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FILING RELIZE VCP

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

Open to Public

| | | the freasury to Service | 1 | The organization may have to use a c | copy of this return to satisfy | state report | ing requirem | ents | | Inspection |
|-------------|-----------------------|----------------------------|----------------------|--|--------------------------------|--------------|--------------------|--------------------|------------------|--------------------------|
| | | | ar year, | or tax year beginning | , 200 | 07, and end | ding | | | , 20 |
| B C | heck if ap | plicable | Please | C Name of organization | | | | D Employ | er idei | ntification number |
| | Address c | hange | use IRS label or- | Germantown Knights of Colu | ımbus Christian 49'e | ers Inc. | | 68 | | 0608832 |
| = | Name cha | - | print or | Number and street (or P O box, if r | | | Room/suite | E Teleph | one nu | ımber |
| = | nıtıal retur | | type. See | 8347 Poplar Pike | | Ì | | (901 |) | 754-3389 |
| = | Terminatio Amended | | Specific | City or town, state or country, and | ZIP + 4 | | | F Group | - | ntion |
| = | Application | | Instruc- tions. | Germantown, TN 38138-6259 | | | | Numbe | | . > |
| _ | Section | on 501(c)(3) (| organiza | ations and 4947(a)(1) nonexempt | | attach | G Accou | inting met | hod [.] | ☑ Cash ☐ Acc |
| | | | | pleted Schedule A (Form 990 or | | | 1 | (specify) | | |
| | | | | | | | 1 | | | organization |
| | Vebsit | | hook or | ıly one)— | no) | <u> </u> | | required t | | ch , 990-EZ, or 990-F |
| | | | | | | | | | | |
| | | | | n is not a section 509(a)(3) support | | | pts are norr | nally not n | nore th | an \$25,000 A retu |
| | | | | zation chooses to file a return, be s | | | d of Form C | 000 F7 | ▶ \$ | 40 |
| | | | | e 9 to determine gross receipts, if \$ | | | | | | 46 |
| Ρē | irt I | | | nses, and Changes in Net | | | (See page | e 55 OT I | ine in | structions) |
| | 1 | | | , grants, and similar amounts red | | | | - | 1 | |
| | 2 | - | | evenue including government f | | | | - | 2 | 35 |
| | 3 | | • | and assessments | | | | - | 3 | 40 |
| | 4 | Investment | | | | 1 1 | | · · · × | 4 | 10 |
| | 5a | | | m sale of assets other than inv | | 1 1 | | 0 | | |
| | b | | | er basis and sales expenses . | | | | <u> </u> | | |
| 。 | C | | | sale of assets other than inventory. | | | | <u> </u> | 5c | |
| Revenue | 6 | | | activities (attach schedule). If ar | | ning, chec | k here 🕨 | | | |
| Š | а | Gross reve | nue (na | ot including \$ | of contributions | | | | | |
| <u>~</u> | | reported or | n line 1 |) | | | | 0 | '. ` | |
| | | | | nses other than fundraising exp | | 6b | | 0 | | |
| | C | | | ss) from special events and act | | 1 | ne 6a | · · · . | 6c | |
| | 7a | Gross sale | s of inv | entory, less returns and allowa | nces | 7a | | 0 | | |
| | b | Less: cost | | | | 7b | | 0 | | |
| | С | • | - | ss) from sales of inventory. Sul | otract line 7b from lin | ne 7a . | | - | 7c | |
| | 8 | Other reve | nue (de | escribe | | REC | \ \ \ / | | 8 | 40 |
| _ | 9 | | _ | dd lines 1, 2, 3, 4, 5c, 6c, 7c, a | | | ∡EIV | ヒリ | 9 | 46 |
| | 10 | | | r amounts paid (attach schedu | | | | - | 10 | 18 |
| | 11 | | | | | | T 152 | 910 | 11 | |
| ses | 12 | | | mpensation, and employee ber | | | ricioi I | . - | 12 | |
| ë | 13 | | | and other payments to indeper | ndent contractors | ! | EOCU | | 13 | |
| Expenses | 14 | ' ' | • • • | utilities, and maintenance | | RS 00 | GDEN. | UTA | 14 | |
| ш | 15 | Printing, po | ublicati | ons, postage, and shipping. | | | | | | |
| | 16 | | | describe Surety Bond, Ter | | | | | 16 | |
| | 17 | | | Add lines 10 through 16 | | | | | 17 | 18 |
| VNet Assets | 18 | | , , | for the year. Subtract line 17 t | | | | | 18 | 27 |
| 38. | 19 | | | d balances at beginning of ye | | | | | | |
| X | | | | e reported on prior year's retur | | | | | 19 | 255 |
| - ₹ | 20 | | | net assets or fund balances (a | | | | | 20 | |
| | 21 | | | d balances at end of year. Con | | | | | 21 | 282 |
| Pa | rt II | Balance | | If Total assets on line 25, co | | UU or more | | | | |
| 0 | | | | ee page 60 of the instructions. | | | | inning of ye | | (B) End of year |
| 22/22/24 | Cash | | | estments | | | | 25508 | 81 22 | |
| 23 | Lanc | d and buildır | ngs . | | | | | | 0 23 | |
| 24 | Othe | | | — | | | | : | 0 24 | |
| 25 | 3 Tota | | | | | | | 25508 | 81 25 | |
| 26 | Tota | ıl liabilities (| (describ | pe ► | |) | | | 0 26 | |
| 27 | Net | assets or f | und ha | lances (line 27 of column (B) r | nust agree with line 2 | 21) | 1 | 25508 | R1 27 | 282 |

