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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, and ending 06-30-2013

B

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) ►

H

Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I

Website: ► N/A

J

Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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 **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 ► \$ 51,939

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	3,691
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,676
	4	Investment income	4	13
	5a	Gross amount from sale of assets other than inventory	5c	
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events	6d	4,954
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	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)		
Expenses	6c	Less direct expenses from gaming and fundraising events		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	1,623
	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	7,818
	8	Other revenue (describe in Schedule O)	9	20,775
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	5,404
	10	Grants and similar amounts paid (list in Schedule O)	11	
	11	Benefits paid to or for members	12	487
	12	Salaries, other compensation, and employee benefits	13	2,100
Net Assets	13	Professional fees and other payments to independent contractors	14	2,167
	14	Occupancy, rent, utilities, and maintenance	15	7,611
	15	Printing, publications, postage, and shipping	16	4,512
	16	Other expenses (describe in Schedule O)	17	22,281
	17	Total expenses. Add lines 10 through 16	18	-1,506
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	18,741
	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)	20	
	20	Other changes in net assets or fund balances (explain in Schedule O)	21	17,235
	21	Net assets or fund balances at end of year Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2012)

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	17,855	22	17,427
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,186	24	874
25 Total assets	19,041	25	18,301
26 Total liabilities (describe in Schedule O)	300	26	1,066
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,741	27	17,235

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Form 990-EZ (2012)

Part V

Other Information (Note the Schedule A and personal benefit contract 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	33	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)	34	No
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	Yes
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Yes
c	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	35c	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	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or 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	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ DOUGLAS BOOKKEEPING SRVC Telephone no ▶ (308) 382-6082 Located at ▶ 719 W 3RD ST GRAND ISLAND, NE ZIP + 4 ▶ 68801		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	No

		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 only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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 as 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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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.	▶	
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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
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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		2013-07-31 Date			
	CHARLES DONNER FINANCIAL SECRETARY Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature STEPHEN J DOUGLAS	Date 2013-08-02	Check ☐ if self-employed	PTIN	
	Firm's name ▶ DOUGLAS BOOKKEEPING SVC INC			Firm's EIN ▶		
	Firm's address ▶ 719 W 3RD ST GRAND ISLAND, NE 688015825			Phone no (308) 382-6082		
May the IRS discuss this return with the preparer shown above? See instructions						☒ Yes ☐ No

OMB No 1545-0047

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

47-0497628

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash 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 line 3, column (d), and line 10 ▶			
					()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	25,465	7,403	32,868
Direct Expenses	2	Cash prizes	20,432	5,496	25,928
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .	1,433	960	2,393
	6	Volunteer labor	Yes100.000 % No	Yes100.000 % No	Yes No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					28,321
					4,547

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

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ DOUGLAS BOOKKEEPING SRVC

Address ▶ 719 W 3RD ST
GRAND ISLAND, NE 68801

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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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

2012**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 7,818 TOTAL 7,818
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	KNIGHTS OF COLUMBUS SUPREME COUNCIL PER CAPITA ASSESSMNT 526 ONE COLUMBUS PLAZA NEW HAVEN CT 06507-0901 KNIGHTS OF COLUMBUS STATE COUNCIL PER CAPITA ASSESSMNT 1,365 517 N 4TH DAVID CITY NE 68632
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	FOOD SALES TAXES/LICENSES 44 KNIGHTS NEWS PUBLICATION OFFICE EXPENSE 237 EXPENSES ADVERTISING AND PROMOTION 1,257 OFFICE 39 CONFERENCES/MEETINGS 97 SUPPLIES 451 PRIEST & TEACHER APPRECIA 1,123 TV MASSES 666 DUES & SUBSCRIPTIONS 37 SEMINARIAN ASSISTANCE 500 RENT EXPENSE 61 TOTAL 4,512
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 1,186 874 TOTAL 1,186 874
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 150 930 PAYROLL TAX PAYABLE 30 34 SALES TAX PAYABLE 120 102
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

Additional Data

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

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 TOOTSIE ROLL DRIVE-SALE OF TOOTSIE ROLLS WITH PROCEEDS BEING DONATED TO CHARITY (Grants \$) If this amount includes foreign grants, check here . . . ☐		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 . . . ☐			

TY 2012 Compensation Explanation**Name:** KNIGHTS OF COLUMBUS 1159

ST MARY'S COUNCIL

EIN: 47-0497628

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHARLES C DONNER  FINC'L SECR	4 00	450		
STEPHEN DOUGLAS  TREASURER	2 00	0		
JAMES WEBB  RECORDER	2 00	0		
GERARD A PICCOLO  ADVOCATE	2 00	0		
JIMMIE D NELSON  OUTSIDE GUAR	2 00	0		
DOUG MAUL  GRAND KNIGHT	2 00	0		
JERRY NORIEGA  CHANCELLOR	2 00	0		
MATTHEW RIPP  TRUSTEE	2 00	0		
MARK GALVAN  TRUSTEE	2 00	0		
RANDALL LEWANDOWSKI  TRUSTEE	2 00	0		