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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

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Inspection

<b>A For the 2007 calendar year, or tax year beginning</b>		<b>and ending</b>	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>  <b>KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL</b> <small>Number and street (or P O box, if mail is not delivered to street address)</small> <b>3400 OLD ALABAMA ROAD</b> <small>City, town, or country</small> <b>JOHNS CREEK</b>	<b>D Employer identification number</b>  <b>52-2382357</b>	
		<b>E Telephone number</b>  <small>Room/suite</small>	
		<b>F Group Exemption Number</b>  <small>ZIP + 4</small> <b>0188</b>	
		<b>G Accounting method</b>  <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <small>Other (specify) ►</small>	
		<b>H Check ► <input type="checkbox"/> if the organization is not required to attach</b>  <small>Schedule B (Form 990, 990-EZ, or 990-PF)</small>	
		<b>I Website:</b> ► <u>WWW KOCSB COM</u>	
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( 8 ) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>K</b> Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return	
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>24,145</b></b>			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions )**

<b>Revenue</b>  <b>2010</b>  <b>3 2009</b>  <b>Expenses</b>  <b>11</b>  <b>10</b>  <b>9</b>  <b>8</b>  <b>7</b>  <b>6</b>  <b>5</b>  <b>4</b>  <b>3</b>  <b>2</b>  <b>1</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>100</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>723</b>
	<b>3</b> Membership dues and assessments	<b>3,810</b>
	<b>4</b> Investment income	<b>4</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	<b>5c</b>
	<b>6</b> Special events and activities (attach schedule) If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/>	<b>6</b>
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b> <b>16,780</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b> <b>12,168</b>	
<b>c</b> Net income or (loss) from special events and activities Subtract line 6b from line 6a	<b>6c</b> <b>4,612</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b> <b>1,550</b>	
<b>b</b> Less cost of goods sold	<b>7b</b> <b>865</b>	
<b>c</b> Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	<b>7c</b> <b>685</b>	
<b>8</b> Other revenue (describe ► <u>REIMBURSEMENTS FROM MEMBERS</u> )	<b>8</b> <b>1,182</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b> <b>11,112</b>	
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b> <b>4,536</b>	
<b>16</b> Other expenses (describe ► <u>See attached statement</u> )	<b>16</b> <b>5,987</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b> <b>10,523</b>	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 9	<b>18</b> <b>589</b>	
<b>19</b> 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)	<b>19</b> <b>6,941</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b> <b>7,530</b>	

**Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ**

<b>20</b>  <b>19</b>  <b>18</b>  <b>17</b>  <b>16</b>  <b>15</b>  <b>14</b>  <b>13</b>  <b>12</b>  <b>11</b>  <b>10</b>  <b>9</b>  <b>8</b>  <b>7</b>  <b>6</b>  <b>5</b>  <b>4</b>  <b>3</b>  <b>2</b>  <b>1</b>	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
	<b>22</b> Cash, savings, and investments	<b>6,941</b> <b>22</b> <b>7,530</b>
	<b>23</b> Land and buildings	<b>23</b>
	<b>24</b> Other assets (describe ► _____)	<b>24</b>
	<b>25</b> <b>Total assets</b>	<b>6,941</b> <b>25</b> <b>7,530</b>
	<b>26</b> <b>Total liabilities</b> (describe ► _____)	<b>26</b>
	<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>6,941</b> <b>27</b> <b>7,530</b>

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions )				<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? _____					
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title					
28					
	(Grants \$	) 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 (attach schedule)				
	(Grants \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>		31a	0
32	<b>Total program service expenses.</b> Add lines 28a through 31a			► 32	0

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated See page 61 of the instructions )						
(A) Name and address		(B) Title and average hours per week devoted to position		(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name N/A	Str N/A	Title				
City	ST ZIP	Hr/WK	00	0		
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0		
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0		
Name	Str	Title				
City	ST ZIP	Hr/WK	00	0		

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V )				Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			33	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			34	X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			35a	
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			36	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a			37b	X
b	Did the organization file Form 1120-POL for this year?			38a	X
38 a	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 unpaid at the start of the period covered by this return?			38b	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved			39a	
39	501(c)(7) organizations Enter			39b	
a	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				

**Part V Other Information (Note the statement requirement in General Instruction V) (Continued)**

40 a *501(c)(3) organizations* Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

b *501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► \_\_\_\_\_

d 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? ► \_\_\_\_\_

	Yes	No
40b		
40e		

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The books are in care of ► Name ROBERT GARD Telephone no ► 770-913-0210  
Located at ► 5755 NORTH POINT PKWY #2 City ALPHARETTA ST. GA ZIP + 4 ► 30022

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.

c At any time during the calendar year, did the organization maintain an office outside of 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 | N/A

	Yes	No
42b		
42c		

<b>Please Sign Here</b>	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		
	Signature of officer	Date	
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
	Gard & LaFreniere LLC	9/20/2010	Preparer's SSN or PTIN (See Gen Inst X) P00512818
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	► 20-8872660
	5755 North Point Parkway Suite 22, Alpharetta, GA 30022	Phone no	► 770-913-0210

**Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received**

1 Contributions	1	100
2 NonCash Contributions	2	
3 Membership dues and assessments (contributions from the public)	3	
4 Government contributions (grants)	4	
5 Commercial co-venture	5	
6 Special events contributions (Line 6 - Special Events)	6	0
7	7	
8	8	
9	9	
<b>10 Total</b>	<b>10</b>	<b>100</b>

**Line 6 (990-EZ) - Special events and activities**

1 Special event name	Event A ONION SALES	Event B FALL HARVEST	Event C ST PATRICKS	All others FOOTSIE ROLLS	Totals
<b>1a Number of special events</b>					
<b>2 Gross receipts</b>	<b>4,263</b>	<b>3,739</b>	<b>7,100</b>	<b>1,678</b>	<b>2 16,780</b>
<b>3 Less contributions</b>				<b>3</b>	<b>0</b>
<b>4 Gross revenue</b>	<b>4,263</b>	<b>3,739</b>	<b>7,100</b>	<b>1,678</b>	<b>4 16,780</b>
<b>5 Less direct expenses</b>	<b>1,218</b>	<b>1,806</b>	<b>4,747</b>	<b>4,397</b>	<b>5 12,168</b>
<b>6 Net income or (loss)</b>	<b>3,045</b>	<b>1,933</b>	<b>2,353</b>	<b>-2,719</b>	<b>6 4,612</b>

**Line 8 (990-EZ) - Other revenue**

1	REIMBURSEMENTS FROM MEMBERS	1,182
2		1,182
3		2
4		3
5		4
6		5
7		6
8		7
9		8
10		9
		10