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Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

07/01/2011, 2011, and ending 06/30, 2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

KNIGHTS OF COLUMBUS COUNCIL # 7612

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

Room/suite

P.O. Box 256

City or town, state or country, and ZIP + 4

SYKESVILLE, MD. 21784-0256

D Employer identification number

52-1192303

E Telephone number

410-795-4121

F Group Exemption

Number ► 0188

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► Richu7612 @ AOL.COM

J Tax-exempt status (check only one) —  501(c)(3)  501(c)(8) (insert no)  4947(a)(1) or  527K Check ►  If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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,

line 25, 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  
SCANNED DEC 13 2012

1	Contributions, gifts, grants, and similar amounts received	1	—0—
2	Program service revenue including government fees and contracts	2	12,153.70
3	Membership dues and assessments	3	9,680.00
4	Investment income	4	255.30
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)		
6	Gaming and fundraising events	5c	—0—
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	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	39407.79
c	Less: direct expenses from gaming and fundraising events	6c	26,443.65
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,964.14
7a	Gross sales of inventory, less returns and allowances	7a	—0—
b	Less: cost of goods sold	7b	—0—
c	Gross profit/loss from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)	7c	—0—
9	Total revenue. Add lines 1a, 2, 3, 4, 5c, 6d, 7c, and 8	8	6,433.37
10	Grants and similar amounts paid (if in Schedule O)	9	46,486.51
11	Benefits paid to or for members	10	13,602.52
12	Salaries, other compensation, and employee benefits	11	—0—
13	Professional fees and other payments to independent contractors	12	941.94
14	Occupancy, rent, utilities, and maintenance	13	—0—
15	Printing, publications, postage, and shipping	14	5,968.12
16	Other expenses (describe in Schedule O)	15	1,751.97
17	Total expenses. Add lines 10 through 16	16	26,007.84
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	17	48,272.39
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)	18	—1,785.88
20	Other changes in net assets or fund balances (explain in Schedule O)	19	76,037.41
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20	—0—
		21	74,251.53

**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	76,037.41	22 74,251.53
23	Land and buildings	—	23 —
24	Other assets (describe in Schedule O)	—	24 —
25	Total assets	76,037.41	25 74,251.53
26	Total liabilities (describe in Schedule O)	—	26 —
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	76,037.41	27 74,251.53

**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? FRATERNAL - WITH VOLUNTEER SERVICES

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 and section 4947(a)(1) trusts, optional for others)

28	Program Activities - Church - Financed Support for Two Seminarians, sold Religious Christian Cards, Provide Sunday Breakfast of Waffles, Staff Welcome Table, Provides Water & Gourmet Snacks, Fund Facilities Used as Required (Grants \$ 3,051.64 )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	Program Activities - Community - Collected Funds for Retarded Citizens, Staff Blood Drives, Conducted Highway Clean-up - Participated in State Council on Safe Program To Support School's for Handicapped. (Grants \$ 9,047.11 )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	Program Activities - Pro-Life - Provided Bus Transportation To Pro-life March in Wash DC, 1,500+ to all mothers on Mother's Day, Collected Fund by BattleBible Program For Pregnancy Center. (Grants \$ 533.77 )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ 950.00 )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
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 

(a) Name and address	(b) Title and 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
DAVID E. Johnston 5812 MIRIAM DR, MD 21784	ELDERSHIP GRAND KNIGHT	20 hrs	—	—
HAROLD BERNARDKOWSKI 6611 MONROE AVE.	DEPUTY GRAND KNIGHT 2 hrs	—	—	—
J. DAVID LOVÍ 5802 MIRIAM DR	ELDERSHIP CHANCELLOR 2 hrs	—	—	—
GREG H. LOFTON 6766 RIDGE RD	MACEOTTSVILLE WARD 2 hrs	—	—	—
RICHARD A. WUGLESBEE 5215 LUTON RD	FINANCIAL SECRETARY 25 hrs	941.94	—	—
OTTO G. FUL JR 6831 LITTLEWOOD ST	TREASURER 10 hrs	—	—	—
WILLIAM RONNEY 2086 HAMMOND AVE	TRUSTEE 3 yrs 1 hr	—	—	—
JOSEPH R. EAGLE 1260 ALLEN RD	TRUSTEE - 2 yrs 1 hr	—	—	—
GREGORY LYNCH 1 BIRWOOD ST	TRUSTEE 1 yr 1 hr	—	—	—
MICHAEL MURRAY 6407 HICKORY LANE	ELDERSHIP ADVOCATE 1 hr	—	—	—