| | Statement of Program Service Accor | | | | | Expen | | |
|------------|--|---|---------------------------------------|--------------------------------------|-------------|--------------------|--------------------|---------------------|
| Wh | at is the organization's primary exempt purpose? | Primary focus Catholic Sc | hools, Commur | nity Projects | | ured fo (4) ora | | |
| Des des | cribe what was achieved in carrying out the organi cribe the services provided, the number of persons be | zation's exempt purposes. Ir enefited, or other relevant info | n a clear and co ormation for each | ncise manner, program title. | and 4 | 4947(a) nal for | (1) tru | usts, |
| 28 | Contributions to Catholic schools in Memphis, | TN designated to be used t | to defray tution | for | | | | |
| | children not able to pay | | | | | | | |
| | | | | | | | | |
| | Grants \$ 9800) If this amount inc | ludes foreign grants, check | here | ▶ □ | 28a | | | 9800 |
| 29 | Contribution to Muscular Dystrophy Association | n targeted for MD research |) | | | | | |
| | | | | | | | | |
| | (Grants \$ 2000) If this amount inc | ludes foreign grants, check | here | ▶ □ | 29a | | | 2000 |
| | Contribution to defray tuition expense of Catho | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | ludes foreign grants, check | | | 30a | | | 3000 |
| | • • | | | | 31a | | | 3237 |
| | Total program service expenses. Add lines 28a | | | | 32 | | | <u>3237</u> 8037 |
| | rt IV List of Officers, Directors, Trustees, and Key | | | | | ınstru | | |
| | | (B) Title and average | (C) Compensation | (D) Contribution | ns to | (E) (| Expens | e |
| | (A) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit deferred compen | | | ount an allowan | |
| Se | e attached list | | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | in the second se | | | | | | | |
| | | | | | | | | |
| | | | | | | | - | |
| | | - | | | ł | | | |
| Pá | rt V Other Information (Note the stateme | ent requirement in Genera | al Instruction V | .) | | | Yes | No |
| 33 | Did the organization make a change in its activit | ies or methods of conduction | ng activities? If | 'Yes," attach a | ı | | | |
| | detailed statement of each change | | | | | 33 | | ✓ |
| 34 | Were any changes made to the organizing or go | verning documents but not | reported to the | IRS? If "Yes," | | | | , |
| | ,, | | | | • | 34 | | √ |
| 35 | If the organization had income from business activities, reported on Form 990-T, attach a statement explaining | • | | • | not | | | |
| _ | Did the organization have unrelated business gro | | | | and | | | ĺ |
| ć | proxy tax requirements? | iss income of \$1,000 of mor | e or ooss(e) not | ice, reporting, a | anu | 35a | | 1 |
| ŧ | If "Yes," has it filed a tax return on Form 990-T | for this year? | | | | 35b | | √ |
| 36 | Was there a liquidation, dissolution, termination, | - | during the year? | If "Yes," attack | h a | | | İ . |
| | statement | | | | | 36 | | ✓ |
| | Enter amount of political expenditures, direct or in | | | | 0 | - | | , |
| | Did the organization file Form 1120-POL for this | | | | • | 37b | \vdash | ✓ |
| 38a | Did the organization borrow from, or make any loany such loans made in a prior year and still unj | pans to, any officer, director, paid at the start of the perio | , trustee, or key od covered by th | employee or w ns return? . | ere | 38a | | ✓ |
| t | If "Yes," attach the schedule specified in the lin | ne 38 instructions and ente | er the amount | 201 | | | | i |
| | involved | | · · · · · [5 | 38b | | - | | ĺ |
| 39 | 501(c)(7) organizations. Enter: | on line 0 | . | 39a | | | | İ |
| í | Initiation fees and capital contributions included | | · · · - | 206 | | 1 | | İ |

