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Short Form Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

Under 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.

A For the 2012 calendar year, or tax year beginning **, 2012, and ending**, 20

B Check if applicable

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

C Name of organization	D Employer identification number	
KNIGHTS OF COLUMBUS 8376	58-1514681	
Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number
4905 ROSWELL ROAD		
City or town, state or country, and ZIP + 4		
MARIETTA, GA 30062	F Group Exemption Number ► 018	

G Accounting Method: Cash Accrual Other (specify) ► _____

I Website: ► _____

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

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

K 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	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 9,338
	4 Investment income	4 6
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 19,075
	b Gross income from fundraising events (not including \$ 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 38,664
	c Less: direct expenses from gaming and fundraising events	6c 29,488
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 28,251
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 37,595
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 15,107
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 587
	16 Other expenses (describe in Schedule O)	16 3,407
	17 Total expenses. Add lines 10 through 16	17 19,101
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 18,494
	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 27,884
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 42,432

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	27,704	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	1,100	24
25	Total assets	2,160	25
26	Total liabilities (describe in Schedule O)	(1.980)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,884	27
			42,432

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

What is the organization's primary exempt purpose? **SUPPORT CATHOLIC CHURCH & COMMUNITY**

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 SCHOLARSHIP BLESSED TRINITY HIGH SCHOOL

28a

29 SEE ATTACHED SCHEDULE A FOR ALL GRANTS

1

(Grants \$) If this amount

30a

31 Other program services (describe in Schedule C)

31a

32 Total program service expenses (add lines 28)

instruc

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.

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

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)

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)?

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

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

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?

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

38b

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

a Initiation fees and capital contributions included on line 9

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

39a

39b

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) 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

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

40b

40e

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

42a The organization's books are in care of ► **JOHN LEONHARDT** Telephone no. ► **770-993-3462**
Located at ► **555 SUN VALLEY DRIVE, L-1, ROSWELL, GA** ZIP + 4 ► **30076**

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**.

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: ► _____

42b

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**

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

44b

44c

44d

44a

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

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

	Yes	No
33	✓	
34	✓	
35a	✓	
35b		
35c		
36	✓	
37b		
38a	✓	
38b		
39a		
39b		
40b		
40e		
42b	✓	
42c	✓	
43		
44a	✓	
44b		
44c		
44d		
45a	✓	
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

1

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

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

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?

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."

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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
	JOHN R. LEONHARDT, FINANCIAL SECRETARY Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<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" to Form 990, Part IV, lines 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.** ► **See separate instructions.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

58-1514681

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

(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
1 KNIGHTS OF COLUMBUS 8376	TREE SALE	Yes	No	25,977	14,942
2 KNIGHTS OF COLUMBUS 8376	FISH DINNER	✓		8,422	6,197
3 KNIGHTS OF COLUMBUS 8376	PLANT SALES	✓		4,265	710
4 KNIGHTS OF COLUMBUS 8376	RAFFLE	✓		19,075	6,402
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.

GEORGIA - THIS COUNCIL DOES NOT SOLICIT CONTRIBUTIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 TREE SALE (event type)	(b) Event #2 FISH DINNER (event type)	(c) Other events PLANT SALES (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	25,977	8,422	4,265	38,664
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	25,977	8,422	4,265	38,664
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	11,035	2,225	3,555	16,815
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				21,849

Part III Gaming. Complete if the organization answered "Yes" to 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			19,075	19,075
Direct Expenses	2 Cash prizes			12,500	12,500
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			173	173
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(12,673)
	8 Net gaming income summary. Combine line 1, column d, and line 7				6,402

9 Enter the state(s) in which the organization operates gaming activities: **GEORGIA**

a Is the organization licensed to operate 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 operate gaming activities with nonmembers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in:	
a	The organization's facility	13a 100 %
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 ► BOB DAVIS, KNIGHTS OF COLUMBUS

Address ► 4905 ROSWELL ROAD, MARIETTA, GA 30062

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 ► BOB DAVIS

Gaming manager compensation ► \$ 0.00

Description of services provided ► **OVERSIGHT**

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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

