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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 private foundations)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

| A F                                  | or the               | 2013 calend                                   | ar year, or tax year beginning  | July 1  | , 2013, and ending              | Ju   | ne 30      | , 20 14                      |
|--------------------------------------|----------------------|---|---|---|---------------------------------|--|------------|------------------------------|
| B Check if applicable Address change |                      | plicable                                      | C Name of organization  |   |                                 | D Emplo                                      | yer identi | fication number              |
|                                      |                      | hange   | Knights of Columbus Council 1066  | 8   |                                 |  | 57 0939073 |                              |
| _                                    | Name cha             | -   | Number and street (or P O box, if mail is r   | not delivered to street addres                        | ss) Room/sulte                  | E Teleph                                     | one numb   | er                           |
| ===                                  | nitlal retu          |   | 6 Bertram Place   |   |                                 |  | 843-3      | 42-4850                      |
| = '                                  | Ferminate<br>Amended | _   | City or town, state or province, country, ar  | nd ZIP or foreign postal code                         | )                               | F Grou                                       | Exempl     |                              |
| ==                                   |                      | n pending                                     | Hilton Head Island South Carolina 2   | 29928   |                                 |  | ber ▶      |                              |
| G A                                  | ccount               | ing Method:                                   | ✓ Cash  |   |                                 | H Check ▶                                    | √ If the   | e organization is <b>not</b> |
|                                      | /ebsite              | -   |   | ·   | ·                               |  |            | Schedule B                   |
| J Ta                                 | ax-exen              | npt status (ch                                | eck only one) - 🗸 501(c)(3) 🔲 501(c)  | ( ) ◀ (insert no.) ☐                                  | 4947(a)(1) or                   | •  |            | Z, or 990-PF).               |
|                                      |                      |   | : Corporation Trust   |   | Other Fraternal C               |  |            |                              |
|                                      |                      |   | 7b, to line 9 to determine gross receip   |   |                                 |  | 1          |                              |
|                                      |                      |   | w) are \$500,000 or more, file Form 990   |   |                                 | , , , , l                                    | <b>▶</b> • |                              |
|                                      | art I                |   | e, Expenses, and Changes in   |   |                                 | ne instruc                                   | tions fo   | r Part I)                    |
|                                      |                      |   | the organization used Schedule  |   | •                               |  |            | Π.                           |
|                                      | 1                    |   | ons, gifts, grants, and similar amou  |   |                                 |  | 1          | 1129                         |
|                                      | 2                    |   | ervice revenue including governme   |   |                                 | · · ·  | 2          | 1123                         |
|                                      | 3                    | _   | nip dues and assessments  |   |                                 |  | 3          | 000                          |
|                                      | 4                    | Investmen                                     | •   |   |                                 |  | 4          | 9520                         |
| ŀ                                    | 5a                   |   | ount from sale of assets other than   | inventor.   | .   5a                          | · · ·  | -          | ···                          |
| ı                                    | b                    |   | or other basis and sales expenses   | -   | <del></del>                     | 0  |            |                              |
|                                      |                      |   | ss) from sale of assets other than i  |   |                                 |  | Ea         | _                            |
|                                      | 6<br>6               |   | nd fundraising events   | riveritory (Subtract line                             | e ob from tine oa) .            |  | 5c         | 0                            |
|                                      |                      |   | ome from gaming (attach Sche  | adula G if granter t                                  | han                             |  |            |                              |
| <u>o</u>                             | а                    | \$15,000)                                     | ·   | edule G II greater t                                  | 1 . 1                           | _  |            |                              |
| 2                                    |                      | •   |   |   | · [6a]                          | 0  |            |                              |
| Revenue                              | b                    |   | ome from fundraising events (not in   |   | of contributi                   | ions   |            |                              |
| ř                                    |                      |   | raising events reported on line 1) or gross income and contributions  |   | 1 1                             |  |            |                              |
|                                      | _                    |   | •   | •   |                                 | 28178  |            |                              |
| ł                                    | 0                    |   | et expenses from gaming and fund  |   | . [6c]                          | 9547   |            |                              |
|                                      | d                    | line 6c)                                      | e or (loss) from gaming and fund  | iraising events (add iii                              | nes ba and bb and s             | subtract                                     |            |                              |
|                                      | _                    | ,   |   |   | 1 - 1                           |  | 6d         | 18631                        |
|                                      | 7a                   |   | s of inventory, less returns and alle   |   |                                 | 0  | }          |                              |
|                                      | b                    | Less: cost                                    | of goods sold   | <u>.</u>  | . 7b                            | 0  |            |                              |
|                                      | C                    | Gross prof                                    | or goods sold it or (loss) from sales of inventory in the control of the control | (Subtract line 7b from                                | Ine TERFCENTE                   | <u>n                                    </u> | 7c         | 0                            |
|                                      | 8                    | 010010  |   |   | - LACOLIA E                     |  | 8          | 7244                         |
|                                      | 9                    |   | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7  |   | <u>xo</u>                       | . 3  | 9          | 36524                        |
|                                      | 10                   |   | d similar amounts paid (list in Sche  | . 14  | 2 · OCT 2 0 · 201               | 4· ·   | 10         | 22859                        |
|                                      | 11                   | •   | aid to or for members   |   |                                 |  | 11         | 0                            |
| Expenses                             | 12                   | Salaries, o                                   | ther compensation, and employee   | benefits  | OGDEN, U                        |  | 12         | 0                            |
|                                      | 13                   | Profession                                    | al fees and other payments to inde  | ependent contractors_                                 | OGDEN, U                        | <u></u>                                      | 13         | 0                            |
| <u>.</u>                             | 14                   | Occupancy, rent, utilities, and maintenance   |   |   |                                 |  |            | 0                            |
| <u>@</u>                             | 15                   | Printing, publications, postage, and shipping |   |   |                                 |  |            | 386                          |
| ]                                    | 16                   | Other expe                                    | enses (describe in Schedule O) .  |   |                                 | [  | 16         | 16542                        |
|                                      | 17                   | Total expe                                    | enses. Add lines 10 through 16 .  |   |                                 | ▶ [  | 17         | 39787                        |
| 1                                    |                      | <del> </del>                                  | / 1 m 4 1 1 / 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |   |                                 |  | 18         |                              |
| s                                    | 18                   | Excess or                                     | (deficit) for the year (Subtract line   | 17 from line 9)                                       |                                 | !  | 10         | (3263)                       |
| sets                                 |                      |   | (deficit) for the year (Subtract line is or fund balances at beginning o  | •   |                                 |  | 10         | (3263)                       |
| Assets                               | 18                   | Net assets                                    |   | f year (from line 27, c                               | column (A)) (must ag            | ree with                                     |            | (3263)                       |
| et Assets                            | 18<br>19             | Net assets<br>end-of-year                     | s or fund balances at beginning o<br>ar figure reported on prior year's re  | f year (from line 27, coturn)                         | column (A)) (must ag            | ree with                                     | 19         | (3263)                       |
| Net Assets                           | 18                   | Net assets<br>end-of-yea<br>Other char        | or fund balances at beginning o   | f year (from line 27, coturn)  s (explain in Schedule | column (A)) (must ag.<br><br>O) | ree with                                     |            |                              |

