



Form 990-EZ

Short Form

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2017

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning

July 1

, 2017, and ending

June 30

, 2018

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Rev John L McLaughlin Council 9475

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

P.O. Box 1292

D Employer identification number

570838546

E Telephone number

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

Mount Pleasant SC 29465

F Group Exemption

Number ► 0188

G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.kofc9475.orgJ 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 Fraternal

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

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

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

► \$ 62,679

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, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	8359.00
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) RECEIVED	6a	0
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	51,549.00
c	Less: direct expenses from gaming and fundraising events	6c	15,293.00
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	36,256.00
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	2771.00
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,386.00
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	0
13	Professional fees and other payments to independent contractors	13	0
14	Occupancy, rent, utilities, and maintenance	14	0
15	Printing, publications, postage, and shipping	15	246.00
16	Other expenses (describe in Schedule O)	16	46,548.00
17	Total expenses. Add lines 10 through 16	17	46,794.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	592.00
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	21,409.00
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	22,001.00

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2017)

SCANNED MAR 27 2019
Revenue

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	21,583 00	22 29,396 00
23	Land and buildings	0 23	0
24	Other assets (describe in Schedule O)	0 24	0
25	Total assets	21,583 00	25 29,396.00
26	Total liabilities (describe in Schedule O)	0 26	7395.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,583.00	27 22,001 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? _____

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	-----			

28 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	►	28a	<input type="checkbox"/>
29	-----			

29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	►	29a	<input type="checkbox"/>
30	-----			

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

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

<input type="checkbox"/> (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable <input type="checkbox"/> 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
Kevin Cunnane	25	0	0	0
Grand Knight	10	0	0	0
Thomas Siswarski	25	0	0	0
Deputy Grand Knight	15	0	0	0
Jeff Pulaski	25	0	0	0
Financial Secretary	15	0	0	0
Joseph Keller	15	0	0	0
Chancellor	25	0	0	0
James Welsch	15	0	0	0
Treasurer	25	0	0	0
Robert Fintak	5	0	0	0
Advocate	5	0	0	0
William Shoemaker	5	0	0	0
Trustee	5	0	0	0
Sean O'Toole	5	0	0	0
Trustee	5	0	0	0
Donald Campbell	5	0	0	0
Trustee	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33	33	✓
34	34	✓
35a	35a	✓
35b	35b	
35c	35c	✓
36	36	✓
37a	37a	0
37b	37b	✓
38a	38a	✓
38b	38b	
39	39a	
	39b	
40a	40b	✓
b	40c	
c	40d	
d	40e	✓
41	List the states with which a copy of this return is filed ►	
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).	
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: ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> 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	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
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)	

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."

(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 <input checked="" type="checkbox"/>	Signature of officer 	Date <i>2/6/19</i>
	Jeff Pulaski 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	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 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

Rev. John L. McLaughlin Council 9475

Employer identification number

57-0838546

INCOME

CHARITABLE FUNDRAISING	47915.35
ASSESSMENTS	8359.25
FRATERNAL DONATIONS	3633.78
S.C. STATE CHARITY DONATIONS	2771.40
TOTAL INCOME	62679.78

EXPENSES

ADMINISTRATION	1625.97
CHARITABLE FUNDRAISING	15293.52
COUNCIL ACTIVITIES	4109.30
CHARITABLE DONATIONS	30128.93
FRATERNAL	3451.91
INSURANCE	289.00
SUPREME COUNCIL STATEMENT	3690.30
S.C. STATE STATE COUNCIL	1320.19
S.C. STATE CHARITY	2179.50
TOTAL EXPENSES	62088.62