All Categories Spending

1/1/2012 Through 12/31/2012

Num	Date	Payee	Memo	Category	Amount
Expense Categories					
				COUNCIL	
		Charitable Contributions			
4126	1/9/2012	Blessed Trinity	Scholarship	COUNCIL : Charitable Contributions	(1,000.00)
4132	1/23/2012	Peter Mills	Brother in Need program	COUNCIL : Charitable Contributions	(1,000.00)
4144	2/13/2012	Christ Child Society	Donation to purchase 2 Layettes	COUNCIL : Charitable Contributions	(180.00)
4145	2/15/2012	Career Quest of St. Ann	Contribution to ministry	COUNCIL : Charitable Contributions	(300.00)
4146	2/16/2012	St. Ann Youth Ministry	8 tickets to Youth Ministry Casino Night	COUNCIL : Charitable Contributions	(200.00)
4149	2/27/2012	St. Ann Church	Free fish dinners for church group	COUNCIL : Charitable Contributions	(225.00)
4160	3/12/2012	Rally Foundation	Rally Foundation Cancer Marathon Run Support	COUNCIL : Charitable Contributions	(200.00)
4161	3/12/2012	Camp Inspire	Coats for Kids	COUNCIL : Charitable Contributions	(500.00)
4165	3/26/2012	KOC Coats for Kids	Food pantry donation	COUNCIL : Charitable Contributions	(434.37)
4175	4/9/2012	St. Vincent de Paul	Camp Inspire (replace ck # 4161)	COUNCIL : Charitable Contributions	(300.00)
4178	4/18/2012	Columbian Charities of Georgia	Chris Early Memorial Scholarship	COUNCIL : Charitable Contributions	(1,000.00)
4179	4/22/2012	Ryan Humble	Horseshoe Throw for Ultrasound	COUNCIL : Charitable Contributions	(275.00)
4184	5/9/2012	Columbian Charities of Georgia	MP3 players	COUNCIL : Charitable Contributions	(400.00)
4196	5/30/2012	Columbian Charities of Georgia	LaSalette Priests donation	COUNCIL : Charitable Contributions	(300.00)
4197	5/30/2012	Missionaries of La Salette	Wheelchair program	COUNCIL : Charitable Contributions	(200.00)
4198	5/30/2012	Columbian Charities of Georgia	Dinner for LaSalette Priest fundraiser	COUNCIL : Charitable Contributions	(240.00)
4200	6/7/2012	Transfiguration	Donation - 5K race	COUNCIL : Charitable Contributions	(200.00)
4206	6/11/2012	Run for Wounded Warriors		COUNCIL : Charitable Contributions	(250.00)
4207	6/23/2012	AA & MDSIF		COUNCIL : Charitable Contributions	(1,050.00)
4216	7/14/2012	Military Chaplin Seminary Assist	Tuition program	COUNCIL : Charitable Contributions	(1,960.00)
4225	8/12/2012	Military Chaplin Seminary Assist	Tuition program	COUNCIL : Charitable Contributions	(1,960.00)
4226	8/13/2012	Columbian Charities of Georgia	Wheelchair program	COUNCIL : Charitable Contributions	(1,274.00)
4247	10/8/2012	Columbian Charities of Georgia	Tootsie Roll proceeds	COUNCIL : Charitable Contributions	(250.00)
4251	10/8/2012	St. Vincent de Paul	Food pantry donation	COUNCIL : Charitable Contributions	(300.00)
4267	11/12/2012	Columbian Charities of Georgia	Hurricane Sandy Relief	COUNCIL : Charitable Contributions	(330.00)
4268	11/12/2012	St. Ann Church	Parish School of Religion Learning Disabilities Rug	COUNCIL : Charitable Contributions	(279.00)
4282	12/10/2012	Right in the Community	Tootsie Roll check to brng us up to \$1,000 level	COUNCIL : Charitable Contributions	(15,107.37)
				Total COUNCIL	(15,107.37)
				Total Expense Categories	(15,107.37)
				Grand Total	(15,107.37)

5 C H 2 O → 2 C O 2 + H 2 O