| Page 3 |
|--------|
|--------|

| Par | t V | Other Information (Note the statement requirer | ment in General Instru | ation VI (Can | harrad) | | | |
|----------------------|--|--|---|----------------------------------|-------------------------------------|--------------------|-------------------|------------------|
| | | | nent in deneral instru | Clion v.) (Con | inuea) | | | |
| 40a | 501(c) sectio |)(3) organizations. Enter amount of tax imposed on the on 4911 ▶ | organization during the | year under [.] 955 ▶ | 0 | | C | |
| b | 501(c) | (3) and (4) organizations. Did the organization engage in ar | ny section 4958 excess be | nefit transaction | during the | | Yes | No |
| | | or did it become aware of an excess benefit transaction from | | | | 40b | | ✓ |
| | the ye | amount of tax imposed on organization managers or cear under sections 4912, 4955, and 4958. | | . • | 0 | | | \$ "- \$ "- |
| d | Enter | amount of tax on line 40c reimbursed by the organizar | tion | . ▶ | 0 | · 4.5 | **** | * |
| | All org | ganizations. At any time during the tax year, was the o | rganization a party to a | prohibited tax s | | 40e | £** | 1 |
| 41 | List th | ne states with which a copy of this return is filed. Tenr | nessee | | | | | |
| 42a | The b | ooks are in care of ► Howard Giffin | | . Telephone | no. ▶ (901 | | 54-33 | 89 |
| | Located at ▶ 8347 Poplar Pike Germantown, TN ZIP + 4 ▶ | | | | | | | |
| | over a account of "Yes | y time during the calendar year, did the organization has a financial account in a foreign country (such as a basint)? | or Form TD F 90-22.1. | ccount, or othe | | 42b | Yes | No ✓ |
| | - | s," enter the name of the foreign country: | ··· | | | | | |
| 43 | Section | on 4947(a)(1) nonexempt charitable trusts filing Form 99 onter the amount of tax-exempt interest received or according to the control of the control of tax-exempt interest received or according to the control of the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to the control of tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest received or according to tax-exempt interest. | 90-EZ in lieu of Form 10 crued during the tax yea | 41 —Check here | e ▶ 43 | | | > [|
| Plea Sigr Here | 1 | Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of prepare Signature of officer Howard Giffin Treasurer Type or print name and title | n, including accompanying sch er (other than officer) is based | on all information o | ents, and to the of which prepar | best of mer has an | iy know y know | vledge vledge |
| Paid | | Preparer's | Date | Check if self- | Preparer's SSN | or PTIN (S | ee Gen | Inst X) |
| Prep | arer's | er's signature employed b | | | | | | |
| | Only | Inly Firm's name (or yours EIN | | | | | | |
| Use (| , | address, and ZIP + 4 | | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Germantown Knights of Columbus Christian 49'ers, Inc. 0608832 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other per week devoted to position than \$50,000 deferred compensation allowances None Total number of other employees paid over \$50,000. Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

