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## Return of Organization Exempt From Income Tax

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment 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](http://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:		C Name of organization <b>Knights of Columbus Council 11028</b>		D Employer identification number <b>57-1023961</b>	
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address) <b>1633 Waverly Road</b>		E Telephone number <b>843-235-0324</b>	
<input checked="" type="checkbox"/> Initial return		City or town, state or province, country, and ZIP or foreign postal code <b>Pawleys Island, SC 29585</b>		F Group Exemption Number ►	
<input type="checkbox"/> Final return/terminated					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► <http://kofcknights.org/CouncilSite/?CNO=11028>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  OtherL 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 ► \$ **64,373.91**

## 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 ► 

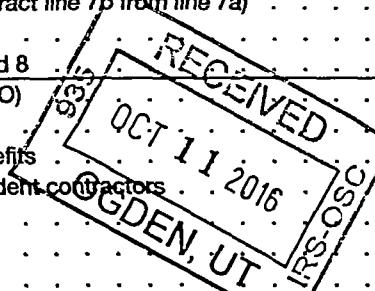
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 30,703.80
Expenses	2 Program service revenue including government fees and contracts . . . . .	2 0.00
Net Assets	3 Membership dues and assessments . . . . .	3 6,965.00
	4 Investment income . . . . .	4 5.71
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0.00
	b Less: cost or other basis and sales expenses . . . . .	5b 0.00
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0.00
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 0.00
	b Gross income from fundraising events (not including \$ 30,703.80 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 26,699.40
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 24,438.99
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 2260.41
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 0.00
	b Less: cost of goods sold . . . . .	7b 0.00
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 0.00
	8 Other revenue (describe in Schedule O) . . . . .	8 0.00
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 39,934.92
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 29,198.49
	11 Benefits paid to or for members . . . . .	11 0.00
	12 Salaries, other compensation, and employee benefits . . . . .	12 693.50
	13 Professional fees and other payments to independent contractors . . . . .	13 0.00
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 0.00
	15 Printing, publications, postage, and shipping . . . . .	15 439.91
	16 Other expenses (describe in Schedule O) . . . . .	16 8102.21
	17 Total expenses. Add lines 10 through 16 ►	17 38,434.11
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 1,500.81
	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 21,236.43
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0.00
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 22,737.24

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2015)

SCANNED OCT 25 2016



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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	29,150.39	22 31,893.63
23	Land and buildings	0.00	23 0.00
24	Other assets (describe in Schedule O)	0.00	24 0.00
25	<b>Total assets</b>	<b>29,150.39</b>	<b>25 31,893.63</b>
26	<b>Total liabilities (describe in Schedule O)</b>	<b>7,913.96</b>	<b>26 9,156.39</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>21,236.43</b>	<b>27 22,737.24</b>

**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?

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.

28	_____	_____	_____	_____
	(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	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>►</b>	<b>32</b>	_____

**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
Merritt W Sturgeon - Grand Knight 362 Aspen Loop Pawleys Island, SC 29585-7224	20.0 hrs	0		
Emile A Martineau - Financial Secretary 14 Berkshire Loop Pawleys Island, SC 29585-6349	20.0 hrs	693.50		
Raymond J Farkas - Deputy Grand Knight 624 Serendipity Circle Murrells Inlet, SC 29576-7415	1.0 hrs	0		
Phillip M Tallmadge - Recorder 126 Greenbriar Ave Pawleys Island SC 29585-6353	1.0 hrs	0		
Francis T Endl - Treasurer 189 Red Tail Hawk Loop Pawleys Island SC 29585-7301	1.0 hrs	0		
Derek Owinski - Chancellor 19 Springfield Road Pawleys Island, SC 29585-6966	1.0 hrs	0		
Ronald Gilbert - Advocate 30 Sweet Water Ct Pawleys Island 29585-7323	.5 hrs	0		
Joseph Bennett - Warden 542 Botany Loop Murrells Inlet, SC 29576-7164	1.0 hrs	0		
Hubert B Gray - Lecturer 113 Wicklow Way Pawleys Island SC 29585-7229	1.0 hrs	0		
Allan Guazzo - Trustee 34 Chastain Court Murrells Inlet SC 29576-7224	1.0 hrs	0		
Victor M Diaz MD - Trustee 131 Bonnyneck Drive Georgetown SC 29440-7218	1.0 hrs	0		
Thomas V Dalton - Trustee 248 Red Maple Drive Pawleys Island SC 29585-8174	1.0 hrs	0		

