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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Service to the Catholic Church and its Families			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 Sponsored a 5 kilometer run/walk on Thanksgiving morning. The event, open to the public, registered over 5,000 participants. Programs net revenues used for charity. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 Sponsored a St. Patrick's Days Lunch. The event, open to the public, provided meals for approximately 175 participants. Program net revenues used for charity. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 Held a scholarship dance for Council members and their guests. Net revenues used to provide scholarships to defray the cost of post secondary education costs. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		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.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
37a	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	No
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 period covered by this return? . . .	38a	No
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ BRIAN G BORRY CPA Telephone no ▶ (843) 906-3280 4 1/2 JOHN STREET Located at ▶ CHARLESTON, SC ZIP + 4 ▶ 29403		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please Sign Here	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.				
	Signature of officer *****		Date 2010-05-08		
Paid Preparer's Use Only	Preparer's signature BRIAN G BORRY CPA		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 BRIAN G BORRY CPA 4 1/2 JOHN STREET CHARLESTON, SC 294036416				EIN ▶
					Phone no ▶ (843) 906-3280
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
KNIGHTS OF COLUMBUS REV PN LYNCH COUNCIL 704

Employer identification number
57-0277933

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 e-mail 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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		5K Run/Walk (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	156,255		156,255
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	156,255		156,255
Direct Expenses	4	Cash prizes	1,350		1,350
	5	Non-cash prizes	3,664		3,664
	6	Rent/facility costs			
	7	Food and beverages	7,062		7,062
	8	Entertainment	2,000		2,000
	9	Other direct expenses	65,480		65,480
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			79,556
	11	Net income summary Combine lines 3, column d, and line 10. ▶			76,699

Part III Gaming.

Complete if the organization answered "Yes" to 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			
	2	Cash prizes			
Direct Expenses	3	Non-cash 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	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated 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?	15a	
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		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** KNIGHTS OF COLUMBUS REV PN LYNCH COUNCIL 704**EIN:** 57-0277933

