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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012Department 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Open to Public Inspection**A** For the 2012 calendar year, or tax year beginning

, 2012, and ending

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

ST MICHAEL'S COUNCIL 8980

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

Room/suite

PO BOX 14710

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

SURFSIDE BEACH

SC 29577

D Employer identification number

57-0834527

E Telephone number

(843) 421-3811

F Group Exemption Number**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: N/A

Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) (insert no) ☐ 4947(a)(1) or ☐ 527

Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 67,120.

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	2,063.
	2 Program service revenue including government fees and contracts		2	
	3 Membership dues and assessments		3	5,325.
	4 Investment income		4	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	4,458.	
b Gross income from fundraising events (not including \$ 2,063. 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	37,736.		
c Less: direct expenses from gaming and fundraising events	6c	27,760.		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	14,434.
7a Gross sales of inventory, less returns and allowances	7a	17,538.		
b Less: cost of goods sold	7b	7,248.		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	10,290.
8 Other revenue (describe in Schedule O)			8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	32,112.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt.	10	13,636.
	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	
	14 Occupancy, rent, utilities, and maintenance		14	
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	7,007.
	17 Total expenses. Add lines 10 through 16		17	20,643.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	11,469.	
ASSETS	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	34,340.
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	45,809.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

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☒☒[illegible]

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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c 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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
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 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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 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) 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	X
41 List the states with which a copy of this return is filed <input type="checkbox"/>		

42a The organization's books are in care of KENNETH P. HEIN Telephone no. (843) 650-3932
 Located at PO BOX 14710 SURFSIDE BEACH SC ZIP + 4 29587

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? <input type="checkbox"/> If 'Yes,' enter the name of the foreign country <input type="checkbox"/>	42c	X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If 'Yes,' was the related organization a section 527 organization?

49b		
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- 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 paid more than \$100,000	(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
NONE				

- 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.'

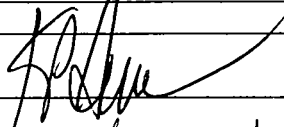
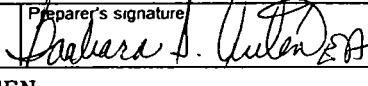
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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	Signature of officer	Date	
		07/25/13	
	KENNETH P. HEIN	FINANCIAL SECRETARY	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Barbara S. Auten EA		07/25/13
	Firm's name	Check <input checked="" type="checkbox"/> if self-employed PTIN	
	Firm's address	P01244873	
	BARBARA S. AUTEN		
	1437 SEDGEFIELD DR	Firm's EIN	
	MURRELLS INLET SC 29576-8659	Phone no (843) 215-5692	

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

☒ Yes ☐ 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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

ST MICHAEL'S COUNCIL 8980

Employer identification number

57-0834527

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
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 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.

(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISER (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	15,563.			15,563.
	2 Less: Charitable contributions	15,789.			15,789.
	3 Gross income (line 1 minus line 2)	-226.			-226.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Combine line 3, column (d), and line 10				-226.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1 Gross revenue			
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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					

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?

☐ 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 operate 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 operated in

a The organization's facility	13a	8
--------------------------------------	----	----	----	----	----	------------	----------

b An outside facility	13b	8
--	------------	----------

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 contact 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 ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2012

Open to Public
Inspection

ST MICHAEL'S COUNCIL 8980

Employer identification number

57-0834527

PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

All the good works we do are informed by our four core principles:

Charity - Our Catholic faith teaches us to "Love thy

neighbor as thyself". Members of the Knights of Columbus

show love for their neighbors by conducting food drives

and donating the food to local soup kitchens and food

pantries, by volunteering at Special Olympics, and by

supporting, both spiritually and materially, mothers

who choose life for their babies. Knights recognize that our

mission, and our faith in God, compels us to action.

There is no better way to experience love and compassion

than by helping those in need, a call we answer every day.

Unity - None of us is as good as all of us. Members of th

Knights of Columbus all know that - together- we can accomplish far

more than any of us could individually. So we stick

together...we support one another. That doesn't mean

that we always agree or that there is never a difference

of opinion. It does mean that 0 as a Knight of Columbus -

you can count on the support and encouragement of your

brother Knights as you work to make life better in your

parish and community.

Fraternity - The Venerable Michael J. McGivney founded

the Knights of Columbus, in large part, to provide assistance

to the widows and children left behind when the family

breadwinner died - often prematurely. The Order's

top-rated insurance program continues to do this today,

Name of the organization

ST MICHAEL'S COUNCIL 8980

Employer identification number

57-0834527

as do individual Knights, who last year gave more than
10 million hours of their time to assist sick and/or disabled
members and their families. In the Knights of Columbus,
we watch out for and take care of one another.

