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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 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.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS MARTOMA COUNCIL
NUMBER 10981 CHARITY ACCOUNT
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1627 JAMACHA WAY
City or town, state or province, country, and ZIP or foreign postal code
EL CAJON, CA 92019

D Employer identification number
33-0537109
E Telephone number
(619) 666-2323
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify)
I Website: WWW.MARTOMACOUNCIL.ORG
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 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 \$ 166,453

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					1	166,453	
	2	Program service revenue including government fees and contracts					2		
	3	Membership dues and assessments					3		
	4	Investment income					4		
	5a	Gross amount from sale of assets other than inventory				5a		5c	
	b	Less cost or other basis and sales expenses				5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	Gaming and fundraising events					6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a			
	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			0
	c	Less direct expenses from gaming and fundraising events				6c			0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					6d		
	7a	Gross sales of inventory, less returns and allowances				7a		7c	
b	Less cost of goods sold				7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								
8	Other revenue (describe in Schedule O)					8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	166,453		
Expenses	10	Grants and similar amounts paid (list in Schedule O)					10	50,658	
	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	500	
	14	Occupancy, rent, utilities, and maintenance					14		
	15	Printing, publications, postage, and shipping					15		
	16	Other expenses (describe in Schedule O)					16	93,753	
17	Total expenses. Add lines 10 through 16					17	144,911		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	21,542	
	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	26,542	
	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	48,084	

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	17,182	22	39,065
23	Land and buildings	9,360	23	9,019
24	Other assets (describe in Schedule O)		24	
25	Total assets	26,542	25	48,084
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,542	27	48,084

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?

BENEVOLENT SERVICES FOR MEN AND FAMILIES OF THE CATHOLIC FAITH

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. ☐

[illegible]

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		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
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)?		No
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		No
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		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		
b	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
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	0	
b	Gross receipts, included on line 9, for public use of club facilities 39b	0	
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), 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	40b	
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 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ <u>WISAM MAROGE</u> Telephone no ▶ <u>(619) 666-2323</u> Located at ▶ <u>1627 JAMACHA WAY EL CAJON, CA</u> ZIP + 4 ▶ <u>92019</u>		
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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶ _____	42b	No
	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 ?		No
	If "Yes," enter the name of the foreign country ▶ _____	42c	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> 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	No
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	46	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				
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
NONE		
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
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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	*****		2017-01-12	
	Signature of officer		Date	
Paid Preparer Use Only	GARVIN GARMO Treasurer			
	Type or print name and title			
	Print/Type preparer's name RAMIEL T BEGZADEH EA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00513996
	Firm's name ▶ JM FARGO & COMPANY		Firm's EIN ▶	
Firm's address ▶ 850 Jamacha Rd Ste 201 El Cajon, CA 92019		Phone no (619) 334-9900		
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 33-0537109

Name: KNIGHTS OF COLUMBUS MARTOMA COUNCIL
NUMBER 10981 CHARITY ACCOUNT

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

FRATERNAL MEMBERSHIP CONSISTED OF 139 MEMBERS IN 2015, THE ORGANIZATION RECEIVES ANNUAL DUES FROM IT'S MEMBERS, AND RECEIVES CONTRIBUTIONS THAT ARE USED FOR PURPOSES AS ESTABLISHED UNDER 501(C)(3) FOR EDUCATIONAL AND RELIGIOUS PURPOSES, THE ORGANIZATION HELD TWO FUNDRAISERS - 1) GRADUATION PARTY AND CELEBRATION - PROCEEDS OF WHICH ARE USED FOR STUDENT SCHOLARSHIPS BASED UPON MERIT AND ACHIEVEMENT 2) FUNDRAISING FOR PERSECUTED IRAQI CHRISTIANS

(Grants \$)

If this amount includes foreign grants, check here . . . ☐

28a

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 990-EZ 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.**2015****Open to Public
Inspection**Name of the organization
KNIGHTS OF COLUMBUS MARTOMA COUNCIL
NUMBER 10981 CHARITY ACCOUNT**Employer identification number**

33-0537109

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity CHARITABLE CONTRIBUTION Donee's Name ST PETER CHALDEAN CATHOLIC CHURCH Donee's Address 1627 JAMACHA WAY EL CAJON CA 92019 Cash Amount Given \$39408
Other Expenses 1009	Depreciation \$341

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	FESTIVAL EXPENSES \$73558
Other Expenses 2	CATERING \$5775

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	GRADUATION PARTY \$4919
Other Expenses 4	Per Capita Dues to KOC Supreme \$3301

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	DECORATING \$1858
Other Expenses 6	TOOTIE ROLL \$1340

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	ADOPT A FAMILY \$1272
Other Expenses 8	supplies \$994

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	COUNCIL EXPENSES \$199
Other Expenses 10	BANK CHARGES \$109

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	BADGES \$87