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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 Service

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 7/1/2012, 2012, and ending 6/30, 2013

B Check if applicable:

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

C Name of organization

KNIGHTS OF COLUMBUS COUNCIL 7612

D Employer identification number

52-1192383

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

PO BOX 256

Room/suite

E Telephone number

410-795-2288

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

SYKEVILLE, MD 21784-0256

F Group Exemption

Number ▶ 0188G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶I Website: ▶ koec7612.orgH Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).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

▶ \$ 86,814.95**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	-0-
	2	Program service revenue including government fees and contracts	2	21,047.48
	3	Membership dues and assessments	3	9,287.00
	4	Investment income	4	169.97
	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)	6a	-0-
Expenses	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	46,810.72
	c	Less: direct expenses from gaming and fundraising events	6c	27,897.04
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	18,913.68
	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	3,579.88
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,917.41
	10	Grants and similar amounts paid (list in Schedule O)	10	16,048.98
	11	Benefits paid to or for members	11	-0-
	12	Salaries, other compensation, and employee benefits	12	1,007.52
	13	Professional fees and other payments to independent contractors	13	-0-
14	Occupancy, rent, utilities, and maintenance	14	6,410.97	
15	Printing, publications, postage, and shipping	15	2,467.53	
16	Other expenses (describe in Schedule O)	16	25,649.68	
17	Total expenses. Add lines 10 through 16	17	51,572.08	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,345.33
	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	74,251.53
	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	75,596.86

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	74,251.53	22 75596.86
23	Land and buildings	- 0 -	23 - 0 -
24	Other assets (describe in Schedule O)	- 0 -	24 - 0 -
25	Total assets	74,251.53	25 75596.86
26	Total liabilities (describe in Schedule O)	- 0 -	26 - 0 -
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,251.53	27 75596.86

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 SERVICE TO CHURCH, COMMUNITY AND PRO-LIFE.

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 - FINANCIAL SUPPORT FOR TWO SEMINARIANS, SALE OF RELIGIOUS CHRISTMAS CARDS, PROVIDE SUNDAY BREAKFAST AFTER MASSES, STAFF WELCOME TABLE, PROVIDE EUCCHARISTIC MINISTERS, FUND FACILITIES NEEDS AS REQUIRED (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	PROGRAM ACTIVITIES - COMMUNITY - COLLECT FUNDS FOR RETARDED CITIZENS, STAFF BLOOD DRIVE, CONDUCT HIGHWAY CLEAN UP, PARTICIPATE IN STATE COUNCIL CAR RAFFLE PROGRAM TO SUPPORT SCHOOL SCHOLARSHIPS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	PROGRAM ACTIVITIES - PRO-LIFE - PROVIDE BUS TRANSPORTATION TO PRO-LIFE MARCH IN WASH. DC, PRESENT FLOWERS TO ALL MOTHERS ON MOTHERS DAY, COLLECTED FUNDS BY BABY BATTLE CAMPAIGN FOR PREGNANCY CENTER (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) <input type="checkbox"/>	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 title	(b) 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
HAROLD BERNADZIKOWSKI 1280 AMY CT. ELDERSBURG, MD 21784	GRAND KNIGHT 20	- 0 -	- 0 -	- 0 -
J. DAVID LOVE 5802 MIRIAM DR. SYKESTOWN, MD 21784	DEPUTY GRAND KNIGHT 2	- 0 -	- 0 -	- 0 -
GREG H. LOFTON 6766 RIDGE RD. MARIOTTAVILLE, MD 21104	CHANCELLOR 2	- 0 -	- 0 -	- 0 -
RICHARD UNCLEBORE 5215 WINTER RD SYKESTOWN, MD 21784	FINANCIAL SECRETARY 25	879.53	- 0 -	- 0 -
OTTO GREUL 6821 LITTLEWOOD CT. SYKESTOWN, MD 21784	TREASURER 10	- 0 -	- 0 -	- 0 -
MICHAEL MURPHY 6407 MICKORY LA. SYKESTOWN, MD 21784	WARDEN 2	- 0 -	- 0 -	- 0 -
DAVID E. JOHNSON 5912 MIRIAM DR ELDERSBURG, MD 21784	TRUSTEE 3 YR 1	- 0 -	- 0 -	- 0 -
WILLIAM ROONEY 2086 HAMMOND AVE MARIOTTAVILLE, MD 21104	TRUSTEE 2 YR 1	- 0 -	- 0 -	- 0 -
JOSEPH R. EAGLE 1260 ALLEN RD ELDERSBURG, MD 21784	TRUSTEE 1 YR 1	- 0 -	- 0 -	- 0 -
STEVE RANDELL 2047 PERSIMMON DR. ELDERSBURG, MD 21784	ADVOCATE 1	- 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 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	X
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	X
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	X
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a NONE		
b Did the organization file Form 1120-POL for this year?	37b	X
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	Y
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	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 ► N/A ; section 4912 ► N/A ; 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	N/A
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
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		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	
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► <u>WILLIAM B. WAGSTER</u> Telephone no. ► <u>410-795-2288</u> Located at ► <u>608 ANGUS DRIVE, SYKESTOWN, MD</u> ZIP + 4 ► <u>21784</u>		
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	X
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	X
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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	<u>William B. Wachter</u> Signature of officer	Date <u>10/17/13</u>
	<u>WILLIAM B. WACHTER FINANCIAL SECRETARY</u> 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 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

