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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning		July 1	, 2009, and ending		June 30	, 2010
B Check if applicable	C Name of organization					D Employer identification number
<input type="checkbox"/> Address change	Knights of Columbus Council #6884					51 0229285
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite		E Telephone number		
<input type="checkbox"/> Initial return	P.O. Box 725			864.944.0027		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4					F Group Exemption Number ►
<input checked="" type="checkbox"/> Amended return	Seneca, SC 29679-0725					0188
<input type="checkbox"/> Application pending					G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c) (8) □ (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 86,718.38

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	37,669.63
	2 Program service revenue including government fees and contracts	2	None
	3 Membership dues and assessments	3	None
	4 Investment income	4	489.24
	5a Gross amount from sale of assets other than inventory	5a	None
	b Less: cost or other basis and sales expenses	5b	None
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ 17,220.24 of contributions reported on line 1)	6a	40,255.91
	b Less: direct expenses other than fundraising expenses	6b	16,310.66
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
	7a Gross sales of inventory, less returns and allowances	7a	None
	b Less: cost of goods sold	7b	None
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe ► Dinner charges, 50-50 Raffle, Misc.)	8	23,945.25
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	8,303.60
		10	70,407.72
Expenses	10 Grants and similar amounts paid (attach schedule)	10	50,533.85
	11 Benefits paid to or for members	11	None
	12 Salaries, other compensation, and employee benefits	12	None
	13 Professional fees and other payments to independent contractors	13	None
	14 Occupancy, rent, utilities, and maintenance	14	4,450.00
	15 Printing, publications, postage, and shipping	15	1,312.07
	16 Other expenses (describe ► Conferences, Dinners, Assessments, Dinners, Supplies, etc.)	16	15,497.24
	17 Total expenses. Add lines 10 through 16	17	71,793.16
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,385.44)
	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	23,618.79
	20 Other changes in net assets or fund balances (attach explanation)	20	None
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,233.35

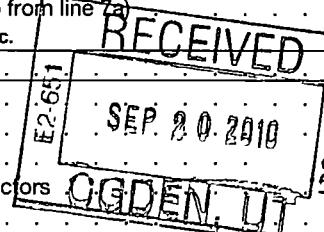
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	23,618.79	22,233.35
23	Land and buildings	None	23
24	Other assets (describe ►)	None	24
25	Total assets	23,618.79	22,233.35
26	Total liabilities (describe ►)	None	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,618.79	22,233.35

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



SCANNED SEP 2010

10

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Educational, Charitable, Religious and Social Welfare**

What is the organization's primary exempt purpose? Educational, Charitable, Religious and Social Welfare
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.

Expenses
Required for section
(c)(3) and 501(c)(4)
organizations and section
(a)(1) trusts, optional
others.)

28 We assisted the mentally handicapped benefitting several hundred people, mostly at our local schools' Special Needs programs, and the South Carolina Area Special Olympics.

(Grants \$) If this amount includes foreign grants, check here .

28a

29 Our local proceeds from the South Carolina Knights of Columbus Charity Raffle were given to the Knights of Columbus State Council for their state-wide charity work. Numbers of persons benefitting unknown.

(Grants \$) If this amount includes foreign grants, check here

29a

30 We awarded three scholarship assistance gifts to three seminarians studying for the Catholic priesthood.

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(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.)

Part V Other 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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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 <input type="text" value="None"/>	37a	None
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 period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <input type="text"/> ; section 4912 ► <input type="text"/> ; section 4955 ► <input type="text"/>		
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		
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 ► <input type="text"/> N/A		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► <input type="text"/> N/A		N/A
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.		
41 List the states with which a copy of this return is filed. ► None		
42a The organization's books are in care of ► Rheal E. Desrochers and Daniel C. English Telephone no. ► 864.944.0027 Located at ► 14 Keepers Lantern Drive, Salem, SC ZIP + 4 ► 29676-4323		
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: ► <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
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: ► <input type="text"/>	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input 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	✓
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	✓

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.

		Yes	No
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	46	
47	Did the organization engage in lobbying activities? 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."		

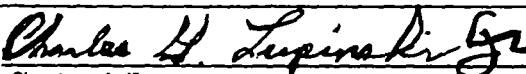
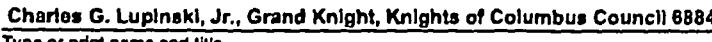
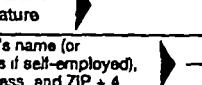
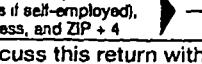
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► N/A

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
None		

d Total number of other independent contractors each receiving over \$100,000 ► N/A

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	 Signature of officer  Charles G. Lupinski, Jr., Grand Knight, Knights of Columbus Council 6884 Type or print name and title			
	9-12-10 Date			
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
			<input type="checkbox"/>	
			<input type="checkbox"/>	EIN ►
			<input type="checkbox"/>	Phone no. ►

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

51 : 0229285

Knights of Columbus Council #6884

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.

