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Form 990-EZ

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 5227, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

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.

A For the 2013 calendar year, or tax year beginning

July 1

, 2013, and ending

June 30

, 2014

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

Sacred Heart of Southport Knights of Columbus

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

D Employer identification number

91-2002185

PO Box 1007B11

E Telephone number

910-755-5322

City or town, state or province, country, and ZIP or foreign postal code

Southport, NC 28461

F Group Exemption

Number ► 0188

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(8) ▶ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other Catholic Fraternal

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 62206

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 □

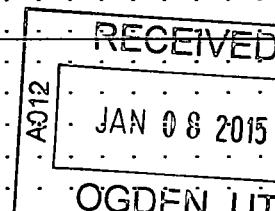
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	55914
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	6292
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
	c Less: direct expenses from gaming and fundraising events	6c	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62206
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	59993
	11 Benefits paid to or for members	11	700
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	107
	16 Other expenses (describe in Schedule O)	16	0
	17 Total expenses. Add lines 10 through 16	17	60800
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1406
	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	30901
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	32307

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

SCANNED JAN 15 2015



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used § 3. Schedule O to respond to any question in this Part II

				(A) Beginning of year	(B) End of year	
		30901	22	32307	0	23
22	Cash, savings, and investments					
23	Land and buildings					
24	Other assets (describe in Schedule O)					
25	Total assets					
26	Total liabilities (describe in Schedule C)					
27	Net assets or fund balances (line 27 off column (B) must agree with line 21)					

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **Service to Church and Community**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28		Sacred Heart Catholic Church (1275 families), Brunswick County, NC Charities (355 people) NC KofC Charities (statewide), collegescholarships (8), Church Youth (45), Seminarians (2)		
(Grants \$)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29				
(Grants \$)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a
30				
(Grants \$)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a
31		Other program services (describe in Schedule O)		
(Grants \$)		If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a
32		Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
James Barkowski 845 Weston Lane, Bolivia, NC	Grand Knight 18 hours	0	0	0
David Lurix 703 Creekway Cir SE Bolivia, NC	Financial Secretary 14 hours	0	0	0
Thomas Maher 2778 Harbormaster Dr Southport, NC	Trustee 2 hours	0	0	0
Richard Chickillo 2943 Trailwood Dr Southport, NC	Trustee 2 hours	0	0	0
Joseph Kinzer 3600 Ruddy Duck La Southport, NC	Trustee 2 hours	0	0	0

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 0	37a	0
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	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contribution(s) included on line 9	39b	
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 4912 ► ; section 4955 ►	40b	
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		
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 ► North Carolina		
42a The organization's books are in care of ► David Lurix	Telephone no. ► 910-755-5322	
Located at ► 703 Creekway Circle, Bolivia, NC	ZIP + 4 ► 28422-8268	
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: ►	42b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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		46	Yes <input type="checkbox"/> No <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 <input type="checkbox"/>			
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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		47	48
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May the IRS discuss this return with the preparer shown above? See instructions

Charitable Giving Summary 2013-2014

New Hope Clinic	\$ 3,000.00
Sacred Heart Church	\$ 500.00
Providence Home	\$ 500.00
Interfaith Food Pantry	\$ 3,500.00
Brunswick County Exceptional Children	\$ 500.00
First in Families	\$ 500.00
Brunswick County Adult Free Medical Clinic	\$ 500.00
Computers for Kids	\$ 1,000.00
Hope Harbor Home	\$ 500.00
Communities in Schools	\$ 600.00
Cape Fear Hospice	\$ 500.00
Home Preservation	\$ 1,000.00
Mathew's Ministries	\$ 500.00
South Brunswick High School Scholarships	\$ 8,000.00
South Brunswick High School JROTC Scholarships	\$ 1,000.00
Sacred Heart Villas	\$ 350.00
Dixie Youth Baseball	\$ 550.00
	<hr/>
	\$ 23,000.00