| Par | Statements About Activities (See page 2 of the instructions.) | Yes | No |
|-----|--|---------------|-------|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, | | |
| | Part VI-A, or line i of Part VI-B) | in the second | 3 (2) |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | , |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| а | Sale, exchange, or leasing of property? | | ✓ |
| b | Lending of money or other extension of credit? | | ✓ |
| С | Furnishing of goods, services, or facilities? | | ✓ |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | ✓ |
| е | Transfer of any part of its income or assets? | | ✓ |
| 3а | Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | ✓ | |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | ✓ |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c | | ✓ |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | ✓ |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g | _ | 1 |
| b | Did the organization make any taxable distributions under section 4966? | | |
| С | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year | | |
| е | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . ▶ | | |
| f | Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | | 0 |
| g | Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | | 0 |

| Pa | rt I\ | Reason for Non-Private | Foundation S | Status (See pages 4 | through 8 of | the instruct | ions.) | |
|--|--------|--|--|--|---|----------------------------------|--|--|
| l cer | tify 1 | that the organization is not a privat | te foundation bec | ause it is: (Please check | only ONE app | olicable box) | | |
| 5 | | A church, convention of churches | , or association of | of churches. Section 170 |)(b)(1)(A)(i) | | | |
| 6 | | A school. Section 170(b)(1)(A)(ii). (| Also complete Pa | urt V.) | | | | |
| 7 | | A hospital or a cooperative hospit | tal service organiz | zation. Section 170(b)(1) | (A)(ıii). | | | |
| 8 | | A federal, state, or local government | ent or governmen | ital unit. Section 170(b)(| 1)(A)(v). | | | |
| 9 | | A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ | | | | | | |
| 10 | | An organization operated for the be (Also complete the Support Schoo | | or university owned or op | perated by a go | vernmental uni | t Section 170(b)(1)(A)(iv) | |
| 11a | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | | | | | | |
| 11b | | A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | | | | | | |
| 12 | Ø | An organization that normally receifrom activities related to its charitafrom gross investment income are organization after June 30, 1975 | able, etc , functioi nd unrelated busii | ns—subject to certain ex ness taxable income (le: | cceptions, and (| (2) no more th tax) from busi | an 331/3% of its support inesses acquired by the | |
| 13 | | An organization that is not contro requirements of section 509(a)(3). | | | | | nd otherwise meets the | |
| | | ☐ Type I ☐ Type II | ☐Type I | II-Functionally Integrate | ed 🗆 | Type III-Othe | r | |
| | | Provide the following info | rmation about th | e supported organizat | ions. (See pag | e 8 of the instr | uctions.) | |
| (a) Name(s) of supported organization(s) | | • • | (a) (b) | | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support | |
| | | | | | Yes | No | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Tota | ıl . | | <i>.</i> | · · · · · · · | <u> </u> | . <u>.</u> . ▶ | | |
| 14 | | An organization organized and or | perated to test for | nublic safety. Section f | 509(a)(4) (See i | nage 8 of the i | nstructions) | |

