

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

OMB No 1545-1150

**2017****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.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization **Knights of Columbus Alfred J Todd Council 12119**  
 Number and street (or P.O. box, if mail is not delivered to street address) **c/o Roy Leckonby, 1005 Wilbon Road**  
 City or town, state or province, country, and ZIP or foreign postal code **Fuquay Varina, NC 27526**

**D** Employer identification number **56-2067118**

**E** Telephone number **814-830-4161**

**F** Group Exemption Number **0188**

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) **08**

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

**I** Website: **www.kofc12119.org**

**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. **\$ 87,755**

**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 ☐

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	38,357
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	0
4	Investment income	7
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	11,032
6b	Gross income from fundraising events (not including \$6,533 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	32,074
6c	Less: direct expenses from gaming and fundraising events	21,038
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	22,068
7a	Gross sales of inventory, less returns and allowances	1,285
7b	Less: cost of goods sold	486
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	799
8	Other revenue (describe in Schedule O)	5,000
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	66,231
10	Grants and similar amounts paid (list in Schedule O)	47,317
11	Benefits paid to or for members	0
12	Salaries, other compensation, and employee benefits	0
13	Professional fees and other payments to independent contractors	0
14	Occupancy, rent, utilities, and maintenance	1,135
15	Printing, publications, postage, and shipping	1,848
16	Other expenses (describe in Schedule O)	7,800
17	<b>Total expenses.</b> Add lines 10 through 16	58,100
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	8,131
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)	23,360
20	Other changes in net assets or fund balances (explain in Schedule O)	-5,000
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	26,491

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2017)

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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
<b>22</b> Cash, savings, and investments	23,516	<b>22</b> 26,816
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O)	0	<b>24</b> 0
<b>25</b> Total assets	23,516	<b>25</b> 26,816
<b>26</b> Total liabilities (describe in Schedule O)	156	<b>26</b> 325
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,360	<b>27</b> 26,491

**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? Support Catholic Church, local & national charitable need

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, optional for others.)

<b>28</b> St. Bernadette Church - financial support of migrant ministry, youth activities, faith formation, clergy, facilities and seminarians.		
(Grants \$ 21,310) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> Local charitable needs - financial support for community members and veterans, food banks, youth activities, Coats for Kids, college scholarships, Scouting support		
(Grants \$ 11,372) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> National charitable needs - Right to Life facilities including donation of ultrasound instrument, Special Olympics, disaster relief		
(Grants \$ 15,568) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	

**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
Tim Roberts Grand Knight	8	0	0	0
Tracy Cornett Deputy Grand Knight	6	0	0	0
Rich Mitchell Deputy Grand Knight	6	0	0	0
Joe Falciglia Chancellor	8	0	0	0
Rich Pupi Recorder	3	0	0	0
Michael Zazzeri Financial Secretary	6	0	0	0
Roy Leckonby Financial Secretary	8	0	0	0
Tony Perna Advocate	3	0	0	0
Sonny Butler Trustee	4	0	0	0
Jim Burke Trustee	6	0	0	0
Vic Marchioni Trustee	8	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
<b>33</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		
<b>c</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 . . . . .		
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The organization's books are in care of ▶ Roy Leckonby Telephone no. ▶ 815-830-4161 Located at ▶ 1005 Wilbon Road, Fuquay Varina, NC ZIP + 4 ▶ 27526		
<b>b</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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
<b>42b</b>		<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶		<input checked="" type="checkbox"/>
<b>43</b> 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 . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> 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) . . . . .		<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 . . . . . **46** ☐ Yes ☒ No

**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 . . . . . **47** ☐ Yes ☐ No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48** ☐ Yes ☐ No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a** ☐ Yes ☐ No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b** ☐ Yes ☐ No

**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	(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 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 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 Roy A. Leckonby Date May 12, 2018

Roy A. Leckonby, 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



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 Bingo Snack Bar (event type)	(b) Event #2 Talent Show (event type)	(c) Other events Other (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	9,047	8,537	20,702	38,286
	<b>2</b> Less: Contributions . . . . .	0	0	6,533	6,533
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	9,047	8,537	14,169	31,753
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	0	0	0	0
	<b>7</b> Food and beverages . . . . .	7,027	2,353	7,614	16,994
	<b>8</b> Entertainment . . . . .	0	0	0	0
	<b>9</b> Other direct expenses . . . . .	0	0	600	600
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				17,594
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				14,159

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
Direct Expenses	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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: \_\_\_\_\_

- |           |  |  |
|-----------|--|--|
| <b>11</b> | Does the organization conduct gaming activities with nonmembers?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>12</b> | 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 type="checkbox"/> No |
| <b>13</b> | Indicate the percentage of gaming activity conducted in:   |  |
| <b>a</b>  | The organization's facility  | <b>13a</b> %   |
| <b>b</b>  | An outside facility  | <b>13b</b> %   |
| <b>14</b> | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                      |  |

Name ► \_\_\_\_\_

Address ►

- 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 ►

Gaming manager compensation ► \$ \_\_\_\_\_

[illegible]☐ 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 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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**Knights of Columbus Alfred J Todd Council 12119**

Employer identification number

**562067118**

**Part I, line 8 - Transfer from Money Market savings account**

**Part I, line 10 - Donations to support church operations and ministries. St. Bernadette Catholic Church, 1005 Wilbon Road, Fuquay Varina, NC**

**27526. \$21,310**

**Part I, line 16 - Bank charge, meeting expenses, membership recruitment expenses, organization liability insurance, officer travel expense**

**reimbursement**

**Part I, line 20 - Reduction in Money Market savings account due to transfer to checking account**

**Part II, line 26 - uncashed checks at end of period**