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OMB No. 1545-1150

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)

▶ 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.

2016

**Open to Public
Inspection**

Department 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) ☒ Room/suite
P.O. Box 725

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) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K 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. ▶ \$

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	885 00
	2	Program service revenue including government fees and contracts	2	.00
	3	Membership dues and assessments	3	4637 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
Expenses	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)	6b	66829 00
	c	Less: direct expenses from gaming and fundraising events	6c	24049 00
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42780 00
	7a	Gross sales of inventory, less returns and allowances	7a	2759 00
	b	Less: cost of goods sold	7b	4081 00
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1322 00
	8	Other revenue (describe in Schedule O)	8	10504 00
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57484 00
Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	57656 00
	11	Benefits paid to or for members	11	.00
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>	12	500 00
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/>	16	9705 00
	17	Total expenses. Add lines 10 through 16	17	72519 00
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15035 00
Net Assets	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	14404 00

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

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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		
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ N/A		
42a The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
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 United States? 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		
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		<input type="checkbox"/>

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

	Yes	No
48		<input type="checkbox"/>

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

	Yes	No
49a		<input type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input 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

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

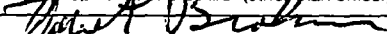
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  Signature of officer Date **9/14/2017**
Robert G. Brohm Grand Knight Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ 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)

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Golf Tourney	Oktoberfest	Pendleton	(add col. (a) through	
		(event type)	(event type)	(total number)	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 prizes00	.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	Entertainment00	.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) ►				
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			
	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? ☐ 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:

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 Receipts

"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 Frane, 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

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

\$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 diaster, 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 Assesments

\$1113.00 Conferences Fees

\$6344.00 Office Supplies

\$9705.00 TOTAL, Line 16