

C&E
058

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

1706
OMB No. 1545-1150

2016

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

A For the 2016 calendar year, or tax year beginning

July 1

, 2016, and ending

June 30

, 2017

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

D Employer identification number

510229285

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

P.O. Box 725

Room/suite

E Telephone number

864-280-4799

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

Seneca, SC 29679-0725

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

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. ► \$

H Check ► if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

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

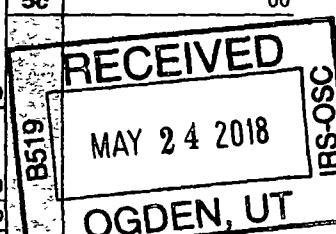
Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 20000.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 885 00 2 .00 3 4637 00 4 00 5c .00 6d 42780 00 7c -1322 00 8 10504 00 9 57484 00 10 57656.00 11 00 12 500 00 13 .00 14 2400.00 15 2258 00 16 9705.00 17 72519 00 18 -15035 00 19 29439 00 20 00 21 14404 00
Expenses	10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> 13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> 17 Total expenses. Add lines 10 through 16 ►	10 57656.00 11 00 12 500 00 13 .00 14 2400.00 15 2258 00 16 9705.00 17 72519 00 18 -15035 00 19 29439 00 20 00 21 14404 00
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	18 -15035 00 19 29439 00 20 00 21 14404 00

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642f

Form 990-EZ (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	29439.00	22
23	Land and buildings	00	23
24	Other assets (describe in Schedule O) . . . . .	.00	24
25	Total assets	29439.00	25
26	Total liabilities (describe in Schedule O) . . . . .	.00	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	29439.00	27
			29439.00

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? (Required for section 501(c)(3) and 501(c)(4))

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	46865 00
29	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	2782 00
30	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	1000 00
31	Other program services (describe in Schedule O)		
32	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	32	7009 00
	Total program service expenses (add lines 28a through 31a)		57656.00

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

60

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		
34		
35a		
35b		
35c		
36		
37a	37a	.00
37b		
38a		
b	38b	N/A
39	39a	N/A
a	39b	N/A
40a		
b		
c		
d		
e		
41	N/A	
42a	Telephone no.	►
42b	ZIP + 4	►
42c		
43	43	
44a		
44b		
44c		
44d		
45a		
b		

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

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)

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)?

If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

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

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

Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** .00

Did the organization file Form 1120-POL for this year?

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?

If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** N/A

Section 501(c)(7) organizations. Enter:

Initiation fees and capital contributions included on line 9 **39a** N/A

Gross receipts, included on line 9, for public use of club facilities **39b** N/A

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► **40a**

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**

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 **40c**

Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d**

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**

List the states with which a copy of this return is filed ► **N/A**

The organization's books are in care of ► Located at ► **42a**

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**

At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► **42c**

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**

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a**

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**

Did the organization receive any payments for indoor tanning services during the year? **44c**

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**

Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

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.

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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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."

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 <input checked="" type="checkbox"/>	Signature of officer		Date			
	Robert G. Brohm	Grand Knight	9/14/2017			
	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 ►		
	Firm's address ►			Phone no.		

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

SCHEDULE G
(Form 990 or 990-EZ)

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.

► **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 12.

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 Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d 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 Golf Tourney (event type)	(b) Event #2 Oktoberfest (event type)	(c) Other events Pendleton (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28485.00	10579.009.	7765.00	46829.00
	2 Less: Contributions	20000.00	.00	.00	20000.00
	3 Gross income (line 1 minus line 2)	8485.00	10579.00	7765.00	26829.00
Direct Expenses	4 Cash prizes . . . . .	.00	.00	.00	.00
	5 Noncash prizes	8485.00	.00	.00	8042.00
	6 Rent/facility costs	3230.00	475.00	305.00	4010.00
	7 Food and beverages	500.00	7445.00	3537.00	11482.00
	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) ►				24029.00
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				2780.00

