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# 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)

OMB No 1545-1150

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990).

<b>A For the 2015 calendar year, or tax year beginning</b>		, 2015, and ending	, 20
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Knights of Columbus 9518, Fr William A Foster Council</b> Number and street (or P O box, if mail is not delivered to street address) <b>215 North 248th Circle</b> City or town, state or province, country, and ZIP or foreign postal code <b>Waterloo, NE 68069-4691</b>	
		<b>D Employer identification number</b>	
		<b>47-0704246</b> <b>E Telephone number</b> <b>402-331-6644</b>	
		<b>F Group Exemption Number ►</b>	
<b>G Accounting Method</b>		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual   Other (specify) ►	
<b>I Website:</b> ►			
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>K Form of organization</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Fraternal Benefit Society</b>	
<b>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</b>		► \$	<b>68,272 93</b>

### **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

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1 7,016 67
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 1,328 20
	4 Investment income	4 21 31
	5a Gross amount from sale of assets other than inventory	5a 0
	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)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 8,797 00
	b Gross income from fundraising events (not including \$ 7,016.67 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 50,251.01
	c Less: direct expenses from gaming and fundraising events	6c 37,927 50
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 21,120 51
	7a Gross sales of inventory, less returns and allowances	7a 398 54
	b Less: cost of goods sold	7b 281 23
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 117.31
	8 Other revenue (describe in Schedule O)	8 460 20
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 30,064 20
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10 28,198 87
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits	12 0
	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 4,855.46
	16 Other expenses (describe in Schedule O)	16 1,024 64
<b>Net Assets</b>	17 Total expenses. Add lines 10 through 16	17 34,078 97
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (4,014 77)
	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 21,010 88
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 16,996 11

**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	21,010 88	22 16,996 11
23	Land and buildings	0 23	0
24	Other assets (describe in Schedule O)	0 24	0
25	<b>Total assets</b>	21,010 88	25 16,996.11
26	<b>Total liabilities</b> (describe in Schedule O)	0 26	0
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	21,010 88	27 16,996.11

**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? Philanthropy to church and community

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 Tootsie Roll campaign with all proceeds to Special Needs Children, i.e. Special Olympics(Grants \$ 2,289 17) If this amount includes foreign grants, check here ► 

28a

29 One Rose, One Life Campaign with all proceeds to Pro-Life groups(Grants \$ 1,739 00) If this amount includes foreign grants, check here ► 

29a

30 Donations to three (3) seminarians(Grants \$ 1,500 00) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)(Grants \$ 5,000.00) 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
John Meyer 13832 Marinda Circle, Omaha, NE 68114	Grand Knight (12)	0	0	0
John Feda 10157 Margo Street, La Vista, NE 68128	Deputy GK (10)	0	0	0
Daniel Buck 9929 Idora Street, La Vista, NE 68128	Recorder (6)	0	0	0
James Bolin 5221 South 83rd Street, Ralston, NE 68127	Treasurer (6)	0	0	0
Fred Abboud 5026 South 81st Street, Ralston, NE 68127	Advocate (6)	0	0	0
Brett Werner 109 Fox haven Drive, Council Bluffs, IA 51503	Trustee (3)	0	0	0
Brian Munchrath 1319 South 165th Avenue, Omaha, NE 68130	Trustee (3)	0	0	0
Anthony Jones 5055 South 89th Street, Omaha, NE 68127	Trustee (3)	0	0	0
David Marx 13617 Atwood Avenue, Omaha, NE 68137	Counselor (10)	0	0	0
Daniel Bourne 7158 Thorn Apple Lane, La Vista, NE 68128	Counselor (10)	0	0	0

**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
- 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
- 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
- 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
- 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
- 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
- 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
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
- 39 Section 501(c)(7) organizations Enter 39a
- a Initiation fees and capital contributions included on line 9 39b
- b Gross receipts, included on line 9, for public use of club facilities 39c
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c
- 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 40d
- 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 40e
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
- 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 40g

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

42a The organization's books are in care of ► James Bolin Telephone no. ► 402-331-7092  
Located at ► 5221 South 83rd Street, Ralston, NE ZIP + 4 ► 68127-3717

- 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 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 ►

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

- 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

- c Did the organization receive any payments for indoor tanning services during the year? 44c

- 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

- 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

	Yes	No
33	✓	
34	✓	
35a	✓	
35b	✓	
35c	✓	
36	✓	
37b	✓	
38a	✓	
39a		
39b		
40a		
40b	✓	
40c		
40d		
40e	✓	
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d	✓	
45a		
45b	✓	

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. Yes  No  46 ✓

**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		

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

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.

<b>Sign Here</b>	 Signature of officer <b>Robert F. McWilliams</b> Type or print name and title	 Date
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

►  Yes  No

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public  
Inspection**

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Name of the organization

**Employer identification number**

Knights of Columbus 9518, William A Foster Council

47-0704246

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-FZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

2b 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 Bingo (event type)	(b) Event #2 Lent Fish Dnr 3/6/15 (event type)	(c) Other events Lent Fish Dinners (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	8,797	8,029	33,173	49,999
	2 Less Contributions . . .	500	0	0	500
	3 Gross income (line 1 minus line 2) . . . . .	8,297	8,029	33,173	49,499
Direct Expenses	4 Cash prizes . . .	0	0	0	0
	5 Noncash prizes . . .	0	140	697	837
	6 Rent/facility costs . . .	0	0	0	0
	7 Food and beverages . . .	717	4,046	20,231	24,994
	8 Entertainment . . .	0	0	0	0
	9 Other direct expenses . . .	192	415	2,075	2,682
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .			►	28,513
	11 Net income summary Subtract line 10 from line 3, column (d) . . . . .			►	20,986

**Part III Gaming.** Complete if the organization answered "Yes" on 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 . . .				
Direct Expenses	2 Cash prizes . . .				
	3 Noncash prizes . . .				
	4 Rent/facility costs . . .				
	5 Other direct expenses . . .				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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) . . . . .			►	

9 Enter the state(s) in which the organization conducts gaming activities.

a Is the organization licensed to conduct 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: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in
- |     |   |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 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 to be 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 (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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](http://www.irs.gov/form990).

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Name of the organization

**Knights of Columbus 9518, Fr William A Foster Council**

Employer identification number

**47-0704246**

**Form 990 EZ Part I, Line 8 - Per Diem reimbursement from Knights of Columbus State Council for mileage to attend State Convention**

**Form 990 EZ Part III Line 31 - Scholarships to St Gerald parish 8th grade students to attend parochial high schools - \$5,000**