| Pa       | rt II Balance Sheets (see the instructions  | •  |  |   |            |   |
|----------|---|--|--|---|------------|---|
|          | Check if the organization used Schedule   | e O to respond to a                                  | ny question in this  |   | <u> </u>   | <u> </u>  |
|          |   |  | ]  | (A) Beginning of year                   |            | B) End of year  |
| 22       | Cash, savings, and investments  |  |  |   | 22         | 10163   |
| 23       | Land and buildings  |  | · · · · ·  |   | 23         |   |
| 24<br>25 | Other assets (describe in Schedule O) Total assets  |  |  | • | 24<br>25   | <del></del>   |
| 26       | Total assets  |  |  |   | 26         | 10163   |
| 27       | Net assets or fund balances (line 27 of column  |  | h line 21\   | <del></del>                             | 27         | 10163   |
| Par      |   |  |  | Part III)                               |            |   |
|          | Check if the organization used Schedule   | •  |  | •                                       | ا ا        | Expenses  |
| Wha      | t is the organization's primary exempt purpose?   |  | 7 4  |   | - (1.104a) | red for section<br>(3) and 501(c)(4)                    |
| as n     | cribe the organization's program service accomples as the concise rooms benefited, and other relevant information for e | nanner, describe th                                  | of its three largest pe<br>e services provided                                     | orogram services,<br>d, the number of   |            | zations and section<br>a)(1) trusts, optional<br>ners.) |
| 28       |   | ***************************************              |  |   |            |   |
|          | •••••   | ***************************************              |  |   |            |   |
|          | (Grants \$ ) If this amoun  | t includes foreign ar                                | ants check here  | <b>———</b>                              | 28a        | 13618   |
| 29       | Special Olympics  |  |  |   | 200        | 13010   |
|          |   |  |  |   |            |   |
|          |   |  |  |   |            |   |
|          | (Grants \$ ) If this amoun  | t includes foreign gr                                | ants, check here .   | <u></u> . ▶ 🗆                           | 29a        | 1500  |
| 30       |   |  |  |   |            |   |
|          |   |  |  |   |            |   |
|          | (O-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a  | A land of a familiar and                             |  |   |            |   |
| 21       | (Grants \$ ) If this amount Other program services (describe in Schedule O)   | t includes foreign gr                                | ants, cneck nere .   |   | 30a        |   |
| 31       |   | t includes foreign gr                                |  |   | 31a        | 7744  |
| 32       | Total program service expenses (add lines 28a   | through 31a)   | ants, check here .   |   | 32         | 7741<br>22859   |
| Par      | List of Officers, Directors, Trustees, and Ke   |  |  |   |            |   |
|          | Check if the organization used Schedule   |  |  |   |            | <u> </u>  |
|          | (a) Name and title  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-) |   | yee (e) E  | stimated amount of<br>her compensation                  |
| Terry    | Conway - Grand Knight   |  |  |   |            |   |
|          |   | 15   |  |   |            |   |
|          |   |  |  |   |            |   |
| Tony     | Schopp - Deputy Grand Knight  | 15   |  | ļ                                       |            |   |
|          | - O-l   |  |  |   |            |   |
| Geor     | ge Salemi - Finacial Secretary  | 10   |  |   |            |   |
| Denr     | is Lauzon - Treasurer   | 6  |  |   |            |   |
| <u> </u> | 15 Eddeon Weddarer  |  | <del></del>  |   | _          |   |
| Rich     | ard Rosenbach - Chancellor  | 6  |  |   |            |   |
|          |   |  |  |   |            |   |
|          |   | ļ  |  |   |            |   |
|          |   |  |  |   |            |   |
|          |   | <del></del>  | ļ  |   |            |   |
|          | ·   |  |  |   |            |   |
|          |   | +  | <del> </del>   | <del> </del>                            |            |   |
|          |   |  |  |   |            |   |
|          |   |  |  |   | $\neg$     |   |
|          |   |  |  |   |            |   |
|          |   |  |  |   |            |   |
|          |   |  | 1  | †                                       |            | <del></del>   |
|          |   | -1   | 1  | 1                                       | I          |   |

