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Short Form

OMB No 1545-1150

Form **990-EZ****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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**2015****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning JULY 1, 2015, and ending JUNE, 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 656
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1631 FOXFIRE LANE
 City or town, state or province, country, and ZIP or foreign postal code
KOKOMO, IN 46902

D Employer identification number
23-7089341

E Telephone number
765-450-8906

F Group Exemption Number ▶ **01888**

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 _____

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. ▶ \$ **186,634.00**

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 ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	78,029
	2	Program service revenue including government fees and contracts	2	43,224
	3	Membership dues and assessments	3	10,315
	4	Investment income	4	24
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	16,329
	6b	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	28,307
6c	Less: direct expenses from gaming and fundraising events	6c	22,613	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22,023.00	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	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	10,406
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	164,021.00
	10	Grants and similar amounts paid (list in Schedule O)	10	53,636
	11	Benefits paid to or for members	11	
Expenses	12	Salaries, other compensation, and employee benefits	12	21,909
	13	Professional fees and other payments to independent contractors	13	600
	14	Occupancy, rent, utilities, and maintenance	14	20,377
	15	Printing, publications, postage, and shipping	15	2,217
	16	Other expenses (describe in Schedule O)	16	47,752
	17	Total expenses. Add lines 10 through 16	17	146,491.00
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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	46,224.00
20		Other changes in net assets or fund balances (explain in Schedule O)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	63,754.00

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

P 12

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	17,797	22 19,049
23	Land and buildings	27,505	23 43,672
24	Other assets (describe in Schedule O)	3,000	24 3,000
25	Total assets	48,302.00	25 65,721.00
26	Total liabilities (describe in Schedule O)	2,078	26 1,967
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,224.00	27 63,754.00

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

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

28	PROMOTE SOCIAL AND INTELLECTUAL FELLOWSHIP; THE KNIGHTS OF COLUMBUS 656 MAINTAIN A LOCAL CHAPTER HALL TO PROMOTE THIS FELLOWSHIP AND IN 2014/2015 HOSTED THE ANNUAL STATE GOLF TOURNAMENT FOR THE KNIGHTS. (Grants \$) If this amount includes foreign grants, check here ► ☐	28a
29	PROVIDE CHARITABLE EFFORTS AND FUNDS TO THE COMMUNITY EXEMPLIFYING THE IDEALS OF CHARITY, UNITY, FRATERNITY, AND PATRIOTISM. THE KNIGHTS PROVIDE SUPPORT TO THE LOCAL CATHOLIC CHURCHES, SCHOOLS, & SEMINARIANS. (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

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[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	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
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	X
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	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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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 ►		
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	40b	
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	X
41 List the states with which a copy of this return is filed ► <u>INDIANA</u>		
42a The organization's books are in care of ► <u>MICHAEL MOORE</u> Telephone no. ► <u>765-450-8906</u> Located at ► <u>1631 FOXFIRE LANE KOKOMO IN</u> ZIP + 4 ► <u>46902</u>		
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 U.S.? 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	
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	X
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	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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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

f Total number of other employees paid over \$100,000 **0**

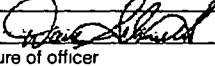
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

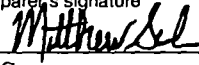
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **0**

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		05/15/17
	Signature of officer	Date
	DAVID C SCHMITT, GRAND KNIGHT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	MATTHEW G SALE		05/13/17		P00200158
	Firm's name	SALE & COMPANY LLC			Firm's EIN
	Firm's address	4101 S DIXON RD, SUITE A KOKOMO IN			Phone no
				26-0486405	765-455-1690

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

KNIGHTS OF COLUMBUS 656

Employer identification number

23-7089341

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 ten 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
		Yes	No			
1						
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

INDIANA

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 GOLF OUTING (event type)	(b) Event #2 SEMINARIAN GALA (event type)	(c) Other events FISH FRIES (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	12,341	13,146	2,820	28,307.00
	2 Less Contributions				0.00
	3 Gross income (line 1 minus line 2)	12,341.00	13,146.00	2,820.00	28,307.00
Direct Expenses	4 Cash prizes				0.00
	5 Noncash prizes				0.00
	6 Rent/facility costs	6,633	3,752	890	11,275.00
	7 Food and beverages				0.00
	8 Entertainment				0.00
	9 Other direct expenses				0.00
	10 Direct expense summary Add lines 4 through 9 in column (d)				11,275.00
	11 Net income summary Subtract line 10 from line 3, column (d)				17,032.00

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		16,329		16,329.00
	2 Cash prizes		10,977		10,977.00
Direct Expenses	3 Noncash prizes				0.00
	4 Rent/facility costs				0.00
	5 Other direct expenses		361		361.00
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				11,338.00
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				4,991.00

9 Enter the state(s) in which the organization conducts gaming activities INDIANA

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 | 13a | 100 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MICHAEL MOORE

Address ▶ 1631 FOXFIRE LANE KOKOMO IN 46902

- 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 ▶ MICHAEL MOORE

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ ADMINISTER & ACCOUNT FOR GAMING ACTIVITIES

☒ 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)

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

2015

**Open to Public
Inspection**

Name of the organization

KNIGHTS OF COLUMBUS 656

Employer identification number

23-7089341

PART I OTHER REVENUE RENTAL INCOME 10,406

LINE 10 GRANTS & SIMILAR AMOUNTS PAID

ST JOAN OF ARC & ST PAT SCHOOL	11,714	GIBAULT SCHOOL	13,899
ST JOAN OF ARC CHURCH	6,000	DIOCESE OF LAFAYETTE	10,464
BIRTHRIGHT OF KOKOMO	1,800	ST VINCENT DEPAUL	600
BONA VISTA	600	JACKSON ST COMMONS	600
THE CROSSING	600	SERRA CLUB	500
MISCELLANEOUS LESS THAN \$250	990	SEMINARY SCHOLARSHIPS	5,000
THE HOUSE OF HANSEN	869		
TOTAL	53,636		

LINE 15 OTHER EXPENSES

LICENSES/REGISTRATIONS	714
CREDIT CARD FEES	888
OFFICE EXPENSES	3,280
MISC SUPPLIES	222
ADVERTISING	1,110
TRAVEL	44
MISC COUNCIL EVENTS	1,150
MEMBERSHIP DUES	7,537
BAR COST OF GOODS SOLD	24,515
DEPRECIATION	8,282
TOTAL	47,752

Name of the organization

KNIGHTS OF COLUMBUS 656

Employer identification number

23-7089341

PART III

CATHOLIC GENTLEMAN ORGANIZED TO PROVIDE CHARITABLE FUNDS AND EFFORTS TO THE COMMUNITY,
ORGANIZED AS A FRATERNAL ORGANIZATION WITH THE IDEAL OF EXEMPLIFYING THE IDEALS OF
CHARITY, UNITY, FRATERNITY, AND PATRIOTISM. ALSO, COMMITTED TO THE DEFENSE FO THE
PRIESTHOOD AND THE PRESERVATION AND DEFENSE OF THE FAMILY.