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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)

Open to Public
InspectionDepartment 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.

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

, 20

B Check if applicable

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

C Name of organization

Sacred Heart Council No. 6525

D Employer identification number

51-0141847

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

P.O. Box 201

Room/suite

E Telephone number

314-973-3631

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

Truxton, MO 63381-0201

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) () ◀ (insert no.) 4947(a)(1) or 527K 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

► \$ 63006.87

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

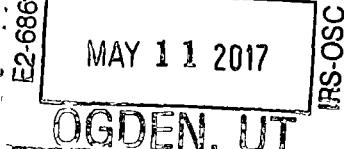
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5465.91
	2 Program service revenue including government fees and contracts	2	
Expenses	3 Membership dues and assessments	3	3662.50
	4 Investment income	4	
Net Assets	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
Net Assets	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
Net Assets	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ 5465.91 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	53,878.46
Net Assets	c Less: direct expenses from gaming and fundraising events	6c	33,782.81
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	20,096.25
Net Assets	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
Net Assets	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
Net Assets	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	29,224.66
	10 Grants and similar amounts paid (list in Schedule O)	10	25,202.45
Net Assets	11 Benefits paid to or for members	11	9,182.94
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
Net Assets	15 Printing, publications, postage, and shipping	15	837.46
	16 Other expenses (describe in Schedule O)	16	
Net Assets	17 Total expenses. Add lines 10 through 16	17	35,222.85
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(5,998.19)
Net Assets	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	12,940.07
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	5,830.00
Net Assets	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	12,771.88

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)



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 <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		22 <i>12,771.88</i>
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets		25 <i>12,771.88</i>
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 <i>12,771.88</i>

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 <input checked="" type="checkbox"/>	
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	<i>FURNISH THANKSGIVING DINNER TO NEEDY FAMILIES</i>		
28a			<i>2,675.00</i>
29	<i>Charitable Gifts to Various Needy Families and/or Organizations</i>		
29a			<i>15,697.45</i>
30	<i>Furnish Scholarships to Two Individuals for Catholic High School Education</i>		
30a			<i>1,000.00</i>
31	Other program services (describe in Schedule O)		
31a			<i>5,830.00</i>
32	Total program service expenses (add lines 28a through 31a)		
32			<i>25,102.45</i>

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 <input type="checkbox"/>	

?	(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
	<i>Timothy B. Muldoon, Sr.</i>	<i>4</i>			
	<i>Grand Knight</i>				
	<i>Charles H. Lenau</i>	<i>6</i>			
	<i>Financial Secretary</i>				
	<i>Larry D. Bennett</i>	<i>1</i>			
	<i>Deputy Grand Knight</i>				
	<i>Charles G. Petersen</i>	<i>1</i>			
	<i>Chancellor</i>				
	<i>John K. Wilke</i>	<i>5</i>			
	<i>Treasurer</i>				
	<i>Edward J. Grewach</i>	<i>0</i>			
	<i>Advocate</i>				
	<i>Gregory B. Chrismar</i>	<i>1</i>			
	<i>Warden</i>				
	<i>Clarence J. Brown, Jr.</i>	<i>1</i>			
	<i>Recorder</i>				
	<i>Robert J. Tahir</i>	<i>1</i>			
	<i>One year Trustee</i>	<i>1</i>			
	<i>Gerald P. Schulte</i>	<i>1/4</i>			
	<i>Two year Trustee</i>				
	<i>Bruce E. King</i>	<i>1</i>			
	<i>Three year Trustee</i>				
	<i>Rev. John A. Keeney</i>	<i>1</i>			
	<i>Chaplain</i>				

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		X
34		X
35a		X
35b		
35c		
36		X
37a	37a	0
37b		X
38a		X
38b		
39		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X
41	Missouri	
42a	Charles Lenall	Telephone no. 314-923-3631
42b	Located at P.O. Box 201, Truxton, MO 63381	ZIP + 4 63381-0201
42c	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).	
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	
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44c	Did the organization receive any payments for indoor tanning services during the year?	
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45b	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)	

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

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 ?	► <u>Charles Leneau</u> Signature of officer	5 May 2017 Date			
	► <u>Charles Leneau Financial Secretary</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Sacred Heart Council No. 6525

Employer identification number

51-0141847

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

2b 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
		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.

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 <i>Golf Turn</i> (event type)	(b) Event #2 <i>Fish Frys</i> (event type)	(c) Other events <i>2</i> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	<i>15,207.14</i>	<i>33,316.32</i>	<i>5,355.00</i>
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	<i>15,207.14</i>	<i>33,316.32</i>	<i>5,355.00</i>
				<i>53,878.46</i>
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs	<i>4,260.32</i>	<i>4000.00</i>	<i>773.00</i>
	7 Food and beverages	<i>2,470.00</i>	<i>13,550.50</i>	<i>1,253.91</i>
	8 Entertainment			
	9 Other direct expenses	<i>1495.77</i>	<i>4819.71</i>	<i>1,451.00</i>
	10 Direct expense summary. Add lines 4 through 9 in column (d)			<i>33,782.02</i>
	11 Net income summary. Subtract line 10 from line 3, column (d)			<i>20,096.25</i>

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	13a	%
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 ► _____

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

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

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Open to Public
Inspection

Name of the organization

Sacred Heart Council No. 6525

Employer identification number

51-0141847

Transfer Funds to Bank Account to Fund Charitable Donations
(to Line 20) \$ 5,830.00

Fund Scholarships For Catholic High School Education \$ 1,000.00

Charitable Gifts to Needy Individuals and/or
organizations \$ 15,697.45

Furnish Thanksgiving Dinners to Needy Families \$ 2,675.00