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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2016**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 2016 calendar year, or tax year beginning 1 January, 2016, and ending 31 December, 2016**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Knights of Columbus Council 10160

Number and street (or P.O. box, if mail is not delivered to street address)

16701 "S" Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Omaha, NE 68135

D Employer identification number

47-0731980

E Telephone number

402-891-9834

F Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☒ 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) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **Fraternal****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.

▶ \$ 13,924

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 ☒

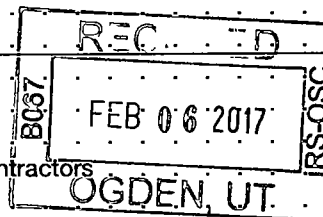
1	Contributions, gifts, grants, and similar amounts received	1	\$15,293
2	Program service revenue including government fees and contracts	2	\$0.00
3	Membership dues and assessments	3	\$6,987
4	Investment income	4	\$4,867
5a	Gross amount from sale of assets other than inventory	5a	\$0.00
b	Less: cost or other basis and sales expenses	5b	\$0.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	\$0.00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	\$2,466.00
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	\$68,791
c	Less: direct expenses from gaming and fundraising events	6c	\$42,240
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	\$29,017
7a	Gross sales of inventory, less returns and allowances	7a	\$0.00
b	Less: cost of goods sold	7b	\$0.00
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	\$0.00
8	Other revenue (describe in Schedule O)	8	\$0.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$56,164
10	Grants and similar amounts paid (list in Schedule O)	10	\$40,970
11	Benefits paid to or for members	11	\$0.00
12	Salaries, other compensation, and employee benefits	12	\$0.00
13	Professional fees and other payments to independent contractors	13	\$0.00
14	Occupancy, rent, utilities, and maintenance	14	\$0.00
15	Printing, publications, postage, and shipping	15	\$445
16	Other expenses (describe in Schedule O)	16	\$12,407
17	Total expenses. Add lines 10 through 16	17	\$53,821
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$2,342
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	\$138,508
20	Other changes in net assets or fund balances (explain in Schedule O)	20	\$12,113
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$152,964

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2016)

SCANNED MAR 02 2017



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Part II Balance Sheets (see the instructions for Part II)☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	\$138,508	22 \$152,964
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	\$138,508	25 \$152,964
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$138,508	27 \$152,964

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

7

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		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a \$0 00
29		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a \$0.00
30		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a \$0.00
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a \$0 00
32	Total program service expenses (add lines 28a through 31a) ►	32 \$0.00

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

7

[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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	<input type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 List the states with which a copy of this return is filed	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of John Schulte Telephone no 402-891-9834 Located at 17116 J Street, Omaha NE ZIP + 4 68135-3613	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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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

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."

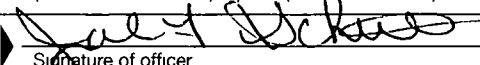
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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		1 Feb 2017
	Signature of officer John F. Schulte, Treasurer	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Self Prepared	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

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2016**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 2016 calendar year, or tax year beginning 1 January, 2016, and ending 31 December, 2016**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

Knights of Columbus Council 10160

Number and street (or P O box, if mail is not delivered to street address)

16701 "S" Street

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Omaha, NE 68135

D Employer identification number

47-0731980

E Telephone number

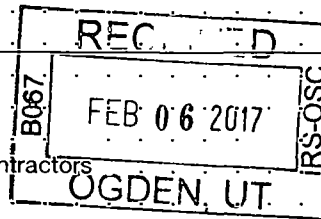
402-891-9834

F Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **Fraternal****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 ▶ \$ 13,924**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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	\$15,293
2	Program service revenue including government fees and contracts	2	\$0.00
3	Membership dues and assessments	3	\$6,987
4	Investment income	4	\$4,867
5a	Gross amount from sale of assets other than inventory	5a	\$0.00
b	Less: cost or other basis and sales expenses	5b	\$0.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	\$0.00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	\$2,466.00
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	\$68,791
c	Less: direct expenses from gaming and fundraising events	6c	\$42,240
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	\$29,017
7a	Gross sales of inventory, less returns and allowances	7a	\$0.00
b	Less: cost of goods sold	7b	\$0.00
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	\$0.00
8	Other revenue (describe in Schedule O)	8	\$0.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$56,164
10	Grants and similar amounts paid (list in Schedule O)	10	\$40,970
11	Benefits paid to or for members	11	\$0.00
12	Salaries, other compensation, and employee benefits	12	\$0.00
13	Professional fees and other payments to independent contractors	13	\$0.00
14	Occupancy, rent, utilities, and maintenance	14	\$0.00
15	Printing, publications, postage, and shipping	15	\$445
16	Other expenses (describe in Schedule O)	16	\$12,407
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18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$2,342
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20	Other changes in net assets or fund balances (explain in Schedule O)	20	\$12,113
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$152,964

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)SCANNED MAR 02 2017
Revenue

9

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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

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

f Total number of other employees paid over \$100,000

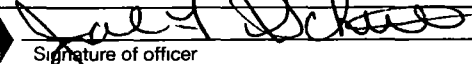
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		Date 1 Feb 2017
	John F. Schulte, Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Self Prepared	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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
Knight of Columbus Council 10160

Employer identification number
47-0731980

990 EZ Part I Line 10: Grants and Similar Amounts Paid: \$40,970

Archdiocese of Omaha: \$1000; YMCA: \$350; Boy Scouts: \$1250; KOC Supreme: \$940; Omaha Food Bank: \$1000; Family Life Center: \$250;

FOCUS: \$250; KVSS: \$500; Nebraska State KOC: \$9911; Priest Apperclation: \$1053; Scholarships: \$3000; EWTN: \$250;

Saint Stephen the Matry Needs: Saint Stephen the Martyr Needs: \$20216; That Man Is You: \$1000

990 EZ Part I Line 16: Other Expenses: (\$12407)

Catholic Advertising: \$2303; Culture of Life: \$276; Exemplifications: \$393; Meeting Expenses: \$1106; Refreshments: \$1255,

Membership Expenses: \$409; Office Expenses: \$104; Per Capita: \$1643; Paint-A-Thon: \$114; Uniform Shirts: \$1256;

Conventions: \$1548; Transfer to Invesment Account: \$2000

990 EZ Part I Line 20: Other Changes in Net Asset of Fund Balances: (\$26,804)

Investment Account	Value 12/31/2015	Value 12/31/2016	Difference
Cash	\$6,962	\$7,124	\$162
Oppenheimer Senior Float Bond	\$28,040	\$30,066	\$2,027
Clearbridge Energy	\$28,842	\$32,146	\$3305
Ave Maria	\$49,071	\$55,691	\$6619
TOTALS	\$112,914	\$125,027	\$12,113

990 EZ Part II: Balance Sheet Adjustment and Notee

Lines 22, 25, & 27 Column (A) decreased by \$45; Double entry for shirt sales of \$45 discovered in CY2014 Form 990-EZ and error was carried forward into CY2015. This one time adjustment from \$138,553 to \$138,508 corrects this error on the CY2016 Form.

Name of the organization

Employer identification number