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**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 0.00	37b	✓
b	Did the organization file Form 1120-POL for this year?	38a	✓
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?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter:	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40c	
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	40d	
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 ►	40e	✓
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		
41	List the states with which a copy of this return is filed ► South Carolina		
42a	The organization's books are in care of ► Emile A Martineau - Financial Secretary Telephone no. ► 843-235-0324 Located at ► 14 Berkshire Loop Pawleys Island, SC ZIP + 4 ► 29585-6349		
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	✓
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	✓
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	✓

		Yes	No
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	<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

		Yes	No
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 . . . . .	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(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
None				

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

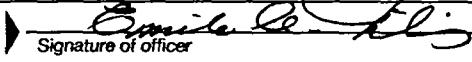
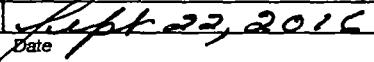
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► 0

52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A . . . . .	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer		 Date	
	Emile A Martineau - Financial Secretary 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
	Firm's name ►			Firm's EIN ►
	Firm's address ►			Phone no.

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

**SCHEDULE 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.

OMB No. 1545-0047

**2015**Open to Public  
Inspection► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Knights of Columbus Council 11028

Employer identification number

57-1023961

Columbus HOPE Foundation 13,083.93

Precious Blood of Christ 5,178.76

St Christopher's Children Coats for Kids Program 440.00

Georgetown County Flood Relief Program 100.00

St Cyprian's Food for Families Initiative 500.00

Habitat for Humanity 500.00

Birthright of Georgetown Annual Donation 3600.00

National Child Safety Initiative Georgetown County Sheriff's Organization 252.00

Neighbor to Neighbor 100.00

Georgetown County Special Olympics 250.00

St Christopher's Children Donation 500.00

Teach my People 500.00

RSVP Initiative Seminarian Support 500.00

Youth Activities Catholic Youth Action Award Education 1064.80

Trustees Charity Fund 2000.00

Grand Knight Discretionary Fund Veterans Golf Tournament 100.00

Thanksgiving Pie Project Pie Project 344.00

Line 10 Total Donation for Schedule O 29,198.49

Line 16 Other Expenses

Supplies

Financial Secretary Supplies 415.55

Membership Supplies 35.78

General Supplies 54.85

Supplies Supreme Council 55.87

Office Supplies 169.81

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Knights of Columbus Council 11028

Employer identification number

57-1023961Supplies Supreme Council 1206.03Supplies: Miscellaneous 79.13EventsPelicans Concession 53.99Pelicans Volunteer Party 159.00Per Capita AssementsSupreme Council Per Capita Membership Per Capita 619.67Supreme Council Per Capita: Catholic Advertising 192.50Supreme Council Per Capita: Culture of Life 374.00Per Capita: State Council 1042.25State Council Insurance 668.50State Council Pins Assessment 70.00State Convention & State MeetingsState Convention 1283.51State Convention Advertising 50.00Grand Knight - Financial Secretary Workshop State Meetings 571.77GiftsPrecious Blood Parish Christmas Gifts 600.00Honorees of the Year 200.00Installation Mass 200.00Line 16 Other Expenses Total 8102.21Total Assets Beginning of tax year 2015 = 29,150.39Total Assets Ending tax year June 30, 2016 = 31,893.63Total Liabilities Line 26 = 9,156.39Columbus HOPE Foundation = 4,883.80Precious Blood of Christ = 3,600.00Knights of Columbus Supreme Council Balance due as of June 30, 2016 = 672.59