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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 private foundation)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014

**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 province, country, and ZIP or foreign postal code  
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** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ☒ \$ 54,533

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 <input checked="" type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	6,966
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	2,545
	4	Investment income	9
	5a	Gross amount from sale of assets other than inventory	5a
	b	Less cost or other basis and sales expenses	5b
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 32,635
	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)	6b 1,988
Expenses	c	Less direct expenses from gaming and fundraising events	6c 28,643
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5,980
	7a	Gross sales of inventory, less returns and allowances	7a 3,415
	b	Less cost of goods sold	7b 2,120
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 1,295
	8	Other revenue (describe in Schedule O)	8 6,975
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 23,770
	10	Grants and similar amounts paid (list in Schedule O)	10 8,848
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12 487
Net Assets	13	Professional fees and other payments to independent contractors	13 1,905
	14	Occupancy, rent, utilities, and maintenance	14 475
	15	Printing, publications, postage, and shipping	15 7,757
	16	Other expenses (describe in Schedule O)	16 4,452
	17	Total expenses. Add lines 10 through 16	17 23,924
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -154
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 17,235
	20	Other changes in net assets or fund balances (explain in Schedule O)	20
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 17,081

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 . . . . .	17,427	22	16,460
23 Land and buildings . . . . .		23	
24 Other assets (describe in Schedule O) . . . . .	874	24	917
25 Total assets . . . . .	18,301	25	17,377
26 Total liabilities (describe in Schedule O) . . . . .	1,066	26	296
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	17,235	27	17,081

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				

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	(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 business address of each independent contractor	(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? <b>NOTE:</b> 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		2014-08-07 Date		
	CHARLES DONNER FINANCIAL SECRETARY Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name STEPHEN J DOUGLAS	Preparer's signature	Date 2014-08-06	Check <input type="checkbox"/> if self-employed	PTIN P00791934
	Firm's name  DOUGLAS BOOKKEEPING SVC INC			Firm's EIN  47-0542112	
	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 . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 Subtract line 10 from line 3, 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))
Direct Expenses	1	Gross revenue . . . .	26,417	6,218	32,635
	2	Cash prizes . . . .	20,835	4,490	25,325
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .	1,414	622	2,036
	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 Subtract line 7 from line 1, column (d) . . . . . ▶			
					27,361
					5,274

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



<b>13</b> Indicate the percentage of gaming activity operated in	
<b>a</b> The organization's facility	<b>13a</b> 100.000 %
<b>b</b> An outside facility	<b>13b</b> %

**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.** 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).

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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

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

**Employer identification number**

47-0497628

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	KNIGHTS NEWS PUBLICATION 6,975 TOTAL 6,975
FORM 990-EZ, PART I, LINE 10	KNIGHTS OF COLUMBUS SUPREME COUNCIL PER CAPITA ASSESSMNT 483 ONE COLUMBUS PLAZA NEW HAVEN CT 06507-0901 KNIGHTS OF COLUMBUS STATE COUNCIL PER CAPITA ASSESSMNT 1,370 517 N 4TH DAVID CITY NE 68632
FORM 990-EZ, PART I, LINE 16	FOOD SALES TAXES/LICENSES 72 KNIGHTS NEWS PUBLICATION OFFICE EXPENSE 206 EXPENSES ADVERTISING AND PROMOTION 1,311 OFFICE 222 CONFERENCES/MEETINGS 219 SUPPLIES 403 PRIEST & TEACHER APPRECIATION 1,023 TV MASSES 748 DUES & SUBSCRIPTIONS 48 SEMINARIAN ASSISTANCE 200 TOTAL 4,452
FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 874 917 TOTAL 874 917
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 930 155 PAYROLL TAX PAYABLE 34 34 SALES TAX PAYABLE 102 107
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 2013 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	
ELISEO CALDERON	
MATTHEW RIPP	
BOB MULLIGAN	
RANDALL LEWANDOWSKI	
DEAN SHAFER	

**TY 2013 GeneralDependencySmall**

**Name:** KNIGHTS OF COLUMBUS 1159  
ST MARY'S COUNCIL

**EIN:** 47-0497628

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction  
Reference:**

**Regulations Reference:**

**Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: JUNE 30, 2014 47-0497628 KNIGHTS OF COLUMBUS  
1159 ST MARY'S COUNCIL 719 W 3RD ST GRAND ISLAND, NE 68801  
NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE  
TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK  
PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET  
OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.

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.)	
<div>28 TOOTSIE ROLL DRIVE-SALE OF TOOTSIE ROLLS WITH PROCEEDS BEING DONATED TO CHARITY</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		28a	
<div>29 TV MASSES-SPONSOR AND RECORD TV MASSES FOR SHUT-INS</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		29a	
<div>30 ONE ROSE ONE LIFE-COLLECTION WITH RECEIPTS DONATED TO CHARITY</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		30a	
<div>SEMINARIAN ASSISTANCE-HELP SEMINARY STUDENTS WITH COST OF ATTENDING SEMINARY, SUPPORT THE SOCIAL WELFARE OF THE COMMUNITY BY ASSISTING COMMUNITY YOUTH AND RELIGIOUS PROGRAMS</div> <div>(Grants \$ )</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>			

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
CHARLES C DONNER FINC'L SECR	4 00	4 50		
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		
ELISEO CALDERON CHANCELLOR	2 00	0		
MATTHEW RIPP TRUSTEE	2 00	0		
BOB MULLIGAN TRUSTEE	2 00	0		
RANDALL LEWANDOWSKI TRUSTEE	2 00	0		
DEAN SHAFER INSIDE GUARD	2 00	0		