signature	C	ate	Check	ıf PTIN				
Prep						self-employed					
-	Only Firm's nan	ne ►				s EIN ▶					
	Firm's add	Firm's address ► Phone no e IRS discuss this return with the preparer shown above? See instructions									
iviay [ne ino discuss t	ma return with the preparer	SHOWIT ADDVE! See	manucions			- √ Ye	ടി	NO		

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

	of Victory Four								42-134		
Part I			ity Status (All organ					•	struction	ns	
			ion because it is (Fo		_		-				
			es, or association of			ed in sect	ion 170(l	o)(1)(A)(i)	•		
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
			n operated in conjunc						(b)(1)(A)(i	iii). Enter ti	he
		e, city, and state							(~)(-)(-	,. Entor t	.0
		n operated for the oper	he benefit of a collect plete Part II)	ge or univ	ersity ov	vned or c	perated	by a gov	/ernmenta	al unit des	cribed in
6 🗆 A	A federal, state	e, or local govern	ment or governmenta	al unit des	scribed in	section	170(b)(1)	(A)(v).			
7 🗸	An organizatio	n that normally r	receives a substantia A)(vi). (Complete Par	l part of i					ıt or from	the gener	al public
8 🗆 A	A community t	rust described in	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II)					
9 🗆 🗸	An organizatio	n that normally r	receives: (1) more tha	an 331/3%	of its su	pport fro	m contrib	outions, i	membersh	hip fees, a	nd gross
8	support from	gross investmen	to its exempt funct of income and unrel fer June 30, 1975. Se	ated bus	iness tax	kable inc	ome (les	s section			
			operated exclusively								-
ŗ	ourposes of o	ne or more publ	d operated exclusive licly supported organ lescribes the type of a	nizations	described	d in secti	on 509(a)(1) or se	ction 509	a)(2). See	
	a 🔲 Type I								•		لحدما
	_ ,,	b Type I	II c \square Type III that the organization							onally inte	
(ndation managei	rs and other than one								
C	organization, d	check this box .								e III supp 	orting
	Since August following pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	!		
(ndirectly controls, eithody of the supported of					described	d in (ii) an 	11g(i)	Yes No ✓
		•	on described in (i) abo							11g(iı)	_ /
			a person described in						•	11g(iu)	
		r	on about the support			,					
	e of supported anization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		rganization ited in your document?			organizat (i) organi		(vii) Amount (supp	
			(See Mistractions)	Yes	No	Yes	No	Yes	No		
A)											
(B)											
(C)											
(D)											
(E)	- W										
Total	-										

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants, contributions, Gifts. membership fees received (Do not include any "unusual grants") 10,882 13,584 12,061 9,873 8,495 54,895 revenues levied 2 Tax the organization's benefit and either paid to or expended on its behalf ٥ 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. 54,895 10.882 13.584 12.061 9.873 8.495 The portion of total contributions by 5 (other person each than governmental publicly unıt supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 54,895 Section B. Total Support (e) 2012 Calendar year (or fiscal year beginning in) (a)_2008_ (b)_2009. (c) 2010_ (d)-2011 (f)-Total---Amounts from line 4 10,882 13,584 12,061 9,873 8,495 54,895 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 5,665 2,838 2,955 5,062 5,719 22,239 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 0 11 **Total support.** Add lines 7 through 10 77,134 Gross receipts from related activities, etc. (see instructions) . . . 12 12 . . 13 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 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 71.1 % Public support percentage from 2011 Schedule A, Part II, line 14 15 15 % 76.7 331/3% support test -2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \checkmark 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \square 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

	if the organization fails to qualify	under the te	sts listed bei	ow, piease co	omplete Part	11.)	
	on A. Public Support				-	-	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 .						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 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 amount on line 13 for the year						
С	Add lines 7a and 7b			 	 		
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support	· (公司 · · · · · · · · · · · · · · · · · · ·	No. of the last of	高温 化化。 2000年1月15日	李和子 。		题
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(6) 2003	(6) 2010	(u) 2011	(6) 2012	(i) Total
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	•	nd, third, fourth	•	ear as a sect	` '``
Secti	on C. Computation of Public Suppo		je				
15	Public support percentage for 2012 (line			13, column (f))		15	71.1 %
16	Public support percentage from 2011 Sc		-	· · · <u> </u>	<u></u>	16	76.7 %
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2012	(line 10c, colur	mn (f) divided t	by line 13, colu	mn (f))	17	28.9 %
18	Investment income percentage from 201					18	23.3 %
19a	331/3% support tests—2012. If the organ 17 is not more than 331/3%, check this box						
b	331/a% support tests—2011. If the organiline 18 is not more than 331/a%, check this	zation did not d	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%, and
20	Private foundation of the organization d					_	_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Page 4
	instructions).	
		•••••• •

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Our Lady of Victory Foundation	42-1344392
Part I	
1. The expenses in 2012 were \$895 for the Harvest Day Dinner.	
2 The revenue was \$8,495 in gifts from parishioners and friends of Our Lady of Victory Catholic	c Church in Davenport, Iowa plus \$5,719 in
interest, dividends and capital gains.	
3. The distributions made by the Foundation were only to Our Lady of Victory Catholic Church	in the total amount of \$15,520
Part II - All investments are in mutual funds at Edward Jones, Davenport, Iowa in various funds	
Part III - "To provide financial support to Our Lady of Victory Catholic Church, Davenport, Iowa	for its church ministries and John F
Kennedy Catholic School, a ministry of the Church."	
	······································