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Short Form Return of Organization Exempt From Income Tax

2016

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 2016 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		D Employer identification number	
Father Owens Council 5527 Knights of Columbus		23-7543410	
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

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**

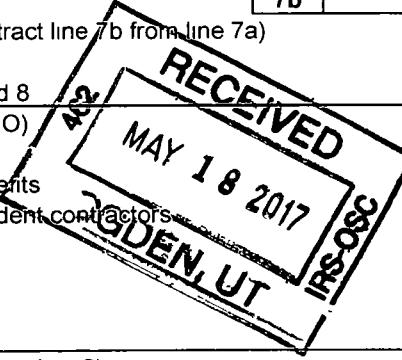
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

54,133

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>846</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>409</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>322</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td>4,067</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td>45,084</td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td>41,068</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td>4,016</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td>3,405</td></tr> <tr><td>b</td><td>Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td><td>6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td><td>2,068</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>1,337</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td>0</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td></td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>10,997</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	846	2	Program service revenue including government fees and contracts	2	409	3	Membership dues and assessments	3	322	4	Investment income	4	4,067	5a	Gross amount from sale of assets other than inventory	5a	45,084	b	Less cost or other basis and sales expenses	5b	41,068	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	4,016	6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,405	b	Gross income from fundraising events (not including \$ 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	2,068	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,337	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	10,997
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Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>10</td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td><td>7,000</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td><td></td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td><td>160</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td><td>300</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td><td>85</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td><td>5,631</td></tr> <tr><td>17</td><td>Total expenses. Add lines 10 through 16</td><td>17</td><td>13,176</td></tr> </table>	10	Grants and similar amounts paid (list in Schedule O)	10	7,000	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	15	Printing, publications, postage, and shipping	15	85	16	Other expenses (describe in Schedule O)	16	5,631	17	Total expenses. Add lines 10 through 16	17	13,176																																				
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Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>-2,179</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>181,861</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>3,654</td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year Combine lines 18 through 20</td><td>21</td><td>183,336</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,179	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	181,861	20	Other changes in net assets or fund balances (explain in Schedule O)	20	3,654	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	183,336																																																				
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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2016)

96 23

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	181,450	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		411
25	Total assets	181,861	24
26	Total liabilities (describe in Schedule O)		247
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,861	25
			26
		181,861	27
			183,336

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, graduate and seminary students annually	<input type="checkbox"/>	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	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	<input type="checkbox"/>	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30		<input type="checkbox"/>	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)	<input type="checkbox"/>	
	(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 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			

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	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)? 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 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	35a 35b 35c	X X 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?	37a 37b	X 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	X
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities	39a 39b	X X
40 a 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 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	40b 40c 40e	X X X
41 List the states with which a copy of this return is filed ► _____		
42 a The organization's books are in care of ► Dave Oswald Located at ► 728 2nd Street West City Hardin ST MT ZIP + 4 ► 59034 Telephone no ► (406) 665-3570		
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)	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____	42c	X
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 ► <input type="checkbox"/>		
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 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 c Did the organization receive any payments for indoor tanning services during the year? 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	44a 44b 44c 44d	X X X X
45 a 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)	45a 45b	X 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

	Yes	No
46		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

	Yes	No
47		

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

48		
----	--	--

49 a 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
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>5/12/2017</i>
	Signature of officer	Date
	Dave Oswald, Financial Secretary	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Colleen M Schaak	<i>Colleen M Schaak</i>	5/11/2017		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)

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.

OMB No. 1545-0047

2016

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 193

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

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 164

Form 990-EZ, Part I, Line 16, Other Expenses Cost of Parish breakfasts and meals 563

Form 990-EZ, Part I, Line 16, Other Expenses Youth Hoop Shoot 172

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

Form 990-EZ, Part I, Line 16, Other Expenses Affiliate dues and fees 676

Form 990-EZ, Part I, Line 16, Other Expenses Investment and Bank Fees 2,703

Form 990-EZ, Part I, Line 16, Other Expenses Charitable works 889

Form 990-EZ, Part I, Line 20, Net Assets Change in unrealized gains (losses) 3,654

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

of year 411, End of year 247