



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No. 1545-1150

2012**Open to Public
Inspection**Department 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.

A For the 2012 calendar year, or tax year beginning July 1, 2012, and ending June 30, 20 13

B Check if applicable:

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

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
864-647-4418

F Group Exemption Number **0188**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: _____

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

K 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.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$**

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		Expenses		Net Assets			
1	Contributions, gifts, grants, and similar amounts received	1	6980.34	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4244.89
2	Program service revenue including government fees and contracts	2	.00	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	45137.59
3	Membership dues and assessments	3	.00	20	Other changes in net assets or fund balances (explain in Schedule O)	20	.00
4	Investment income	4	.00	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40892.70
5a	Gross amount from sale of assets other than inventory	5a	.00				
5b	Less: cost or other basis and sales expenses	5b	.00				
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	.00				
6	Gaming and fundraising events						
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	.00				
6b	Gross income from fundraising events (not including \$ 25357.00 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	70327.00				
6c	Less: direct expenses from gaming and fundraising events	6c	18203.00				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	52124.00				
7a	Gross sales of inventory, less returns and allowances	7a	3260.07				
7b	Less: cost of goods sold	7b	5024.26				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1764.19				
8	Other revenue (describe in Schedule O)	8	12998.50				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70338.65				
10	Grants and similar amounts paid (list in Schedule O)	10	59404.75				
11	Benefits paid to or for members	11	.00				
12	Salaries, other compensation, and employee benefits	12	500.00				
13	Professional fees and other payments to independent contractors	13	.00				
14	Occupancy, rent, utilities, and maintenance	14	5278.00				
15	Printing, publications, postage, and shipping	15	823.00				
16	Other expenses (describe in Schedule O)	16	8577.79				
17	Total expenses. Add lines 10 through 16	17	74583.54				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2012)

9-5 12

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a .00		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b 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 ▶ ; 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 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	
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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	
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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	✓

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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
-----------	--	-------------------------------------

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

49a		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

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

f Total number of other employees paid over \$100,000

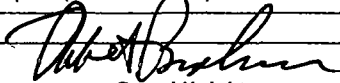
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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 Oct 3, 2013
	Robert G. Brohm Type or print name and title Grand Knight	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

**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

2012

**Open to Public
Inspection**

Knights of Columbus, council 6884, P.O. Box 725, Seneca, SC 29679-0725

Employer identification number

51-0229285

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 <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> 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 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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 Oktoberfest (event type)	(c) Other events Pendleton Jubilee (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	28,525.00	9,265.00	7,180.00	44,970.00
	2 Less: Contributions	25,357.00	.00	.00	25,357.00
	3 Gross income (line 1 minus line 2)	3,168.00	9,265.00	7,180.00	19,613.00
Direct Expenses	4 Cash prizes00	.00	.00	.00
	5 Noncash prizes	10,534.00	.00	.00	10,534.00
	6 Rent/facility costs	250.00	475.00	392.00	1,117.00
	7 Food and beverages	751.00	2,662.00	2,376.00	5,789.00
	8 Entertainment00	.00	.00	.00
	9 Other direct expenses	655.00	108.00	.00	763.00
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(18,203.00)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				1,410.00

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? ☐ 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 | % |
| 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? ☐ 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

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**

Name of the organization

Knights of Columbus, Council 6884, P.O. Box 725, Seneca, SC 29679-0725

Employer identification number

51-0229285

Amounts Purpose and Recipients

"Operation Hope"(Tootsie Rool Drive) to the Benefit of the Mentally Handicapped plus Area Schools "Special Needs" Programs

\$500.00 Blue Ridge Elem. School, 995 S. Oak Street, Seneca, SC 29678

\$500.00 Clemson Elem. School, 581 Berkley Drive, Clemson, SC 29631

\$500.00 Ravenel Elem. School, 150 Ravenel School Road, Seneca, SC 29678

\$500.00 James M. Brown Elem. School, 225 Coffee Road, Walhalla, SC 29691

\$500.00 La France Elem. School, 17 Main Street, La France, SC 29656

\$500.00 Liberty High School, 310 Summit Drive, Liberty, SC 29657

\$650.00 Northside Elem. School, 710 N. Townville Street, Seneca, SC 29678

\$500.00 Orchard Park Elem. School, 600 Toccoa Hwy, Westminster, SC 29693

\$500.00 Pendleton Elem. School, 902 E. Queen Street, Pendleton, SC 29670

\$650.00 Pendleton High School, 7324 Highway 187, Anderson, SC 29625

\$800.00 Seneca High School, 100 Bobcat Ridge, Seneca, SC 29678

\$500.00 Oakway Intermediate, 150 School House Road, Westminster, SC 29693

\$750.00 West Oak Middle School, 501 Westminster Hwy, Westminster, SC 29693

\$650.00 Seneca Middle School, 810 W. South 4th Street, Seneca, SC 29672

\$1,400.00 West Oak High School, 130 Warrior Lane, Westminster, SC 29693

\$500.00 Walhalla Middle School, 507 Razorback Lane, Walhalla, SC 29691

\$500.00 Riverside Middle School, 458 Riverside Street, Pendleton, SC 29670

\$500.00 Westminster Elem. School, 206 Hamilton drive, Westminster, SC 29693

\$500.00 Daniel High School, 140 Blue and Gold Blvd, Central, SC 29630

\$500.00 Walhalla High School, 501 Razorback Lane, Walhalla, SC 29691

\$500.00 Tamassee-Salem High School, 4 eagle Lane, Salem, SC 29676

\$500.00 Walhalla Elem. School, 508 Fowler Road, Walhalla, SC 29691

\$23,150.00 \$10,250.00 Tribble center, 116 South Cove Road, Seneca, SC 29672

Name of the organization

Employer identification number

Knights of Columbus, Council 6884, P.O. Box 725, Seneca, SC 29679-0725

51-0229285

Special Olympics (Sponsor) to Benefit the mentally Handicapped

\$21,000.00 To Area 13 Special Olympics, Seneca, SC

South Carolina State Council Charity Fund to Benefit the Mentally Handicapped

\$3,381.00 To Knights of Columbus SC State Council Charity Fund, c/o Joseph F. Gubeli, Jr., Chairman,
P.O. Box 9935, Columbia, SC 29290

Seminarian Scholarship Awards

\$500.00 Rhett Williams, Holy Trinity Seminary, P.O. Box 140309, Irving, TX 75014

\$500.00 Paul LaCombe, Holy Trinity Seminary, P.O. Box 140309, Irving, TX 75014

\$500.00 Thomas Lydic, Charles Borromeo Seminary, 28700 Euclid Avenue, Wickliffe, OH 44092

*Church Related Donations

\$200.00 Rosaries for First Communion children

\$5013.59 St Andrews, St Francis & St Paul's Catholic Churches Youth Programs

\$8125.16 Miscellaneous other donations (non-church related) for victims of diaster, National Right to Life Committee, Food purchases
for funeral receptions, kids Basketball & Soccer sponsorships Food Banks, Catholic Student Association, Clemson
Community Care, Clemson Free Clinic, Collins Home, etc.

\$59404.75 Total, line 10

\$13338.75 (*=Note: These are also Line 31 items)

Other Revenue

\$843.00 50/50 Raffle

\$4677.50 Social Dinner Charges

\$3260.07 Fish-Fry Dinners

\$4217.43 Misc. (Installation Fees, hat Pins, etc.)

\$12998.50 Total, Line 8

Other Expenses

\$1948.92 Organizational Assessments

\$1311.00 Conference Fees

\$5317.87 Office Supplies

\$8577.79 Total, Line 16