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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public Inspection

Department 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		July 1	, 2015, and ending	June 30	, 2016
B Check if applicable	C Name of organization	D Employer identification number			
<input type="checkbox"/> Address change	Knights of Columbus Council 9240	72-1062954			
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number		
<input type="checkbox"/> Initial return	Post Office Box 8845		985-626-7486		
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ►			06-0416470
<input type="checkbox"/> Amended return	Mandeville, LA 70470-8845	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
<input type="checkbox"/> Application pending		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► www.kc9240.com Not currently active					
J Tax-exempt status (check only one) — <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					
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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. ► \$ 59,232					
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	7,746		
	2 Program service revenue including government fees and contracts	2	0		
	3 Membership dues and assessments	3	6,425		
	4 Investment income	4	41		
	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	0		
	b Gross income from fundraising events (not including \$ _____ 0 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	44,980		
	c Less: direct expenses from gaming and fundraising events	6c	21,662		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,358		
	7a Gross sales of inventory, less returns and allowances	7a	0		
	b Less: cost of goods sold	7b	0		
	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	0		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	37,570		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	25,121		
	11 Benefits paid to or for members	11	10,656		
	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	1,136		
	15 Printing, publications, postage, and shipping	15	451		
	16 Other expenses (describe in Schedule O)	16	0		
	17 Total expenses. Add lines 10 through 16 ►	17	37,364		
	Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	206	
		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	31,809	
		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	32,015	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	31,809	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	31,809	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,809	27
			32,015
			0
			0
			0
			32,015
			0
			0
			32,015

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose?

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	Our Lady of the Lake Church and School, Church Parish Boy Scouts, Pastoral Support, Youth Programs, and Activities, Youth Awards, Needs of Parishioners, and Seminarian Assistance.		
	(Grants \$ 7,730) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	6,652
29	Pro-Life Activities, Food for the Poor, Special Olympics, Catholic Support Programs, Wounded Warriors, American Heart Assn., Food Banks, and other Community Outreach Programs.		
	(Grants \$ 6,974) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	8,219
30	Council 9240 Annual Children's Shopping Spree for Local Underprivileged Families. Council provides funds for families to purchase Christmas presents. Names of families provided by St. Vincent DePaul Society, Samaritan Center, Our Lady of the Lake Parish, etc.		
	(Grants \$ 10,380) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	10,250
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32 25,121

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 Q to respond to any question in this Part IV.

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	✓
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 0	37a	0
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	0
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	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 ►	40b	
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	40c	
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 ►	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►	40e	✓
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		
41 List the states with which a copy of this return is filed ► Louisiana		
42a The organization's books are in care of ► Bruce Hanni Telephone no. ► Located at ► Post Office Box 8845, Mandeville, LA ZIP + 4 ► 70470-8845	42b	Yes
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).	42c	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: ►	44a	✓
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	44b	✓
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44c	✓
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	44d	✓
c Did the organization receive any payments for indoor tanning services during the year?	45a	✓
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	45b	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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)		