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 Solitation of non-government grants
- f Solitation 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 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.

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 Golf Tournament (event type)	(b) Event #2 Oktoberfest Booth (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	\$24,900.24	\$5,641.00	None \$30,541.24
	2 Less: Charitable contributions	\$17,220.24	None	None \$17,220.24
	3 Gross income (line 1 minus line 2)	\$7,680.00	\$5,641.00	None \$13,321.00
Direct Expenses	4 Cash prizes	None	None	None \$0.00
	5 Noncash prizes	\$15,650.94	None	None \$15,650.94
	6 Rent/facility costs	\$2,944.00	\$350	None \$3,294.00
	7 Food and beverages	None	\$4,087.60	None \$4,087.60
	8 Entertainment	None	None	None 0.00
	9 Other direct expenses	\$2,050.89	\$287.70	None \$2,338.59
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► (\$25,371.13)
	11 Net income summary. Combine line 3, column (d), and line 10			► (\$12,050.13)

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			
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. Combine line 1, column d, and line 7			► ()

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? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

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? _____

9a	
10a	
11	
12	

IRS Form 990-EZ SCHEDULE - Re Item 10 (Grants and Similar Amounts Paid), and Item 31

FY 2009-10

Knights of Columbus Council 6884, P O Box 725, Seneca, SC 29679

Employer ID Number
51-0229285

Donation Amounts	Purpose and Recipients							
From the "Operation HOPE" (Tootsie Roll Drive)								
For the benefit of the mentally handicapped/schools' special needs programs								
\$12,646.00	Tribble Center	116 South Cove Road	Seneca	SC 29672				
\$1,200.00	West Oak High School	130 Warrior Lane	Westminster	SC 29693				
\$850.00	Pendleton High School	7324 Highway 187	Anderson	SC 29625				
\$1,250.00	Liberty High School	310 Summit Drive	Liberty	SC 29657				
\$1,250.00	Seneca High School	100 Bobcat Ridge	Seneca	SC 29678				
\$1,000.00	Pendleton Elementary School	902 E. Queen Street	Pendleton	SC 29670				
\$700.00	Clemson Elementary School	581 Berkeley Drive	Clemson	SC 29631				
\$450.00	Keowee Elementary School	7051 Keowee School Road	Seneca	SC 29672				
\$450.00	D W Daniel High School	1819 Six Mile Highway	Central	SC 29630				
\$700.00	LaFrance Elementary School	17 Main Street	La France	SC 29656				
\$450.00	Riverside Middle School	458 Riverside Street	Pendleton	SC 29670				
\$450.00	James M Brown Elementary School	225 Coffee Road	Walhalla,	SC 29691				
\$450.00	Seneca Middle School	810 West South 4th Street	Seneca	SC 29672				
\$700.00	West Oak Middle School	501 Westminster Highway	Westminster	SC 29693				
\$450.00	Walhalla High School	151 Razorback Lane	Walhalla	SC 29691				
\$500.00	Edwards Middle School	1157 Madden Bridge Road	Central	SC 29630				
\$450.00	Northside Elementary School	710 North Townville Street	Seneca	SC 29678				
\$27,171.77	<u>\$3,225.77 Columbus HOPE Foundation, Inc</u>	5 Woodfern Court	Columbia	SC 29212				
Special Olympics (Sponsor)								
For the benefit of the mentally handicapped								
\$14,500.00	To Area 13 Special Olympics, Seneca, SC							
South Carolina State Council Charity Fund								
For the benefit of the mentally handicapped								
\$2,720.00	To Knights of Columbus SC State Council Charity Fund, C/O Angelo J DiMaria, Chairman, P O Box 9935, Columbia, SC 29290							
Scholarship Awards								
\$500.00	William Fleming Scholarship, awarded to a local seminarian (1 of 3): Mathew Gray Mount Saint Mary's Seminary 16300 Old Emmitsburg Road Emmitsburg MD 21727							
\$500.00	William Fleming Scholarship, awarded to a local seminarian (2 of 3): David Nerbun Collegio Americano del Nord 00120 Vatican City State Europe							
\$500.00	William Fleming Scholarship, awarded to a local seminarian (3 of 3): William Hearne Blessed John XXIII Nat'l Seminary 558 South Avenue Weston MA 02493							
*Church Related Donations								
\$131.92	Rosaries for First Communion children							
*Non-Church Related Donations								
\$4,510.16	Miscellaneous other donations (non-church related) for victims of disaster, National Right to Life Committee, food purchases for funeral receptions, kids' basketball sponsorship, Food Banks, Habitat for Humanity, Catholic Student Association, Clemson Community Care, etc							
\$50,533.85	TOTAL, line 10							
(* = NOTE: These are also LINE 31 Items)								