| | t IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions | | | | | | accounting. |
|--------|--|---|--|--|--|-------------------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 200 |)3 | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do | | | | | | |
| | not include unusual grants. See line 28.). | 0 | 0 | | | | 0 |
| 16 | Membership fees received | 0 | 0 | | | | 0 |
| 17 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 42,007 | 42,429 | | | | 84,436 |
| 18 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. | 7,757 | 3,968 | | | | 11,725 |
| 19 | Net income from unrelated business | | 1: | , | | | |
| | activities not included in line 18 | 0 | 0 | | | | 0 |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | 0 | 0 | | | | 0 |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge. | o | 0 | | | | 0 |
| 22 | Other income. Attach a schedule. Do not | | | | | | |
| | include gain or (loss) from sale of capital assets | 0 | 0 | | | | 0 |
| 23 | Total of lines 15 through 22 | 49,764 | 46,397 | | | | 96,161 |
| 24 | Line 23 minus line 17 | 7,757 | 3,968 | | | | 11,725 |
| 25 | Enter 1% of line 23 | 78 | 40 | | | | |
| 26 | Organizations described on lines 10 or 11: | a Enter 2% of | amount in colum | n (e), line 24 . | • | 26a | |
| c d | Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter li Add Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) | zation) whose tota ith your return. Ei ine 24, column (e) | al gifts for 2003 th nter the total of all 19 26b | arough 2006 exce these excess arr | eded the | 26b 26c 26d 26e | |
| f | Public support percentage (line 26e (numera | | | nator)) | . ▶ | 26f | % |
| 27 | Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2006) | the name of, and e sum of such an 0 | total amounts red nounts for each y (2004) | eived in each yea rear: 0 | ar from, eac _ (2003) _ | h "disc | ualified person " |
| b | For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year. (2006) 0 (2005) | year, that was more through 11b, as we the larger amount | re than the larger ovell as individuals.) described in (1) | of (1) the amount Do not file this li or (2), enter the s | on line 25 fo st with your um of these | or the y return differe | ear or (2) \$5,000. After computing ences (the excess |
| • | • | | ` , | | | | <u>.</u> . |
| С | Add: Amounts from column (e) for lines: 15 1784,436 20 Add: Line 27a total0 | | 21 | 0 | _ | 27c | 84,436 |
| | Add: Line 27a total 0 | and line 27h tota | <u>۔۔۔۔</u> ا | <u> </u> | | 27d | 0 |
| đ | Public support (line 27c total minus line 27d to | ลเน แเซ 270 เ0เล งราใ | | | | 27e | 84,436 |
| e | Total support for section 509(a)(2) test: Enter a | nai) imount from line (| 23. column (a) | | 96,161 | | 5.,,00 |
| f | Public support percentage (line 27e (numera | | | | | 27g | 87.8 % |
| g h | Investment income percentage (line 18, columnia) | | | | | 27h | 12.2 % |
| | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | : | | |
| 28 | Unusual Grants: For an organization described prepare a list for your records to show, for ear description of the nature of the grant. Do not to | ich year, the nam | e of the contribu | tor, the date and | i amount o | f the g | rant, and a brief |

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | Yes | No |
|---------|---|---------|-------------|----------|
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.) | | | |
| 20 | Does the exemination maintain the fallowing: | | ٠, | |
| 32 a | Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | 44 | 1 |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | - Artigra | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | * `**>* | 1288 5 | : |
| | · | 2.48 | 4 7 W | |
| 33 | Does the organization discriminate by race in any way with respect to: | | • | |
| а | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| С | Employment of faculty or administrative staff? | 33c | | <u>-</u> |
| d | Scholarships or other financial assistance? | 33d | | |
| е | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | ******** | · [|
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | \$35 ** | *** |
| | | g 3. a | . | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

| Schedule | | /C | 000 | | 000 | -3 | 0007 | |
|----------|---|-------|-----|----|------|-----------|------|--|
| scneaule | А | (Form | 990 | or | 990- | - EZI | 2007 | |