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS COUNCIL 7612

52-1192303

PLEASE SEE ATTACHED

SCHEDULE O**Knights of Columbus Council 7612****52-1192303**

Line 8 - Other Revenue	3,579.88
2012 MD State Knights of Columbus Convention	1,589.04
Home Corporation maintenance refunds	1,104.04
Charity Box	381.00
Postal Permit refunds	190.00
Internet search	55.80
Donations from members	260.00
Line 10 - Grants & Similar Amounts - Donations	16,040.98
Md State Council KofC - car raffle	4,366.80
Md State Council KofC - Tootsie Roll Drive	1,173.06
Helping Hands mission trip to Central America	500.00
7612 Charities Golf Tournament	100.00
Helping Hands mission trip	100.00
Special Olympics	100.00
St. Vincent de Paul Society	500.00
Bethany Shaygreen scholarship	50.00
Westminster High School Athletic Boosters	804.12
St. Jude's Hospital	50.00
Sykesville Military Memorial	100.00
Eagle Scout project	100.00
Families in Need	200.00
Families in Need	1,000.00
Liberty High School Athletic Lionbackers	250.00
Westminster High School Athletic Boosters	150.00
MD Special Olympics - swim team	125.00
Seminarian support - Jonathan Gibbons	500.00
Seminarian support - Joshua Laws	500.00
Military Services Cemetary Assn.	150.00
Christiana Home School	400.00
Newman Outreach	150.00
Parishioner in need+B15	500.00
MD Special Olympics - basketball team	162.00

SCHEDULE O**Knights of Columbus Council 7612****Page 2****52-1192303**

Tender Care Pregnancy Center	110.00
St. Joseph's Church - Facility	500.00
Parishioner in need	700.00
St. Joseph's Church - A/V Equipment	500.00
Baltimore Appalachian Mission work	1,000.00
Vitae Foundation	100.00
Ultra Sound Program	100.00
St. John's Church - Westminster	1,000.00

Line 16 - Other Expenses **25,649.68**

Payments to Affiliates

Knights of Columbus Supreme Council	1,484.00
MD State Council Knights of Columbus	1,954.50
Baltimore Chapter of Grand Knights	137.50

General Program Expenses

Church Activities	5,286.53
Youth Activities	626.10
Family Activities	452.77
Pro-Life Activities	1,816.91
Community Activities	488.56
Council Activities	1,323.40

General Council Expenses

Bank Fees	91.27
Council Supplies	859.74
Refreshments at meetings and socials	3,218.51
2013 Convention	3,871.44
Chancellor - Mass cards and funeral arrangements	272.96
Gifts and plaques	2,153.76
Third Degree Fee	99.00
Awards Banquet	862.73
Grand Knight's Ring	650.00

SCHEDULE O

Knights of Columbus Council 7612

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Line 31 - Other Program Services

Program Family, Youth and Council Activities - Held five family movie nights; provided financial assistance to several families in need; conducted children's Christmas Party; held soccer shootout, basketball free throw contest, football punt, pass and kick contest; held award dinner to honor outstanding members; held weekend camping trip to Harpers Ferry.