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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)

OMB No. 1545-1150

2015**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 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code

Seneca, SC 29679-0725**D** Employer identification number**51-0229285****E** Telephone number**864-280-4799****F** Group ExemptionNumber ▶ **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 ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **Catholic Fraternal Organization****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. ▶ \$

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. ☒

1	Contributions, gifts, and similar amounts received	1	1308.00
2	Program service revenue including government fees and contracts	2	.00
3	Membership dues and assessments	3	4513.00
4	Investment income	4	.00
5a	Gross amount from sale of assets other than inventory	5a	.00
b	Less: cost or other basis and sales expenses	5b	.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	.00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	.00
b	Gross income from fundraising events (not including \$ 23000.00 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	71415.00
c	Less: direct expenses from gaming and fundraising events	6c	26729.00
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	44686.00
7a	Gross sales of inventory, less returns and allowances	7a	1099.00
b	Less: cost of goods sold	7b	.00
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1099.00
8	Other revenue (describe in Schedule O)	8	11506.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63112.00
10	Grants and similar amounts paid (list in Schedule O)	10	62449.00
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	2400.00
15	Printing, publications, postage, and shipping	15	2258.00
16	Other expenses (describe in Schedule O)	16	10295.00
17	Total expenses. Add lines 10 through 16	17	77902.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14790.00
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	29439.00
20	Other changes in net assets or fund balances (explain in Schedule O)	20	.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	14649.00

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2015)

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	29439.00	22 14649.00
23	Land and buildings . . . . .	.00	23 .00
24	Other assets (describe in Schedule O) . . . . .	.00	24 .00
25	Total assets	29439.00	25 14649.00
26	Total liabilities (describe in Schedule O) . . . . .	.00	26 .00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29439.00	27 14649.00

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose?

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; optional for
others.)

28	Columbus H.O.P.E. and Special Olympics		
	(Grants \$.00) If this amount includes foreign grants, check here	28a	45525.00
29	South Carolina State Council Charity Raffle		
	(Grants \$.00) If this amount includes foreign grants, check here	29a	2490.00
30	Scholarship Awards		
	(Grants \$.00) If this amount includes foreign grants, check here	30a	1000.00
31	Other program services (describe in Schedule O)		
	(Grants \$.00) If this amount includes foreign grants, check here	31a	13434.00
32	Total program service expenses (add lines 28a through 31a)	32	62449.00

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 ☐

[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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a .00	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► N/A		
42a The organization's books are in care of ► <u>Reed P. Thibodeaux</u> Telephone no. ► <u>864-280-4799</u> Located at ► <u>531 Theo Martin Road, Westminster, SC</u> ZIP + 4 ► <u>29693</u>		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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		

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

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

49a		
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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	(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 business address of each independent contractor	(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 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 ▶  10/6/14
 Signature of officer Date
 ▶ **Michel J. Shafer** **Grand Knight**
 Type or print name and title

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 ▶		Phone no.	
Firm's address ▶				

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

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

Employer identification number

51-0229285

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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" on 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 <u>Golf Tourney</u> (event type)	(b) Event #2 <u>Oktoberfest</u> (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28485.00	12563.00	7367.00	48415.00
	2 Less: Contributions	23000.00	.00	.00	23000.00
	3 Gross income (line 1 minus line 2)	5485.00	12563.00	7367.00	25415.00
Direct Expenses	4 Cash prizes . . . . .	.00	.00	.00	.00
	5 Noncash prizes	9425.00	.00	.00	9425.00
	6 Rent/facility costs	2880.00	475.00	305.00	3660.00
	7 Food and beverages	500.00	9092.00	3537.00	13129.00
	8 Entertainment . . . . .	.00	.00	.00	.00
	9 Other direct expenses	215.00	125.00	175.00	515.00
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				26729.00
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1314.00

Part III Gaming. Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
Direct Expenses	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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted 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.** 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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

