



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013**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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2013 calendar year, or tax year beginning**

, 2013, 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)

4905 ROSWELL ROAD

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

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) (8) ▶ (insert no.) 4947(a)(1) or 527****K Form of organization: Corporation Trust Association Other****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 ► \$****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 11,018
	4 Investment income	4 33
	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 22,285
	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 38,339
	c Less: direct expenses from gaming and fundraising events	6c 34,984
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 25,640
	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, 5a, 6a, 7c, and 8 ►	9 36,691
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 16,307
	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	15 573
	16 Other expenses (describe in Schedule O)	16 17,313
Net Assets	17 Total expenses. Add lines 10 through 16 ►	17 34,193
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,498
	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 42,432
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 672
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 45,602

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

SCANNED JUN 11 2014

P 10

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	43,170	22 44,930
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2,682	24 672
25	Total assets		25
26	Total liabilities (describe in Schedule O) <i>dues paid in advance</i>	3,420	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,432	27 45,602

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		
(Grants \$ 1,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29		
(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.

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	✓
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	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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	
b Did the organization file Form 1120-POL for this year?	38a	
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?	38b	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	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 ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____	42b	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 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		
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	
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.

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	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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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	► <i>John R. Lehardt</i>		5/7/14		
	Signature of officer				
	► 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUS 8376

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.

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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b 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
1		Yes	No			
2						
3						
4						
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.

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	25,346	9,610	3,383
2	Less: Contributions	0	0	0
3	Gross income (line 1 minus line 2)	25,346	9,610	3,383
				38,339
Direct Expenses				
4	Cash prizes			
5	Noncash prizes			
6	Rent/facility costs			
7	Food and beverages			
8	Entertainment			
9	Other direct expenses	14,526	3,086	2,877
10	Direct expense summary. Add lines 4 through 9 in column (d)			►
11	Net income summary. Subtract line 10 from line 3, column (d)			►
				17,850

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			22,285
2	Cash prizes			17,250
3	Noncash prizes			0
4	Rent/facility costs			0
5	Other direct expenses			285
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)			►
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			►
				17,535
				4,750

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 RD, 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

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.** 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).

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

KNIGHTS OF COLUMBUS 8376

Employer identification number

58-1514681

LINE 10 - GRANTS

\$ 300 - St. Vincent DePaul Society

\$1,000 - Chris Early Award to Anna Fink

\$431 - Columbian Charities GA

\$300 - Sheltering Grace Ministry

\$927 - Moore Oklahoma Tornado Relief (\$375, \$264, \$288)

\$1,000 - Blessed Trinity Scholarship

\$500 - Food for the Poor

\$250 - St. Ann Habitat for Humanity

\$5,373 - Wheelchairs for Vets

\$240 - St. Life Teen Ministry

\$408 = K of C Frontline Faith

\$200 - Children's Healthcare of Atlanta

\$500 - Special Olympics

\$300 - Career Quest St. Ann

\$222 - Coats for Kids

\$250 - Cofield Benefit Fund

\$1,000 - Right in the Community

\$2,375 - Church of St. Ann

\$481 - Culture of Life

\$250 - Adopt a Family

TOTAL = \$16,307

Name of the organization

KNIGHTS OF COLUMBUS 8376

Employer identification number

58-1514681**LINE 16 - OTHER EXPENSES****\$9,296 - Council activity expenses, including community, church, family and youth programs****\$3,689 - Per capita taxes paid to State and National Knight of Columbus****\$734 - Council liability insurance policy****\$2,000 - State Convention expenses****\$1,664 - Installation of Officers dinner****TOTAL = \$17,313**