| Part     | Other Information (Note the Schedule A and personal benefit contract statement requirements<br>instructions for Part V) Check if the organization used Schedule O to respond to any question in this   |            |          |          |
|----------|--|------------|----------|----------|
|          | instructions for Part v) Check if the organization used Schedule O to respond to any question in this  | Part       | v<br>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         | 163      | ✓        |
| 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)?   |            |          |          |
| 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   | 35a<br>35b |          | <b>V</b> |
| 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         |          | 1        |
| 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a   |            |          | <u> </u> |
| 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  |            |          | ١,       |
| L        | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a        | ļ        | <b>✓</b> |
| 39       | If "Yes," complete Schedule L, Part II and enter the total amount involved   | 4          |          |          |
| оэ<br>a  | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9   |            |          |          |
| b        | Gross receipts, included on line 9, for public use of club facilities  | ┥          |          |          |
| 40a      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶  |            | :        |          |
| 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        |          | _        |
| 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        |          | 1        |
| 41       | List the states with which a copy of this return is filed ▶  |            |          |          |
| 42a      | The organization's books are in care of ▶ Telephone no. ▶  |            |          |          |
| <b>L</b> | Located at ► ZIP + 4 ►   |            | <u> </u> |          |
| 8        | 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        | Yes      | No<br>✓  |
|          | 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  |            |          | İ        |
|          | and Financial Accounts.  |            |          | !        |
| c        | 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  |            | 1        | ▶ □      |
|          | and enter the amount of tax-exempt interest received or accrued during the tax year  | <u>·</u> · | Yes      | No       |
| 44a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be  |            | 163      | NO       |
| b        | completed instead of Form 990-EZ   | 44a        |          | ✓        |
| O,       | completed instead of Form 990-EZ   | 44b        |          | 1        |
| С        | Did the organization receive any payments for indoor tanning services during the year?   | 44c        | $\vdash$ | 1        |
| 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        | $\vdash$ | 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        |          | 1        |