Item No.	1
Class of Activity	CHARITABLE
Donee's Name	COLUMBUS HOPE FOUNDATION INC
Donee's Address	5 WOODFERN COURT COLUMBIA, SC 29212
Amount (FMV)	8,500
Purpose of Payment to Affiliate	Support programs for challenged citizens
Relationship	SC STATEWIDE KOC COUNCIL
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	EDUCATIONAL
Donee's Name	BISHOP ENGLAND HIGH SCHOOL
Donee's Address	363 SEVEN FARMS DRIVE CHARLESTON, SC 29492
Amount (FMV)	3,700
Purpose of Payment to Affiliate	Support Catholic High School Track Team
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	MEDICAL CARE
Donee's Name	HOSPICE OF CHARLESTON FOUNDATION
Donee's Address	676 WANDO PARK BLVD MT PLEASANT, SC 29464
Amount (FMV)	2,500
Purpose of Payment to Affiliate	Support for end of live Hospice care
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	CHARITABLE
Donee's Name	ST VICENT DEPAUL SOCIETY
Donee's Address	769 NORFORK DRIVE CHARLESTON, SC 29412
Amount (FMV)	2,500
Purpose of Payment to Affiliate	Support mission to provide life services to less fortunate
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	CHARITABLE
Donee's Name	BIRTHRIGHT OF CHARLESTON
Donee's Address	798 ST ANDREWS BLVD CHARLESTON, SC 29407
Amount (FMV)	2,500
Purpose of Payment to Affiliate	Support mission to assist with unplanned pregnancy
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	CHARITABLE
Donee's Name	CRISIS MINISTRIES
Donee's Address	573 MEETING STREET CHARLESTON, SC 29403
Amount (FMV)	2,500
Purpose of Payment to Affiliate	Support mission to provide for homeless
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	CHARITABLE
Donee's Name	NEIGHBORHOOD HOUSE
Donee's Address	77 AMERICA STREET CHARLESTON, SC 29403
Amount (FMV)	2,000
Purpose of Payment to Affiliate	Support mission to provide emergency assistance to those in need
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	MEDICAL
Donee's Name	CHARLESTON ENT
Donee's Address	1849 SAVAGE ROAD CHARLESTON, SC 29407
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support medical procedure for severe hearing loss
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	EDUCATIONAL
Donee's Name	HEATHER MEYER
Donee's Address	COLLEGE OF CHARLESTON CHARLESTON, SC 29401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Provide partial college academic scholarship
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	EDUCATIONAL
Donee's Name	DAUGHTERS OF ST PAUL
Donee's Address	243 KING STREET CHARLESTON, SC 29401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support mission to provide Catholic bookstore
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	EDUCATIONAL
Donee's Name	CHARLESTON CATHOLIC SCHOOL
Donee's Address	888 KING STREET CHARLESTON, SC 29403
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support to provide Catholic school education
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	RELIGIOUS
Donee's Name	LOWCOUNRTY PRISON MINISTRY
Donee's Address	ASHLEY PENNINGTON ATTORNEY CHARLESTON, SC 29401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support Christian education prison outreach
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	CHARITABLE
Donee's Name	FLORENCE CRITTENTON HOME
Donee's Address	5 ST MARGARET TREET CARLESTON, SC 29403
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Suport mission to help unwed mothers
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	CHARITABLE
Donee's Name	WOUNDED WARRIOR PROJECT
Donee's Address	7020 AC SKINNER PARKWAY SUITE 100 JACKSONVILLE, FL 32256
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support wounded soldiers retuning from war
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	EDUCATIONAL
Donee's Name	ST LEO THE GREAT CATHOLIC SCHOOL
Donee's Address	CENTRAL CENTRAL, SC 29910
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support formation of new Catholic school
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	EDUCATIONAL
Donee's Name	BOY SCOUTS OF AMERICA COASTAL COUNCIL
Donee's Address	1025 SAM RITTENBURG BLVD CHARLESTON, SC 29407
Amount (FMV)	1,000
Purpose of Payment to Affiliate	Support mission to train youth in life skills
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	CHARITABLE
Donee's Name	CATHEDRAL OF ST JOHN THE BAPTIST
Donee's Address	120 BROAD STREET CHARLESTON, SC 29401
Amount (FMV)	550
Purpose of Payment to Affiliate	Purchase supplies to repair CCD classrooms
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	EDUCATIONAL
Donee's Name	BLESSED SACREMENT CATHOLIC CHURCH
Donee's Address	5 ST TERESA DRIVE CHARLESTON, SC 29412
Amount (FMV)	600
Purpose of Payment to Affiliate	Support Building Fund
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	CHARITABLE
Donee's Name	COASTAL COMMUNITY FOUNDATION
Donee's Address	90 MARY STREET CHARLESTON, SC 29403
Amount (FMV)	500
Purpose of Payment to Affiliate	Support mission to foster philanthropy for community
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	CHARITABLE
Donee's Name	NOTRE DAME VISION
Donee's Address	334 GEDDES HALL NOTRE DAME, IN 46556
Amount (FMV)	500
Purpose of Payment to Affiliate	Support Summer Conferences for High School Students
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	EDUCATIONAL
Donee's Name	CRAIG CAMBELL SEMINARIAN
Donee's Address	3015 FOURTH ST NE WASHINGTON, DC 20017
Amount (FMV)	500
Purpose of Payment to Affiliate	Support for Catholic Vocational Training
Relationship	KNIGHT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	EDUCATIONAL
Donee's Name	MATHEW GRAY SEMINARIAN
Donee's Address	MOUNT ST MARYS SEMINARY 16300 OLD E EMMITSBURG, MD 21727
Amount (FMV)	500
Purpose of Payment to Affiliate	Support for Catholic Vocational Training
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	EDUCATIONAL
Donee's Name	DAVID NERBUN SEMINARIAN
Donee's Address	PONTIFICAL NORTH AMERICAN COLLEGE VATICAN CITY STATE, MD 00120
Amount (FMV)	500
Purpose of Payment to Affiliate	Support for Catholic vocational training
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	RELIGIOUS
Donee's Name	BISHOPS STEWARDSHIP APPEAL
Donee's Address	119 BROAD STREET CHARLESTON, SC 29401
Amount (FMV)	500
Purpose of Payment to Affiliate	Support Catholic Bishops Annual Critical Needs Program
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	CHARITABLE
Donee's Name	LOWCOUNTRY PARROTHEADS - ALZHEIMERS ASSOCIATION
Donee's Address	8707 GRASSY OAK TRAIL N CHARLESTON, SC 29420
Amount (FMV)	250
Purpose of Payment to Affiliate	Support program to raise funds for Alzheimers Association
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	RELIGIOUS
Donee's Name	FATHER MIHIR UPASI
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	Support Catholic School in India
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	CHARITABLE
Donee's Name	KOC COUNCIL 6250
Donee's Address	1061 FOLLY ROAD JAMES ISLAND, SC 29412
Amount (FMV)	240
Purpose of Payment to Affiliate	Sponsor a team for charitable golf tournament
Relationship	KOC COUNCIL
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	CHARITABLE
Donee's Name	KOC COUNCIL 12472
Donee's Address	23 HUGUENOT AVE CHARLESTON, SC 29407
Amount (FMV)	240
Purpose of Payment to Affiliate	Sponsor a team for charitable golf tournament
Relationship	KOC COUNCIL
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	CHARITABLE
Donee's Name	DAVID DIAS
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	Sponsor Charitable Event
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	CHARITABLE
Donee's Name	CATHOLIC DIOSESE OF CHARLESTON
Donee's Address	119 BROAD STREET CHARLESTON, SC 29401
Amount (FMV)	200
Purpose of Payment to Affiliate	Sponsorship for Bishop's Ball for Steple Fund
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	CHARITABLE
Donee's Name	HOMEWORKS
Donee's Address	PO BOX 102 IRMO, SC 29063
Amount (FMV)	140
Purpose of Payment to Affiliate	Purchase lunch for team completing home repair project
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	32
Class of Activity	CHARITABLE
Donee's Name	MEDICAL U OF SOUTH CAROLINA
Donee's Address	181 ASHLEY AVE CHARLESTON, SC 29401
Amount (FMV)	100
Purpose of Payment to Affiliate	Sponsor Charitable Event
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	33
Class of Activity	CHARITABLE
Donee's Name	FATHER PETER S KULANDAI
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	Support for Catholic School in India
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	34
Class of Activity	CHARITABLE
Donee's Name	KOC COUNCIL 14765
Donee's Address	49141 GLADIOUS STREET INDIAN LAND, SC 29707
Amount (FMV)	25
Purpose of Payment to Affiliate	Sponsor start-up of new Council
Relationship	KOC COUNCIL
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** KNIGHTS OF COLUMBUS REV PN LYNCH COUNCIL 704**EIN:** 57-0277933

