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Form **990-EZ**

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)

2012

OMB No 1545-1150

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ 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, 2013 . 20 C Name of organization B Check if applicable D Employer identification number ✓ Address change Knights of Columbus Council 10668 57 0939073 Room/suite Name channe Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 6 Bertram Place 843-34-4850 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > Application pending Hilton Head Island SC 29928 ✓ Cash G Accounting Method: ☐ Accrual Other (specify) ▶ H Check ▶ If the organization is not Website: ▶ required to attach Schedule B J. Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). 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 . . . Contributions, gifts, grants, and similar amounts received 1 1030 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 9636 4 Investment income 4 Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ 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 31845 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 22082 Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 0 8 Other revenue (describe in Schedule O) 8 8718 q Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 41466 10 Grants and similar amounts paid (list in Schedule O) 10 22529 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractor 13 0 14 Occupancy, rent, utilities, and maintenance . 14 0 15 Printing, publications, postage, and shipping .. 15 812 16 Other expenses (describe in Schedule O) . . . 16 14051 17 Total expenses. Add lines 10 through 16 . 17 37392 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 4074 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with Assets 19 end-of-year figure reported on prior year's return) 19 9352 Other changes in net assets or fund balances (explain in Schedule O) . 20 20 0

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Pa	Till Balance Sheets (see the instructions	for Part II)			_	
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[22	13426
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[25	13426
26	Total liabilities (describe in Schedule O)		[·	26	0
27	Net assets or fund balances (line 27 of colum				27	13426
Par	t III Statement of Program Service Accord	- '		•		Expenses
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part III		uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	cribe the organization's program service accomp neasured by expenses. In a clear and concise roons benefited, and other relevant information for e	manner, describe the	f its three largest p e services provided	rogram services, I, the number of	4947	(a)(1) trusts, optional thers)
28	Columbus Hope Foundation					
	(Grants \$ 13464) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	13464
29	One Seminarian					
		t includes foreign gra			29a	500
30	Special Olympics					
	(Grants \$ 1500) If this amoun	t includes foreign gra	ente chack hara	.	30a	1500
31	Other program services (describe in Schedule O)		· · · · · · ·		SUA	1500
٠.		t includes foreign gra	nts check here		31a	7065
32	Total program service expenses (add lines 28a	through 31a)		.	32	22529
	List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule					· · · · · · · ·
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	Estimated amount of their compensation
Jack	Battel					
		Grand Knight- 15				
Terry	Conway	Deputy Grand				
		Knight - 15				
Denr	is Lauzon					
		Treasurer - 5			<u> </u>	
Geor	ge Salemi	Financial Secretary				
		- 10		ļ <u></u>		
Anth	ony Schopp					
		Chancellor - 5			-	
					+-	
				 	+	
					+	-
			1	 	+-	
]	1		
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
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	Yes	No
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		1
h	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			
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			ŀ
39	Section 501(c)(7) organizations. Enter:			<u> </u>
а	Initiation fees and capital contributions included on line 9	1		İ
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶			
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		1
С	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			
е	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		Yes	No
	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: ▶	ļ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		l	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		,	
			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		√
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		1
С	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	<u> </u>	1
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		√

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46	Did t	he organization engage, directly or in				or in opposit	ion 7	Yes	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51 Check if the organization used Sc	s only as must answer que	estions 47–49b an	d 52, and co	omplete the		for line	
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elec		during the	tax 47	Yes	No.
48 49a b 50	Is the Did t	e organization a school as described in the organization make any transfers the es," was the related organization a se plete this table for the organization's	n section 170(b)(1)(A)(co an exempt non-chaection 527 organization	aritable related orga	inization? .		. 48 . 49a . 49b		√ √ d key
	-	oyees) who each received more that 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-MIS	(d) Healt contributions benefit plans	there is none benefits, s to employee , and deferred ensation	(e) Estimat	ed amo	unt of
None									
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	's five highest comp			s who each	received	l more	thar
(a)	Name a	and address of each independent contractor pa	aid more than \$100,000	(b) Type of	service	(c)	Compensat	tion	
None				-					
									
d	Tota	I number of other independent contr	actors each receiving	over \$100,000 .	. ▶	No	one		· •
52	Did t	the organization complete Schedule exempt charitable trusts must attach sof penury, I declare that I have examined this	A? Note : All section 5 a completed Schedu	501(c)(3) organization	<u> </u>	· · ·	Yes		No st is
true, co	penanie: prrect, ai	nd complete. Declaration of preparer (other tha	in officer) is based on all inf	ormation of which prepar	rer has any knowl	edge.	11 7	19	, 11 13
Sign Here		Signature of officer Dennis A Lauzon Treasurer	mu yo-C		Da	tte	.4, <i>L</i> b.		
Paid	L 	Print/Type preparer's name	Preparer's signature		Date	Check Self-emplo	4		

Preparer

Firm's name

Firm's address

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

Line 6b Schedule

Knights of Columbus 10668 Reporting year July 1, 2012 thru June 30, 2013

57-0939073

Line 6B Schedule

Gross Income from Fund Raising Events

Total	31,825
Dinner Parties	1,420.00
Applebee's	1,235.00
Concert	1,472.00
Lenten Fish Fry	4,019.00
Golf Tournament	7,112.00
Shrimp Boil	2,402.00
Tootsie Roll sales	6,173.00
Spaghetti Dinner	8,012.00

Line 6c Schedule

Expenses for Fund Raising Events

Total	9763
Dinner Parties	0
Applebee's	156.00
Concert	138.00
Lenten Fish Fry	2,066.00
Golf Tournament	2,333.00
Shrimp Boil	2,971.00
Tootsie Roll	1167.00
Spaghetti Dinner	932.00

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Line 16 Other Expenses

Knights of Columbus 10668 Reporting year July 1, 2012 thru June 30, 2013

57-0939073

Meeting Expenses	\$328
Website maintenance	\$60
Financial Secretary	\$811
Convention Travel	\$885
Officer Installation	\$306
Name Tags	\$158
Bank Fees	\$81
Supreme & State Fees & Insurance	\$3598
Recognition & Appreciation Gifts	\$1089
Communion Breakfast	\$1170
Oktoberfest	\$2011
Ladies Night	\$2376
Rosary Expense	\$345
Miscellaneous Expenses	\$833
Total	\$14,051

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Knights of Columbus 10668 Reporting year July 1, 2012 thru June 30, 2013

57-0939073

Other Donations, grants, scholarships

Port Royal Home	\$187.00
Pregnancy Center of the Low Country	\$325.00
St, Francis catholic School	\$492.00
PEP	\$1371.00
South Carolina KofC Charities & Degree Programs	\$598.00
Room at the Inn	\$250.00
Military Phone Cards & Flags	\$592.00
YouthPrograms & Scholarships	\$3250.00
Total	\$7065