**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

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

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

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 NONE  37b

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

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

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

39 Section 501(c)(7) organizations. Enter:  39a N/A  39b N/A

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A  40b N/A N/A

b Section 501(c)(3) and 501(c)(4) 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

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► N/A  40c N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► N/A  40d N/A

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 N/A

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► RICHARD A. WINGLESSEE Telephone no. ► 410-795-4121  
Located at ► 5215 LINTON RD SYKESVILLE MD 21784 ZIP + 4 ► 21784-8928  42b

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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  42c

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: ►

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  N/A

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

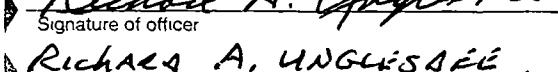
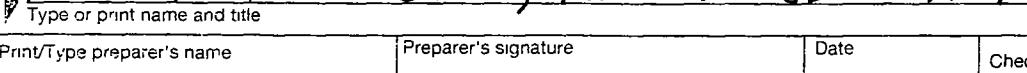
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b

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 N/A N/A

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

45b 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 46 <input checked="" type="checkbox"/>																																													
<b>Part VI</b> <b>Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.</b> All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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		<input type="checkbox"/>																																													
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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> 48 <input type="checkbox"/>																																													
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a <input type="checkbox"/>																																													
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 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"																																														
<table border="1"> <tr> <td>(a) Name and address of each employee paid more than \$100,000</td> <td>(b) Title and average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each employee paid more than \$100,000	(b) Title and 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																																									
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f	Total number of other employees paid over \$100,000	<input type="checkbox"/> ►																																													
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"																																														
<table border="1"> <tr> <td>(a) Name and address of each independent contractor paid more than \$100,000</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation																																											
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d	Total number of other independent contractors each receiving over \$100,000	<input type="checkbox"/> ►																																													
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ► <input type="checkbox"/> Yes <input type="checkbox"/> 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  Type or print name and title																																														
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's EIN ► Phone no																																													
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ► <input type="checkbox"/> Yes <input type="checkbox"/> 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.

Richard A. (Englebrecht) 11/12/2012

Sign  Date 

Here *Richard A. Hargrave* *Edward* *Secretary*

Type or print name and title

7. Type or print name and title

**Raid** Print/Type preparer's name **Preparer's signature** **Date** **PTIN**  
Check  if

Greek  self-employed

**Use Only**  Firm's name ►  Firm's EIN ►

**Firm's address ►** \_\_\_\_\_ **Phone no** \_\_\_\_\_

►  Yes  No

May the IRS disregard this return with the preparer shown above? See instructions \_\_\_\_\_ Yes  No

## 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.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Name of the organization

KNIGHTS OF COLUMBUS COUNCIL # 7612

Employer identification number

52-1192303

LINE 8 - OTHER REVENUE \$ 6,433.37

2012 MD STATE CONVENTION	\$ 1,584.82
INTERNET SEARCHES	\$ 80.27
CHARITY BOX COLLECTIONS DURING MEETINGS	\$ 842.00
DONATIONS FROM MEMBERS	\$ 152.00
MEMBERS CAMPING TRIP	\$ 1,924.68
AWARDS DINNER	\$ 647.70
HOME CORPORATION	\$ 1,201.90