Description	Amount
Meals and Supplies for Programs	4,738
Membership Per Capita	1,522
State Convention Per Diem	460
State Raffle	1,274
Commissions for Financial Secretary	500
Website	465
Supplies, Awards and Plaques	2,495
Rent PO Box	70
Bank Charges	66
Miscellaneous	123

TY 2009 Other Revenues Schedule

Name: KNIGHTS OF COLUMBUS REV PN LYNCH COUNCIL 704

EIN: 57-0277933

Description	Amount
Miscellaneous	367

Additional Data

Software ID:

Software Version:

EIN: 57-0277933

Name: KNIGHTS OF COLUMBUS REV PN LYNCH COUNCIL 704

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JEREMY A BILLEW 3558 HUNTERS OAK LANE JOHNS ISLAND, SC 29455	Grand Knight 10 00	0		
BRIAN G BORRY 4 1/2 JOHN STREET CHARLESTON, SC 29403	Deputy Grand Knight 5 00	0		
GORDON F DARLING 3575 STOCKTON DRIVE MT PLEASANT, SC 29466	Financial Secretary 5 00	500		
JOSEPH C DELEON 3072 LINKSLAND RD MT PLEASANT, SC 29466	Chancellor 5 00	0		
ROBERT WILLS 1410 CHIMNEY SWIFT LANE HANAHAN, SC 29410	Treasurer 5 00	0		
STEVEN E VETTEL 1939 N TRINITY DR CHARLESTON, SC 29407	Trustee 5 00	0		
LEWIS S MOORE 1467 ISLAND CREEK TR JOHNS ISLAND, SC 29455	Trustee 5 00	0		
THOMAS F FRESSELLI 904 REBELS CAMP RD MT PLEASANT, SC 29464	Trustee 5 00	0		