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

Employer identification number

51-0229285

Amount	Purpose and Recipients		
"Columbus H.O.P.E." (Tootsie Roll Drive)For the Benefit of the Mentally Handicapped plus Area Public Schools "Special Needs" Programs			
Amount	School	Address	Tax I.D.
\$550.00	Blue Ridge Elem. School	995 S. Oak Street Seneca SC 29678	57-6000392
\$500.00	Central Elem. School	608 Johnson Road Central SC 29630	57-6001613
\$550.00	Clemson Elem. School	581 Berkeley Drive Clemson SC 29631	57-6001613
\$500.00	D.W. Daniel High School	140 Blue & Gold Blvd Central SC 29630	57-6001613
\$500.00	Fair Oak Elem. School	1964 Oakway Road Westminster SC 29693	57-6000392
\$550.00	James M. Brown Elem. School	225 Coffee Road Wahalla SC 29691	57-6000392
\$500.00	La France Elem. School	17 Main Street La France SC 29656	57-6001604
\$550.00	Northside Elem. School	710 N. Townville Street Seneca SC 29678	57-6000392
\$500.00	Orchard Park Elem. School	600 Toccoa Hwy Westminster SC 29693	57-6000392
\$550.00	Pendleton Elem. School	902 E. Queen Street Pendleton SC 29670	57-6001604
\$550.00	Pendleton High School	7324 Highway 187 Anderson SC 29625	57-6001604
\$500.00	Ravenel Elem. School	150 Ravenel School Road Seneca SC 29678	57-6000392
\$500.00	Riverside Middle School	458 Riverside Street Pendleton SC 29670	57-6001604
\$625.00	Seneca High School	100 Bobcat Ridge Seneca SC 29678	57-6000392
\$725.00	Seneca Middle School	810 W. South 4th Street Seneca SC 29672	57-6000392
\$500.00	Tamessee-Salem High School	4 Eagle Lane Salem SC 29676	57-6000392
\$500.00	Walhalla Elem. School	506 Fowler Road Walhalla SC 29696	57-6000392
\$725.00	Walhalla High School	151 Razorback Lane Walhalla SC 29691	57-6000392
\$550.00	Walhalla Middle School	157 Razorback Lane Walhalla SC 29691	57-6000392
\$600.00	West Oak High School	130 Warrior Lane Westminster SC 29693	57-6000392
\$750.00	West Oak Middle School	501 Westminster Highway Westminster SC 29693	57-6000392
\$550.00	Westminster Elem. School	206 Hamilton Drive Westminster SC 29693	57-6000392
\$22,525.00	\$10,200.00 Tribble Center	116 South Cove Rd Seneca SC 29672	57-0697218

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	Employer identification number
Knights of Columbus, Council 6884, P.O. Box 725, Seneca, SC 29679	51-0229285

Special Olympics (Sponsor) to Benefit the Mentally Handicapped

\$23000.00 To Area 13 Special Olympics, Seneca, SC

South Carolina State Council Charity Fund to Benefit the Mentally Handicapped

\$2490.00 To Knights of Columbus, SC State Council Fund, c/o Joseph F. Gubeli, Chairman, P.O. Box 9936, Columbia, SC 29290

Seminarian Scholarship Awards

\$500.00 James Touzeau 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**

\$150.00 Rosaries for First Communion children

\$5356.00 St Andrews, St Francis & St Paul Catholic Churches Youth Programs

\$7928.00 Miscellaneous other donations (non-church related) for victims of diaster, National Right to Life Committee, food purchases

for funeral receptions, kids basketball sponsorship, Food Banks, Habita for Humanity, Catholic Student Assoc., Clemson

Community Care, Clemson Free Clinic, etc.

\$62449.00 Total, Line 10

\$13434.00 (*=NOTE: These are also Line 31 items)

Other Revenue

\$353.00 50/50 Raffle

\$5191.00 Fish-Fry Dinners

\$1099.00 Social Dinner Charges

\$4863.00 Misc.(Installations Fees, Hat Pins, etc)

\$11506.00 Total, Line 8

Other Expenses

\$2408.00 Organizational Assessments

\$1218.00 Conferences Fees

\$6669.00 Office Supplies

\$10,295.00 Total, Line 16