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Form **990-EZ**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 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.

OMB No 1545-1150

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning** July 1, 2009, and ending June 30, 2010**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C Name of organization****Knights of Columbus Council #6884**

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

**P.O. Box 725**

City or town, state or country, and ZIP + 4

**Seneca, SC 29679-0725****D Employer identification number****51 0229285****E Telephone number****864.944.0027****F Group Exemption Number**► **0188**

• 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.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .														37,669.63																
	2	Program service revenue including government fees and contracts . . . . .														None																
	3	Membership dues and assessments . . . . .														None																
	4	Investment income . . . . .														489.24																
	5a	Gross amount from sale of assets other than inventory . . . . .														None																
	b	Less: cost or other basis and sales expenses . . . . .														None																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .														None																
	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) . . . . .														40,255.91																
	b	Less: direct expenses other than fundraising expenses . . . . .														16,310.66																
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .														23,945.25																	
7a	Gross sales of inventory, less returns and allowances . . . . .														None																	
b	Less: cost of goods sold . . . . .														None																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .														None																	
8	Other revenue (describe ► Dinner charges, 50-50 Raffle, Misc. . . . .)														8,303.60																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .														70,407.72																	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .														50,533.85																
	11	Benefits paid to or for members . . . . .														None																
	12	Salaries, other compensation, and employee benefits . . . . .														None																
	13	Professional fees and other payments to independent contractors . . . . .														None																
	14	Occupancy, rent, utilities, and maintenance . . . . .														4,450.00																
	15	Printing, publications, postage, and shipping . . . . .														1,312.07																
	16	Other expenses (describe ► Conferences, Dinners, Assessments, Dinners, Supplies, etc. . . . .)														15,497.24																
17	Total expenses. Add lines 10 through 16 . . . . .														71,793.16																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .														(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) . . . . .														23,618.79																
	20	Other changes in net assets or fund balances (attach explanation) . . . . .														None																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .														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	None
24	Other assets (describe ► . . . . .)	None	None
25	Total assets . . . . .	23,618.79	22,233.35
26	Total liabilities (describe ► . . . . .)	None	None
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 30 2010

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## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for 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 . . . . . ► <input type="checkbox"/>	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 . . . . . ► <input type="checkbox"/>	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 . . . . . ► <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	

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		<input checked="" type="checkbox"/>
<b>35</b> 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.		
<b>a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> 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 . . . . .		
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> None		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .		
<b>c</b> 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 . . . . . ▶ N/A		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ N/A		
<b>e</b> 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. . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ None		
<b>42a</b> The organization's books are in care of ▶ <u>Rheal E. Desrochers and Daniel C. English</u> Telephone no. ▶ <u>864.944.0027</u> Located at ▶ <u>14 Keepers Lantern Drive, Salem, SC</u> ZIP + 4 ▶ <u>29676-4323</u>		
<b>b</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)? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>45</b> 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 . . . . .		<input checked="" type="checkbox"/>

**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 as 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
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

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

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.**

2009

**Open To Public Inspection**

**Knights of Columbus Council #6884**

51 : 0229285

**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.

- | (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 |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
| <b>Total</b>                                  |               |  |    |                                   |  |   |

- 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.

[illegible]

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



**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</u> Columbus HOPE Foundation, Inc	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	<b>William Fleming Scholarship, awarded to a local seminarian (1 of 3):</b>				
	Mathew Gray	Mount Saint Mary's Seminary	16300 Old Emmitsburg Road	Emmitsburg	MD 21727
\$500.00	<b>William Fleming Scholarship, awarded to a local seminarian (2 of 3):</b>				
	David Nerbun	Collegio Americano del Nord	00120 Vatican City State	Europe	
\$500 00	<b>William Fleming Scholarship, awarded to a local seminarian (3 of 3):</b>				
	Wiliam 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 diaster, 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)