

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

# 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)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2017 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

Father Owens Council 5527 Knights of Columbus

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

08

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

D Employer identification number

23-7543410

E Telephone number

(406) 665-3570

F Group Exemption

Number ►

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

► \$

43,873

## 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	995
2	Program service revenue including government fees and contracts	2	619
3	Membership dues and assessments	3	534
4	Investment income	4	4,148
5a	Gross amount from sale of assets other than inventory	5a	33,892
b	Less cost or other basis and sales expenses	5b	30,826
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3,066
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,685
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	1,919
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,766
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	11,128
10	Grants and similar amounts paid (list in Schedule O)	10	5,000
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	180
14	Occupancy, rent, utilities, and maintenance	14	300
15	Printing, publications, postage, and shipping	15	196
16	Other expenses (describe in Schedule O)	16	4,995
17	<b>Total expenses.</b> Add lines 10 through 16	17	10,671
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	457
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	183,336
20	Other changes in net assets or fund balances (explain in Schedule O)	20	16,718
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	200,511

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2017)

GC

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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	183,089	22 200,363
23	Land and buildings		23
24	Other assets (describe in Schedule O)	247	24 148
25	Total assets	183,336	25 200,511
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,336	27 200,511

**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

28 The organization has set up a scholarship fund that awards scholarships to undergraduate, graduate and seminary students annually

(Grants \$ ) If this amount includes foreign grants, check here ►  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

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

30

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

32 Total program service expenses. (add lines 28a through 31a) ► 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
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?	37b	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	38a 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	
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 40e	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	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
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

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

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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		

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

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
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

<b>Sign Here</b>	<i>Dave Oswald</i>	<i>5/19/2018</i>
	Signature of officer	Date

► *Dave Oswald, 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	PTIN
	Colleen M Schaak	<i>Colleen M Schaak</i>	5/7/2018		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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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 Conferences, conventions, and meetings 396

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 99

Form 990-EZ, Part I, Line 16, Other Expenses Cost of Parish breakfasts and meals 375

Form 990-EZ, Part I, Line 16, Other Expenses Youth Hoop Shoot 166

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 53

Form 990-EZ, Part I, Line 16, Other Expenses Affiliate dues and fees 398

Form 990-EZ, Part I, Line 16, Other Expenses Investment and Bank Fees 2,708

Form 990-EZ, Part I, Line 16, Other Expenses Charitable works 800

Form 990-EZ, Part I, Line 20, Net Assets Change in unrealized gains (losses) 16,718

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

of year 247, End of year 148