|            |                      |   |   |  |                                       |                             |  | Yes         | No             |
|------------|----------------------|---|---|--|---------------------------------------|-----------------------------|--|-------------|----------------|
| 46 `       |                      | ne organization engage, directly or in            |   |  |                                       |                             |  |             |                |
| D - 4 \    |                      | ndidates for public office? If "Yes," c           |   | , Part I                                 |                                       |                             | · 46                                   | <u> </u>    | <u> </u>       |
| Part \     |                      | Section 501(c)(3) organizations                   |   | otiono 47 40h ana                        | I EO and a                            |                             |  | fau lia     |                |
|            |                      | All section 501(c)(3) organization: 50 and 51.    | s must answer que                       | stions 47-49b and                        | 1 52, and co                          | ompiete tri                 | e tables                               | tor iin     | es             |
|            |                      | Check if the organization used Sch                | andula O to respond                     | to any quantion in                       | thic Port \/l                         |                             |  |             |                |
|            |                      | Check if the organization used Oci                | reduie O to respond                     | rto any question in                      | uns Fait Vi                           | <del></del>                 | <del></del>                            | Yes         | No             |
| 47         | Did t                | he organization engage in lobbying                | activities or have a                    | section 501/h) electi                    | on in effect                          | during the                  | tax                                    | 165         | NO             |
|            |                      | ' If "Yes," complete Schedule C, Part             |   |  |                                       |                             | . 47                                   |             |                |
|            | -                    | organization a school as described in             |   |  |                                       |                             | . 48                                   | <del></del> | <del>  •</del> |
|            |                      | ne organization make any transfers to             |   |  |                                       |                             |  | +           | <del>  •</del> |
|            |                      | s," was the related organization a se             |   |  |                                       |                             |  |             | 1              |
|            |                      | plete this table for the organization's           |   |  |                                       |                             |  |             | nd key         |
|            | emple                | oyees) who each received more than                | \$100,000 of comper                     | nsation from the orga                    | anization. If t                       | here is non                 | e, enter "                             | None.       | ,              |
|            |                      |   | (b) Average                             | (c) Reportable                           |                                       | n benefits,                 | 4 > 5                                  |             |                |
|            | (a)                  | Name and title of each employee                   | hours per week                          | compensation                             | bonofit plane                         | to employee<br>and deferred | (e) Estimate other co                  |             |                |
|            |                      |   | devoted to position                     | (Forms W-2/1099-MISC                     | compe                                 | nsation                     |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      | 76.4.   | <del></del>                             |  |                                       |                             | <u> </u>                               |             |                |
|            |                      |   |   |  |                                       |                             | İ                                      |             |                |
|            |                      |   |   |  |                                       |                             | <b> </b> _                             |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             | -                                      | _           |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            | Total                | number of other employees paid over               | ¢100 000                                |  |                                       | <del></del>                 | Ĺ                                      |             |                |
|            |                      | plete this table for the organization'            |   | . –                                      |                                       | اممم مطنده                  |  | <b></b>     |                |
| ÐΙ         | \$100                | ,000 of compensation from the orga                | nization. If there is no                | ensated independen<br>one, enter "None." | t contractor                          | s who eac                   | 1 received                             | a more      | e tnar         |
|            |                      |   |   | T  | <del></del>                           |                             |  |             |                |
|            | (a)                  | Name and business address of each independ        | ent contractor                          | (b) Type of se                           | rvice                                 | (0                          | ) Compensa                             | ition       |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   | 1  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   |   | ]  |                                       |                             |  |             |                |
|            |                      |   |   |  |                                       |                             |  |             |                |
|            |                      |   | *************************************** | _  |                                       |                             |  |             |                |
|            |                      |   | *************************************** |  |                                       |                             |  |             |                |
|            |                      |   | *************************************** | 4  |                                       |                             |  |             |                |
|            | Total                | number of other independent contra                | estore coch receiving                   | 0/0r \$100 000                           |                                       | <u> </u>                    |  |             |                |
|            |                      | ne organization complete Schedule A               | •                                       |  | o and 4047/                           | ٥\/1\                       |  |             | <del></del>    |
|            |                      | xempt charitable trusts must attach               |   |  |                                       |                             | ► ☐ Ye                                 | · □         | No             |
|            |                      | of perjury, I declare that I have examined this r | <del> </del>                            |  |                                       |                             |  |             |                |
|            |                      | d complete Declaration of preparer (other than    |   |  |                                       |                             | nomedge ar                             | ia beller   | , 11 13        |
|            |                      | Nosuis U. h                                       | allon                                   |  |                                       | In/15                       | 12014                                  |             |                |
| Sign       | Signature of officer |   |   |  | Da                                    |                             | · ···································· |             |                |
| Here       |                      | Dennis A Lauzon - Treasurer                       |   |  |                                       |                             |  |             |                |
|            |                      | Type or print name and title                      |   |  |                                       |                             |  |             |                |
| Paid       |                      | Print/Type preparer's name                        | Preparer's signature                    |  | Date                                  | Check                       | ] if PTIN                              |             |                |
| Prepa      | arer                 |   |   |  | · · · · · · · · · · · · · · · · · · · | self-emplo                  |  |             |                |
| Use C      |                      | Firm's name ▶                                     | <del></del>                             |  | Fır                                   | m's EIN ▶                   |  |             |                |
| May th     | a IPC                | Firm's address ►                                  | shown above? Coo                        | inetructions                             | Ph                                    | one no                      |  |             | N              |
| iviay ii i | - 1170               | discuss this return with the preparer             | SHOWH ADOVE! See                        |  |                                       |                             | ► □ Ye                                 | SII         | No             |

