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Form **990-EZ**

C&E 965

Department 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* for instructions and the latest information. 1804

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JULY 1 , 2017, and ending JUNE 30 , 2018

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 08

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: ► KOFCKNIGHTS.ORG/COUNCILSITE/?CNO=656

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◄ (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 ► $ 68,672.00

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	26,695
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	11,445
	4	Investment income		4	203
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	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	12,437	
	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	17,495	
	c	Less direct expenses from gaming and fundraising events	6c	12,399	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	17,533.00
	7a	Gross sales of inventory, less returns and allowances	7a	397	
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	397.00
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	56,273.00
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	26,031
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	1,000
	13	Professional fees and other payments to independent contractors		13	600
	14	Occupancy, rent, utilities, and maintenance		14	15,339
	15	Printing, publications, postage, and shipping		15	1,429
	16	Other expenses (describe in Schedule O)		16	15,490
	17	**Total expenses.** Add lines 10 through 16 ►		17	59,889.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(3,616.00)
	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	69,568.00
	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	65,952.00

RECEIVED
DEC 26 2018
OGDEN, UT
B080 IRS-OSC

SCANNED MAR 15 2019

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For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2017)

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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	27,230	22	29,824
23	Land and buildings	39,783	23	36,128
24	Other assets (describe in Schedule O)	3,000	24	0
25	**Total assets**	70,013.00	25	65,952.00
26	**Total liabilities** (describe in Schedule O)	445	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	69,568.00	27	65,952.00

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 ☐

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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 PROMOTE SOCIAL AND INTELLECTUAL FELLOWSHIP; THE KNIGHTS OF COLUMBUS 656 MAINTAIN A LOCAL CHAPTER HALL TO PROMOTE THIS FELLOWSHIP.

(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**

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
RONALD F. HILLMAN GRAND KNIGHT	10	0	0	0
TYLER GRAVES DEPUTY GRAND KNIGHT	5	0	0	0
ROGER POISSON FINANCIAL SECRETARY	5		0	0
WILLIAM D RIEBE, SR TRUSTEE	5	0	0	0
JAMES SCHMITT TRUSTEE	5	0	0	0
JAMES SCHMITT TRUSTEE	5	0	0	0

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		X
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 ▶ Indiana

42a The organization's books are in care of ▶ Roger Poisson Telephone no ▶ 765-450-8906
Located at ▶ 1631 Foxfire Lane Kokomo IN ZIP + 4 ▶ 46902

			Yes	No
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

			Yes	No
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

			Yes	No
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	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 ☐

			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"

(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

Roger J. Poisson — Signature of officer — Date 12/20/2018

Roger J. Poisson, Financial Secretary — Type or print name and title — 12/20/2018

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Matthew G Sale	Matthew G Sale	11/28/2018		P00200158

Firm's name ▶ Sale & Company LLC — Firm's EIN ▶ 26-0486405

Firm's address ▶ 4101 S Dixon Road, Suite A Kokomo IN — Phone no 765-455-1690

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

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.

▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No 1545-0047

2017

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

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? Yes	(iii) No	(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							
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 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,922			7,922.00
	2 Less Contributions				0.00
	3 Gross income (line 1 minus line 2)	7,922.00			7,922.00
Direct Expenses	4 Cash prizes				0.00
	5 Noncash prizes				0.00
	6 Rent/facility costs				0.00
	7 Food and beverages	289			289.00
	8 Entertainment				0.00
	9 Other direct expenses				0.00
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	289.00
	11 Net income summary Subtract line 10 from line 3, column (d)			▶	7,633.00

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		12,437		12,437.00
Direct Expenses	2 Cash prizes		8,783		8,783.00
	3 Noncash prizes				0.00
	4 Rent/facility costs				0.00
	5 Other direct expenses		765		765.00
	6 Volunteer labor	☐ Yes % ☐ No	☒ Yes 100 % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	9,548.00
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			▶	2,889.00

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 ▶ ROGER POISSON

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 ▶ ROGER POISSON

Address ▶ 1631 FOXFIRE LANE KOKOMO IN 46902

16 Gaming manager information

Name ▶ ROGER POISSON

Gaming manager compensation ▶ $ 0

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.

▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization: KNIGHTS OF COLUMBUS 656

Employer identification number: 23-7089341

LINE 10 GRANTS & SIMILAR AMOUNTS PAID

ST JOAN OF ARC & ST PAT CHURCH/SCHOOL	1,025	GIBAULT SCHOOL	13,046
ST JOAN OF ARC CHURCH	3,500	ST VINCENT DEPAUL	600
BIRTHRIGHT OF KOKOMO	975	POOR CLARES	1,111
BONA VISTA	600	WE CARE	600
THE CROSSING	600	THE HOUSE OF HANSEN	848
DIOCESE OF LAFAYETE	476	SEMINARY SCHOLARSHIPS	2,000
MISCELLANEOUS LESS THAN $250	650		
TOTAL 26,031			

LINE 16 OTHER EXPENSES

PAYROLL TAX EXPENSE	242
LICENSES/REGISTRATIONS	120
MEMBER CHALICE EXP	1,100
OFFICE EXPENSES	82
MEMBER SNACKS & FOOD	1,374
ADVERTISING	1,429
CONVENTION EXPENSES	595
MISC COUNCIL EVENTS	1,666
MEMBERSHIP DUES	4,788
DEPRECIATION	3,655
4TH DEG & SUPREME SUPP	211
MEMBER CARDS/FLOWERS	228
TOTAL	15,490

Name of the organization	Employer identification number
KNIGHTS OF COLUMBUS 656	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 EXEMPLYFING THE IDEALS OF CHARITY, UNITY, FRATERNITY, AND PATRIOTISM. ALSO, COMMITTED TO THE DEFENSE FO THE PRIESTHOOD AND THE PRESERVATION AND DEFENSE OF THE FAMILY.