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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder 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
KNIGHTS OF COLUMBUS 8376
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
4905 ROSWELL ROAD
 City or town, state or country, and ZIP + 4
MARIETTA, GA 30062

D Employer identification number
58-1514681

E Telephone number

F Group Exemption Number **018**

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) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	19,075
	6b	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
6c	Less: direct expenses from gaming and fundraising events	6c	29,488	
6d	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		
7b	Less: cost of goods sold	7b		
7c	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) <i>Payments to State & National KofC</i>	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

For Paperwork Reduction Act Notice, see the separate instructions.

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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	27,704	43,170
23	Land and buildings		
24	Other assets (describe in Schedule O) <i>Uncollected DUES</i>	2,160	2,682
25	Total assets		
26	Total liabilities (describe in Schedule O) <i>DUES PAID IN ADVANCE</i>	(1,980)	(3,420)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,884	42,432

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . ☐

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		
	(Grants \$ 1,000.00) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	SEE ATTACHED SCHEDULE A FOR ALL GRANTS		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) 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 ☐

[illegible]

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	
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	
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		
b Did the organization file Form 1120-POL for this year?	37b	
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	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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	40b	
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	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)?	42b	<input checked="" type="checkbox"/>
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.?	42c	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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	
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<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		✓

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		

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."

(a) Name and title of each employee paid more than \$100,000	(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 ▶

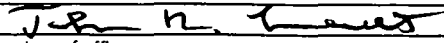
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(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 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 <u>5/15/12</u>
	JOHN R. LEONHARDT, 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 ▶			
	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" 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

KNIGHTS OF COLUMBUS 8376

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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply
- | | |
|---|--|
| a <input 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 type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input 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 ten 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 KNIGHTS OF COLUMBUS 8376	TREE SALE	✓		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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		TREE SALE (event type)	FISH DINNER (event type)	PLANT SALES (total number)	
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
	2 Cash prizes			12,500	12,500
Direct Expenses	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? ☒ 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 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).

Category Spending
All Accounts

1/1/2012 Through 12/31/2012

Num	Date Payee	Memo	Category	Amount
<u>Expense Categories</u>				
<u>COUNCIL</u>				
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	Chrs Early Memorial Scholarship	COUNCIL : Charitable Contributions	(500.00)
4179	4/22/2012 Ryan Humble	Horseshoe Throw for Ultrasound	COUNCIL : Charitable Contributions	(1,000.00)
4184	5/9/2012 Columbian Charities of Georgia	MP3 players	COUNCIL : Charitable Contributions	(275.00)
4196	5/30/2012 Columbian Charities of Georgia	LaSalette Priests donation	COUNCIL : Charitable Contributions	(400.00)
4197	5/30/2012 Missionaries of LaSalette	Wheelchair program	COUNCIL : Charitable Contributions	(300.00)
4198	5/30/2012 Columbian Charities of Georgia	Dinner for LaSalette Priest fundraiser	COUNCIL : Charitable Contributions	(200.00)
4200	6/7/2012 Transfiguration	Donation - SK race	COUNCIL : Charitable Contributions	(240.00)
4206	6/11/2012 Run for Wounded Warriors		COUNCIL : Charitable Contributions	(200.00)
4207	6/23/2012 AA & MDSIF		COUNCIL : Charitable Contributions	(250.00)
4216	7/14/2012 Military Chaplin Seminary Assist	Tuition program	COUNCIL : Charitable Contributions	(1,050.00)
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	(1,960.00)
4247	10/8/2012 Columbian Charities of Georgia	Tootsie Roll proceeds	COUNCIL : Charitable Contributions	(1,274.00)
4251	10/8/2012 St. Vincent de Paul	Food pantry donation	COUNCIL : Charitable Contributions	(250.00)
4267	11/12/2012 Columbian Charities of Georgia	Hurricane Sandy Relief	COUNCIL : Charitable Contributions	(300.00)
4268	11/12/2012 St. Ann Church	Pansh School of Religion Learning Disabilities Rug	COUNCIL : Charitable Contributions	(330.00)
4282	12/10/2012 Right in the Community	Tootsie Roll check to bring us up to \$1,000 level	COUNCIL : Charitable Contributions	(279.00)
				(15,107.37)
Total COUNCIL				(15,107.37)
Total Expense Categories				(15,107.37)
Grand Total				(15,107.37)

SCHEDULE A