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				
Direct Expenses	2 Cash prizes				
	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? Yes 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? Yes 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:

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Address ► 123 Main Street, Anytown, USA 12345

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 ► \$

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)**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

Department of the Treasury
Internal Revenue Service► 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.**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
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Amount	Purpose and Recipients	
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"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 ID	
\$575.00	Blue Ridge Elem. School	995 S. Oak Street, Seneca, SC 29678	57-6000392	
\$525.00	Edwards Middle School	1157 Madden Bridge Road, Central, SC 29630	57-6001613	
\$575.00	Clemson Elem. School	581 Berkeley Drive, Clemson, SC 29631	57-6001613	
\$550.00	Fair Oak Elem. School	1964 Oakway Road, Westminster, SC 29693	57-6000392	
\$575.00	James M. Brown Elem. School	225 Coffee Road, Walhalla, SC 29691	57-6000392	
\$525.00	La France Elem. School	17 Main Street, La France, SC 29656	57-6001604	
\$575.00	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	
\$575.00	Pendleton Elem. School	902 E. Queen Street, Pendleton, SC 29670	57-6001604	
\$700.00	Pendleton High School	7324 Hwy 187, Pendleton, SC 29625	57-6001604	
\$525.00	Ravenel Elem. School	150 Ravenel School Road, Seneca, SC 29678	57-6000392	
\$525.00	Riverside Middle School	458 Riverside Street, Pendleton, SC 29670	57-6001604	
\$750.00	Seneca High School	100 Bobcat Ridge, Seneca, SC 29678	57-6000392	
\$800.00	Seneca Middle School	810 W South 4th Street, Seneca, SC 29672	57-6000392	
\$525.00	Keowee Elem. School	7051 Keowee School Road, Seneca, SC 29672	57-6000392	
\$500.00	Walhalla Elem. School	506 Fowler Road, Walhalla, SC 29696	57-6000392	
\$725.00	Walhalla High School	4701 Hwy 11, Walhalla, SC 29691	57-6000392	
\$550.00	Walhalla Middle School	151 Razorback Lane, Walhalla, SC 29691	57-6000392	
\$750.00	West-Oak High School	130 Warrior Lane, Westminster, SC 29693	57-6000392	
\$800.00	West-Oak Middle School	501 Westminster Hwy, Westminster, SC 29693	57-6000392	
\$525.00	Westminster Elem. School	206 Hamilton Street, Westminster, SC 29693	57-6000392	
\$23865.00	\$11215.00	Tribble Center	116 South Cove Road, Seneca, SC 29672	57-0697218

Name of the organization

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

Employer identification number

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****\$2782.00 To Knights of Columbus, SC State Council Fund, c/o Joseph F. Gubeli, Chairman, P.O. Box 9936, Columbia, SC 29290****Seminarian Scholarships Awards****\$500.00 James Touzeau Holy Trinity Seminary, P.O. Box 140309, Irving, TX 75014****\$500.00 Alexander Foyle Holy Trinity Seminary, P.O. Box 140309, Irving, TX 75014*****Church Related Donations****\$150.00 Rosaries for First Communion Children****\$370.00 St. Andrew, St. Frances & St Paul Catholic Churches Youth Programs****\$6489.00 Miscellaneous other donations(non-church related) for victims of disaster, National Right to Life Committee, food purchases for funeral receptions, kids basketball sponsorships, Food Banks, Habitat for humanity, Catholic Student Association, Clemson Community Care, etc****\$57656.00 TOTAL, Line 10****\$7009.00 (*=Note: These are also Line 31 items)****Amount Other Revenue****\$455.00 50/50 Raffle****\$5723.00 Fish Fry Dinners****\$2759.00 Dinner Charges****\$1567.00 Misc. (Installation Fees, Hat Pins, etc.)****\$10504.00 TOTAL, Line 8****Other Expenses****\$2248.00 Organizational Assessments****\$1113.00 Conferences Fees****\$6344.00 Office Supplies****\$9705.00 TOTAL, Line 16**