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Short Form

Return of Organization Exempt From Income Tax

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Father Owens Council 5527 Knights of Columbus

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

Room/suite

728 2nd Street West

City or town

State

ZIP code

Hardin

MT

59034

Foreign country name

Foreign province/state/county

Foreign postal code

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**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

► \$ 108,539

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 1,249
	2 Program service revenue including government fees and contracts	2 417
	3 Membership dues and assessments	3 602
	4 Investment income	4 3,794
	5a Gross amount from sale of assets other than inventory	5a 98,272
	b Less cost or other basis and sales expenses	5b 87,441
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 10,831
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 4,205
Expenses	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
	c Less direct expenses from gaming and fundraising events	6c 2,035
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 2,170
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 19,063
	RECEIVED MAY 18 2016 OGDEN, UT	
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10 14,500
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 160
	14 Occupancy, rent, utilities, and maintenance	14 300
Assets	15 Printing, publications, postage, and shipping	15 98
	16 Other expenses (describe in Schedule O)	16 6,122
	17 Total expenses. Add lines 10 through 16	17 21,180
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -2,117
	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)	19 200,585
Liabilities	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -16,607
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 181,861

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

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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	200,585	22 181,450
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 411
25 Total assets	200,585	25 181,861
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	200,585	27 181,861

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? Charitable & community organization

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 The organization has set up a scholarship fund that awards scholarships to undergraduate and seminary students annually

(Grants \$) If this amount includes foreign grants, check here ► 28a

29 The organization sponsors a parish meal and a parish breakfast for the St Joseph's Church congregation. The organization also holds an annual youth hoop shoot contest locally with winners advancing to a State contest

(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 0

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
Frank Krebs				
Grand Knight	Hr/WK 1 00	0	0	0
Lowell Medhus				
Trustee	Hr/WK 1 00	0	0	0
Tom Zelka				
Trustee	Hr/WK 1 00	0	0	0
Jack Joyce				
Trustee/Secretary	Hr/WK 1 00	0	0	0
Dave Oswald				
Financial Secretary	Hr/WK 1 00	0	0	0
Joe Krasowski				
Treasurer	Hr/WK 1 00	0	0	0
Gary Ostahowski				
Deputy Grand Knight	Hr/WK 1 00	0	0	0
	Hr/WK			

ANNEX

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.

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 X

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 X

35 a 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 X
 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
 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 X

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 X

37 a 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 X

38 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 X
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a
39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d
 b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40e X
 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40f
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40g
 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 40h

41 List the states with which a copy of this return is filed ► 41

42 a The organization's books are in care of ► Dave Oswald Telephone no ► (406) 665-3570
 Located at ► 728 2nd Street West City Hardin ST MT ZIP + 4 ► 59034 42b X

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 ► 42c X
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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 ► 42d

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

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
 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 X
 c Did the organization receive any payments for indoor tanning services during the year? 44c X
 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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 b 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 X

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

46	<input type="checkbox"/>	Yes	No
		X	

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

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.

47	<input type="checkbox"/>	Yes	No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>		

49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>		

b If "Yes," was the related organization a section 527 organization?

49b	<input type="checkbox"/>		

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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
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 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	<i>Dave Oswald</i>		<i>5/11/2016</i>
	Signature of officer		Date
	Dave Oswald, Financial Secretary		
	Type or print name and title		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Colleen M Schaak	<i>Colleen M Schaak</i>	5/10/2016		P00637837
	Firm's name ► Colleen M Schaak, CPA PC			Firm's EIN ► 46-4426981	
	Firm's address ► HC 36 Box 2210, Hardin, MT 59034			Phone no (406) 665-3938	

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

Father Owens Council 5527 Knights of Columbus

Employer identification number

23-7543410

Form 990-EZ, Part I, Line 16, Other Expenses Travel 292

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 220

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 385

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 103

Form 990-EZ, Part I, Line 16, Other Expenses Cost of Parish breakfasts and meals 518

Form 990-EZ, Part I, Line 16, Other Expenses Youth Hoop Shoot Expense 54

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 51

Form 990-EZ, Part I, Line 16, Other Expenses Affiliate dues and fees 667

Form 990-EZ, Part I, Line 16, Other Expenses Investment and Bank Fees 2,812

Form 990-EZ, Part I, Line 16, Other Expenses Charitable works 1,020

Form 990-EZ, Part I, Line 20, Net Assets Change in unrealized gains (losses) -16,607

Form 990-EZ, Part II, Line 24, Other Assets Office equipment-net of depreciation Beginning

of year 0, End of year 411