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Form 990-EZ

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.

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning July 1 , 2018, and ending June 30 , 20 19

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 #656 - Hail Holy Queen

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 46902-5072

08

D Employer identification number
23-7089341

E Telephone number
(765) 450-8906

F Group Exemption Number ▶ 0188

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: ▶ uknight.org/councilsite/index.asp?CNO=656

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)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 83,571

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	46,192
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	9,111
	4	Investment income		4	22
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less. cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 5,231		
	b	Gross income from fundraising events (not including $ 0 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 21,372		
	c	Less: direct expenses from gaming and fundraising events	6c 13,635		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	12,968
	7a	Gross sales of inventory, less returns and allowances	7a 47		
	b	Less cost of goods sold	7b 47		
	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	1,597
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	69,890
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	63,100
	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	7,141
	14	Occupancy, rent, utilities, and maintenance		14	317
	15	Printing, publications, postage, and shipping		15	1,175
	16	Other expenses (describe in Schedule O)		16	1,673
	17	**Total expenses.** Add lines 10 through 16		17	73,405
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,516
	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	65,952
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-49,989
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	15,963

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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	29,824	22	13,463
23	Land and buildings	36,128	23	0
24	Other assets (describe in Schedule O)		24	2,500
25	**Total assets**	65,952	25	15,963
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	65,952	27	15,963

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? 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.

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

28 Saints Joan of Arc and Patrick School, Kokomo, IN
Bonuses for 24 school teachers.
(Grants $ 23,731) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 23,731

29 St. Patrick Church Security System.
Surveillance Video Camera Security System for St. Patrick's Church in Kokomo, IN
(Grants $ 14,999) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a 14,999

30 Gibault Childrens' Services
Our Council #656's contribution to the Gibault Youth Home in Terre Haute, IN. Gibault is sponsored and supported by the Knights of Columbus Councils of the State of Indiana.
(Grants $ 11,025) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a 11,025

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	20	0		
Wayne E. Abney - Deputy Grand Knight	10	0		
Francis B. Call - Chancellor	20	0		
Roger J. Poisson - Financial Secretary	20	0		
Thomas J. Shanley - Treasurer	20	0		
James M. Schmitt - Trustee	10	0		
James E. Schwartz - Trustee	10	0		
Steven A. Watson - Trustee	20	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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Roger J. Poisson Telephone no. ▶ (765) 450-8906			
	Located at ▶ 1631 Foxfire Lane, Kokomo, IN ZIP + 4 ▶ 46902-5072			
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)?	42b		✓
	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).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		✓
	If "Yes," enter the name of the foreign country ▶			
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		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		✓
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		✓

			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		✓

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 11/13/2019

▶ Roger J. Poisson Financial Secretary — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Roger J. Poisson	Roger J. Poisson	11/13/2019		23-7089341

Firm's name ▶ Knights of Columbus Council #656 - Hail Holy Queen — Firm's EIN ▶ 23-7089341

Firm's address ▶ 1631 Foxfire Lane, Kokomo, IN 46902-5072 — Phone no (765) 450-8906

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 instructions and the latest information.**

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
Knights of Columbus Council #656 - Hail Holy Queen

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 State Golf Outing (event type)	(b) Event #2 Gibault Golf Outing (event type)	(c) Other events ____ (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	$ 11,153.00	$ 7,029.00		$ 18,182.00
	2 Less. Contributions	-	-		-
	3 Gross income (line 1 minus line 2)	$ 11,153.00	$ 7,029.00		$ 18,182.00
Direct Expenses	4 Cash prizes	-	$ 700.00		$ 700.00
	5 Noncash prizes	$ 622.05	-		$ 622.05
	6 Rent/facility costs	$ 4,140.00	-		$ 4,140.00
	7 Food and beverages	$ 2,153.28	$ 306.00		$ 2,459.28
	8 Entertainment	-	-		-
	9 Other direct expenses	$ 1,661.10	$ 240.00		$ 1,901.10
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				$ 9,822.43
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				$ 8,359.57

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		$ 6,064.00	$ 4,800.00	$ 10,864.00
Direct Expenses	2 Cash prizes		$ 4,530.00	$ 1,223.00	$ 5,753.00
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		$ 830.60	$ 258.00	$ 1,088 60
	6 Volunteer labor	☐ Yes ____ % ☐ No	☑ Yes 100 % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				$ 6,841.60
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				$ 4,022.40

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	0 %

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 46902-5072

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 ▶ Roger Poisson

Gaming manager compensation ▶ $ 0

Description of services provided ▶ Create Accounting Records of Gaming Activities and Maintain Gaming Licenses

☑ 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

2019

Open to Public Inspection

Name of the organization

Knights of Columbus Council #656 - Hail Holy Queen

Employer identification number

23-7089341

Part I

Line 7b. Entry on Line 7b = $47 is for accounting purposes. Actual Cost of Goods Sold is unknown due to missing records.

Line 10 - Grants and similar amounts paid

9/17/2018	St. Pat's Oktoberfest Donation	$500.00	10/1/2018	St. Patrick Church Security System.	$7,000.00
10/22/2018	Sean Aaron. Seminarian Scholarship.	$1,000.00	11/1/2018	Golf Tournament Sponsorship.	$100.00
11/5/2018	S. Jones. Seminarian Scholarship.	$500.00	11/5/2018	St. Patrick Church Bulletin Ad.	$480.00
11/5/2018	St. Joan of Arc Church Bulletin Ad.	$480.00	12/3/2018	Diocesan Seminarian Fund.	$476.00
12/3/2018	STSJP School. Teacher's Bonuses.	$23,731.04	12/3/2018	Bona Vista.	$500.00
12/3/2018	The Crossing.	$500.00	12/3/2018	Birth Right of Kokomo.	$500.00
12/13/2018	Poor Clares.	$1,000.00	12/17/2018	St. Vincent de Paul Society.	$500.00
12/20/2018	St. Patrick Church Security System.	$3,000.00	1/7/2019	Poor Clares.	$200.00
2/13/2019	Holy Family Catholic Conference.	$3,000.00	2/25/2019	St. Patrick Church Gala.	$500.00
3/8/2019	St. Patrick Church Security System.	$4,999.31	3/14/2019	Special Olympics.	$500.00
4/8/2019	Daughters of Isabella.	$100.00	4/9/2019	FOCUS Mission.	$250.00
4/12/2019	Diocesan Seminarian Fund.	$600.00	4/17/2019	Gibault Children's Services.	$150.00
5/15/2019	Gibault Children's Services.	$11,025.00	5/28/2019	St. Patrick Church.	$400.00
5/30/2019	Priestly vestments for Fr. Sean Aaron.	$859.00	6/12/2019	Hog Runners.	$100.00
6/21/2019	Sts. Joan of Arc & Patrick School	$150.00			

Part II

Line 23. All Land and buildings were transferred to the Columbian Club of Kokomo in 2017. Council #656 owns no land and buildings at this time. Council #656 rents the building from the Columbian Club of Kokomo.

Line 24 (B). Other Assets. Estimated value ($2,500): Computer Equipment - $500, Office Equip & Supplies - $500, Store Inventory - $1,500

- Continued on Page 2 -

Name of the organization	Employer identification number
Knights of Columbus Council #656 - Hail Holy Queen	23-7089341

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

Our organization is a group of Roman Catholic gentlemen organized to provide volunteer services and charitable funds to our community. We are a part of a fraternal order, the Knights of Columbus, with the practice of exemplifying the ideals of Charity, Unity, Fraternity, and Patriotism. Also, we are committed to the defense of the Roman Catholic Priesthood, and the preservation and defense of the Family.