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Form 990-EZ

## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2016

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

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).Open to Public  
Inspection

A For the 2016 calendar year, or tax year beginning		, 2016, and ending		20
B Check if applicable		C Name of organization		D Employer identification number
<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		Knights of Columbus 9518, Fr William A Foster Council Number and street (or P O box, if mail is not delivered to street address) 215 North 248th Circle City or town, state or province, country, and ZIP or foreign postal code Waterloo, NE 68069-4691		47-0704246
				E Telephone number 402-331-6644
				F Group Exemption Number ►
G Accounting Method		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual   Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ►				
J Tax-exempt status (check only one) -		<input type="checkbox"/> 501(c)(3) <input 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 type="checkbox"/> Association <input checked="" type="checkbox"/> Other		Fraternal Benefit Society
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				► \$ 64,609 00
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	7,786	
	2 Program service revenue including government fees and contracts	2	0	
	3 Membership dues and assessments	3	1,410	
	4 Investment income	4	23	
	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	7,955	
	b Gross income from fundraising events (not including \$ 7,786 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	46,948	
	c Less direct expenses from gaming and fundraising events	6c	33,844	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	21,058	
	7a Gross sales of inventory, less returns and allowances	7a	269	
	b Less cost of goods sold	7b	337	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-69	
	8 Other revenue (describe in Schedule O)	8	220	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	30,428	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	22,914	
	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	3,735	
	16 Other expenses (describe in Schedule O)	16	1,223	
	17 Total expenses. Add lines 10 through 16	17	27,872	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,556	
	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	16,996	
	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	19,552	

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	16,996	22	19,552
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
<b>25 Total assets</b>	<b>16,996</b>	<b>25</b>	<b>19,552</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>16,996</b>	<b>27</b>	<b>19,552</b>

**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? Serving 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 One Rose, One Life Campaign with all proceeds to Pro-life causes(Grants \$ 2,665) If this amount includes foreign grants, check here  28a29 Tootsie Roll Campaign will all proceeds to Special Needs children, i.e. Special Olympics(Grants \$ 2,480) If this amount includes foreign grants, check here  29a30 Donation to three (3) seminarians(Grants \$ 1,500) If this amount includes foreign grants, check here  30a31 Other program services (describe in Schedule O)(Grants \$ 5,000) If this amount includes foreign grants, check here  31a32 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 Feda	12	0	0	0
Grand Knight	10	0	0	0
David Fowler	6	0	0	0
Deputy Grand Knight	6	0	0	0
Daniel Buck	3	0	0	0
Recorder	3	0	0	0
James Bolin	3	0	0	0
Treasurer	3	0	0	0
Fred Abboud	3	0	0	0
Advocate	3	0	0	0
Patrick Garnatz	3	0	0	0
Warden	3	0	0	0
Brian Munchrath	3	0	0	0
Trustee	3	0	0	0
Terry Fletcher	3	0	0	0
Trustee	3	0	0	0
John Meyer	3	0	0	0
Trustee	3	0	0	0
Daniel Bourne	10	0	0	0
Chancellor and Counselor	10	0	0	0
David Marx	10	0	0	0
Counselor	3	0	0	0
James Benes	3	0	0	0
Guard	3	0	0	0

**Expenses**

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

**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 ► <b>37a</b>	37b	✓
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no ► _____ Located at ► _____	42b	✓
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	✓
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 ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
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	✓

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 employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "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

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  Signature of officer 5/8/2017 Date  
Robert F. McWilliams, Financial Secretary

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

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

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Form 990-EZ (2016)

**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, line 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

2016

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

Knights of Columbus 9518, Fr. 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-EZ 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

b If "Yes," list the 10 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
1		Yes	No		
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 <u>Bingo</u> (event type)	(b) Event #2 <u>Lent Fish Dnr 2/26</u> (event type)	(c) Other events <u>A/O Lent Fish Dnrs</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,955	6,353	33,246	47,554
	2 Less Contributions	425	0	0	425
	3 Gross income (line 1 minus line 2)	7,530	6,353	33,246	47,129
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	240	1,205	1,445
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	361	3,534	17,482	21,377
	8 Entertainment	0	0	0	0
	9 Other direct expenses	243	267	1332	1,842
	10 Direct expense summary Add lines 4 through 9 in column (d)				► 24,664
	11 Net income summary. Subtract line 10 from line 3, column (d)				► 22,465

**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.

- a The organization's facility
- b An outside facility

13a	%
13b	%

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 (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16 and 17b, as applicable. Also provide any additional information. See instructions