#### Line 6b Schedule

#### Knights of Columbus 10668 Reporting year July 1, 2013 thru June 30, 2014

#### 57-0939073

#### Line 6B Schedule

## **Gross Income from Fund Raising Events**

| Spaghetti Dinner   | \$8131.00   |
|--------------------|-------------|
| Tootsie Roll sales | \$4417.00   |
| Golf Tournament    | \$8798.00   |
| Lenten Fish Fry    | \$3826.00   |
| Concert            | \$829.00    |
| Applebee's         | \$2177.00   |
|                    |             |
| Total              | \$28,178.00 |

#### Line 6c Schedule

## **Expenses for Fund Raising Events**

| Spaghetti Dinner | \$1778.00 |
|------------------|-----------|
| Tootsie Roll     | \$74.00   |
| Golf Tournament  | \$4779.00 |
| Lenten Fish Fry  | \$2301.00 |
| Concert          | \$60.00   |
| Applebee's       | \$555.00  |
|                  |           |
| Total            | \$9547.00 |

## Form 990 EZ

# Knights of Columbus 10668 Reporting year July 1, 2013 thru June 30, 2014

## 57-0939073

## Other Donations, grants, scholarships

| Port Royal Home                                 | \$297.00   |
|---|------------|
| Pregnancy Center of the Low Country             | \$325.00   |
| St, Francis catholic School                     | \$1150.00  |
| PEP   | \$477.00   |
| South Carolina KofC Charities & Degree Programs | \$558.00   |
| Military Phone Cards & Flags                    | \$500.00   |
| Youth Programs & Scholarships                   | \$3934.00  |
| Special Olympics                                | \$1500.00  |
| Operation Hope                                  | \$13618.00 |
| Fr. John Paul High School                       | \$500.00   |
| Total   | \$22859.00 |
| Other Revenue – Line 8                          |            |
| Communion Breakfast                             | \$1210.00  |
| Octoberfest                                     | \$2663.00  |
| Ladies Night                                    | \$1980.00  |
| Rosary Income                                   | \$452.00   |
| Miscellaneous                                   | \$939.00   |
| Total   | \$7244.00  |

## **Form 990 EZ**

## **Line 16 Other Expenses**

# Knights of Columbus 10668 Reporting year July 1, 2013 thru June 30, 2014

#### 57-0939073

| Meeting Expenses                 | \$468.00   |
|----------------------------------|------------|
| Website maintenance              | \$60.00    |
| Financial Secretary              | \$1088.00  |
| Convention Travel                | \$1781.00  |
| Officer Installation             | \$320.00   |
| Name Tags                        | \$169.00   |
| Bank Fees                        | \$13.00    |
| Supreme & State Fees & Insurance | \$5629.00  |
| Recognition & Appreciation Gifts | \$483.00   |
| Communion Breakfast              | \$1507.00  |
| Oktoberfest                      | \$1783.00  |
| Ladies Night                     | \$2139.00  |
| Rosary Expense                   | \$402.00   |
| Miscellaneous Expenses           | \$490.00   |
| Altar Servers                    | \$210.00   |
|                                  |            |
| Total                            | \$16542.00 |