Patriotism - Members of the Knights of Columbus, be they
Americans, Canadians, Mexicans, Cubans, Pilipinos, Poles,
or Dominicans, are patriotic citizens. We are proud of
our devotion to God and country, and believe in standing up for both.
Whether it's in public or private, the Knights remind the world
that Catholics support their nations and are amongst the
greatest citizens

Part V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(a) Did the organization, during the year, receive any
funds, directly or indirectly, to pay premiums on a
personal benefit contract?

(b) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract?

Miscellaneous Statement

EXTENSION TO AUG 15, 2013

ON MAY 15 AN EXTENSION WAS FILED BUT THEN
REJECTED. AS PER PHONE CALL TO IRS HELP
DESK, IT WAS MAILED IN ALONG WITH POWER
OF ATTORNEY FORMS.

Total

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

BANK CHARGES	41.
BOOKS, REFERENCE	
COMMUNICATIONS	78.
MEETING EXPENSES	1,202.
NATIONAL & STATE DUES	3,457.
POSTAGE, MAILING SERVICE	415.
SUPPLIES	1,539.
TAX PREPARATION	275.
Total	7,007.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts PaidPurpose of Payment DONATION TO SEMINARIANS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>FINANCIAL ASSISTANCE</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>TWO SEMINARIANS</u>		
			1,520.

If property other than cash was given, the following additional information needs to be provided:

Description of Property FINANCIAL ASSISTANCEDate of Gift 12/06/12

Book Value	How Book Value Determined
1,520.	CASH
FMV	How FMV Determined
1,520.	CASH - ACTUAL AMOUNT
Purpose of Payment	<u>25TH ANNIVERSARY GIFT TO PASTOR</u>

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GIFT</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>FATHER RAYMOND CARLO, PASTOR</u>	<u>PASTOR</u>	
			690.

If property other than cash was given, the following additional information needs to be provided:

Description of Property GIFT TOWARDS 25TH REUNION TRIPDate of Gift 06/06/12

Book Value	How Book Value Determined
690.	CASH
FMV	How FMV Determined
690.	CASH

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Continued

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts PaidPurpose of Payment CHRISTMAS GIFTS TO PARISH PRIESTS AND STAFF

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>GIFT</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>PARISH PRIEST AND STAFF</u>		
			<u>425.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property CHRISTMAS GIFTDate of Gift 12/06/12

Book Value <u>425.</u>	How Book Value Determined <u>CASH</u>
FMV <u>425.</u>	How FMV Determined <u>CASH</u>

Purpose of Payment ST MICHAEL'S SCHOOL

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CHARITIBLE GIFTS</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ST. MICHAEL SCHOOL</u> <u>CYPRESS AVENUE</u> <u>GARDEN CITY SC 29576</u>	<u>PARISH SCHOOL</u>	
			<u>5,814.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property REPLACE REFRIGERATOR, OVENS, SPORTS AWARDS, CHILDRENS PROGRAMSDate of Gift 03/29/12

Book Value <u>5,814.</u>	How Book Value Determined <u>ACTUAL COST</u>
FMV <u>5,814.</u>	How FMV Determined <u>ACTUAL COST</u>

Purpose of Payment PRO-LIFE ACTIVITIES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>DONATION</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>PRO-LIFE ORGANIZATION</u>	<u>ST. MICHAEL'S</u>	
			<u>798.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property DONATIONS TO ST. MICHAEL'S PRO-LIFE COMMITTEEDate of Gift 03/01/12

Book Value <u>798.</u>	How Book Value Determined <u>CASH</u>
FMV <u>798.</u>	How FMV Determined <u>CASH</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment ST. MICHAEL'S CHURCH

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
DONATION	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> ST MICHAEL'S CHURCH CYPRESS AVENUE GARDEN CITY SC 29576	PARISH	839.

If property other than cash was given, the following additional information needs to be provided:

Description of Property BUILDING FUND ETCDate of Gift 08/30/12

Book Value 839.	How Book Value Determined CASH
FMV 839.	How FMV Determined CASH

Purpose of Payment THREE SCHOLARSHIPS TO GRADUATING SENIORS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIPS	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> THREE SCHOLARSHIPS	HIGH SCHOOL GRADUATES	1,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property SCHOLARSHIPS TO HIGH SCHOOL GRADS TOWARD COLLEGE TUITIONDate of Gift 05/01/12

Book Value 1,500.	How Book Value Determined CASH
FMV 1,500.	How FMV Determined CASH

Purpose of Payment VARIOUS CHARITIES

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
VARIOUS CHARITIES	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> VARIOUS CHARITABLE ORGANIZATIONS LOCAL ETC MYRTLE BEACH SC 29576	NONE	2,050.

If property other than cash was given, the following additional information needs to be provided:

Description of Property VETERANS GROUPS, PHONE CARDS FOR MILITARY, AMER CANCER FD, ETCDate of Gift 12/01/12

Book Value 2,050.	How Book Value Determined CASH
FMV 2,050.	How FMV Determined CASH