LINE 10 - GRANTS & SIMILAR AMOUNTS \$ 13,602.52

MD STATE COUNCIL - CAR RAFFLE - SCHOLARSHIP	\$ 3,138.80
MD STATE COUNCIL - TOOTSI-E ROLL DRIVE	\$ 1,530.09
MILITARY CEMETERIES - UPKEEP	\$ 150.00
MILITARY WELCOME HOME	\$ 108.37
MILITARY CHARACTERS SCHOLARSHIP	\$ 200.00
SEMINARIAN SUPPORT (2)	\$ 1,000.00
ST. JOSEPH CHURCH - FACILITY UPKEEP	\$ 1,100.00
ST. JOSEPH CHURCH - VACATION BIBLE SCHOOL	\$ 300.00
ST. JOSEPH CHURCH - RESPECT LIFE PROGRAM	\$ 138.77
ST. JOSEPH CHURCH - RELIGIOUS EDUCATION	\$ 651.64
LIBERTY H.S. LION BOOSTERS - FOOTBALL TEAM	\$ 300.00
LIBERTY H.S. INSTRUMENTAL MUSIC BOOSTERS	\$ 400.00
7612 CHARITIES GOLF TOURNAMENT	\$ 100.00
SUICIDE PREVENTION	\$ 250.00
BALTIMORE APPALACHIA FUND	\$ 1,000.00

Name of the organization

KNIGHTS OF COLUMBUS COUNCIL # 7612

Employer identification number

52-1192303

## LINE 10 CONTINUED

HELPING HANDS MEDICAL MISSION - CENTRAL AMERICA	\$ 600.00
WESTMINSTER PREGNANCY CENTER	\$ 415.00
SPECIAL OLYMPICS - MA POLAR BEAR PLUNGE	\$ 250.00
KNIGHTS OF COLUMBUS COUNCIL 12001 - START UPS	\$ 250.00
MEMBER IN WOOD	\$ 500.00
HUMAN NEEDS	\$ 1,219.85

## LINE 16 OTHER EXPENSES \$ 26,007.84

## PAYMENTS TO AFFILIATES

KNIGHTS OF COLUMBUS - SUPREME COUNCIL	\$ 1,628.75
MA STATE COUNCIL KNIGHTS OF COLUMBUS	\$ 2,115.75
BALTIMORE CHAPTER OF GRADS KNIGHTS	\$ 145.00

## GENERAL PROGRAM EXPENSES

CHURCH ACTIVITIES	\$ 3,514.32
FAMILY ACTIVITIES	\$ 803.96
YOUTH ACTIVITIES	\$ 724.96
PRO-LIFE ACTIVITIES	\$ 1,168.81
COMMUNITY ACTIVITIES	\$ 50.85
COUNCIL ACTIVITIES	\$ 450.00

Name of the organization

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## LINE 16 CONTINUED

## GENERAL COUNCIL EXPENSES

2012 MARYLAND STATE CONVENTION	\$ 4,080.71
NAME BADGES, PLAQUES, AWARDS DINNER & G/KRING	\$ 2,643.59
COUNCIL CAMPING TRIP	\$ 2,332.33
COUNCIL SUPPLIES	\$ 1,140.20
REFRESHMENTS FOR MEETINGS	\$ 3,721.25
CHANCELLOR & MISCELLANEOUS EXPENSES	\$ 1,437.36

## LINE 31 OTHER PROGRAM SERVICES

Program Family, Youth & Council Activities - HELD 5 FAMILY MOVIE NIGHTS, PROVIDED FINANCIAL SUPPORT TO SEVERAL FAMILIES IN NEED, CONDUCTED CHILDREN'S CHRISTMAS PARTY, HELD SOCCER SHOOTOUT, BASKETBALL FREE THROW CONTEST, FOOTBALL PUNT, PAINT KICK CONTEST, HELD AWARD DINNER TO HONOR OUTSTANDING MEMBERS, AND HELD A WEEKEND CAMPING TRIP TO HARPERS FERRY VA.