| Ра | rt VI-A | (To be completed ONLY by ar | | | | | .) |
|--------|-------------|--|---------------------|--------------------|-------------------------|-----------------------------------|--|
| Che | ck ▶ a 🗌 | if the organization belongs to an affilia | ated group. Che | ck ▶ b 🔲 if | you checked "a" a | and "limited control" | provisions apply |
| | | Limits on Lobbyi | - | | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
| 36 | Total lobb | lying expenditures to influence public | opinion (grassroo | ots lobbying) . | 36 | | |
| 37 | | bying expenditures to influence a legis | | | | | |
| 38 | Total lobb | bying expenditures (add lines 36 and | 37) | | | | |
| 39 | | | | | | ļ | - |
| 40 | | mpt purpose expenditures (add lines | | | 40 | | |
| 41 | , , | nontaxable amount. Enter the amoun | | - | | | |
| | | | obbying nontaxal | | | | |
| | | \$500,000 | | | | | |
| | | 0,000 but not over \$1,500,000 . \$175, | | | | | |
| | | 0,000 but not over \$17,000,000 . \$225,0 | | | | | |
| | | | 0,000 | | | # ###### # | J |
| 42 | | s nontaxable amount (enter 25% of I | ine 41) | | | | |
| 43 | | ine 42 from line 36. Enter -0- ıf lıne 4 | | | | ļ | - |
| 44 | Subtract I | | | | | | |
| | Caution: | If there is an amount on either line 43 | 3 or line 44, you m | nust file Form 47 | 20. | s | |
| | | 4-Year Av | eraging Period | Under Secti | on 501(h) | | |
| | (Sc | ome organizations that made a section | | | | | elow. |
| | | | Lobi | bying Expenditu | res During 4-Y | ear Averaging Po | eriod |
| | Calendar | - ' | (a) | (b) | (c) | (d) | (e) |
| | fiscal yea | r beginning in) ▶ | 2007 | 2006 | 2005 | 2004 | Total |
| 45 | Lobbying | nontaxable amount | × × | | | | |
| 46 | Lobbying | ceiling amount (150% of line 45(e)) | | * , with t | | A . | |
| 47 | Total lobb | oying expenditures | | | | | |
| 48 | Grassroot | s nontaxable amount | | | | | |
| 49_ | Grassroot | s ceiling amount (150% of line 48(e)) | | * | | ~ | |
| 50 | Grassroot | s lobbying expenditures | | | | | |
| | rt VI-B | Lobbying Activity by Nonelec (For reporting only by organiza | | | Part VI-A) (See | e page 14 of th | ne instructions) |
| Dur | ng the year | r, did the organization attempt to influ | | | | anu | T |
| | | ence public opinion on a legislative n | | | | Yes No | Amount |
| а | Volunteer | s | | | | _ | |
| b | Paid staff | or management (Include compensate | on in expenses re | eported on lines | c through h.) . | | |
| С | Media ad | vertisements | | | | | - |
| d | - | o members, legislators, or the public | | | | - | <u> </u> |
| е | | ons, or published or broadcast statem | | | | • • | |
| f - | | other organizations for lobbying purp ntact with legislators, their staffs, gov | | or a logislative b | | | |
| g h | | ntact with legislators, their statis, gov emonstrations, seminars, conventions | | - | - | | |
| i | | bying expenditures (Add lines c through | | · · · · · | | | |
| | | o any of the above, also attach a stat | | | | g activities | |

| Par | t VII | | | ransfers To and Transa e page 14 of the instructio | | Relationships | With N | lonc | harit | table |
|------|----------|------------------------|--|---|--|--------------------------------|---------------------------------------|---------|-----------------|-----------------|
| 51 | | | | indirectly engage in any of the 1(c)(3) organizations) or in secti | | | | ribec | l ın s | ection |
| - | | | | to a noncharitable exempt orga | | , p | | | Yes | No |
| а | (i) C | | orting organization | to a nononamable exempt engi | | | 51 | a(i) | | 1 |
| | • • • | ther assets | | | | | ļ — | (ii) | | √ |
| b | ٠, | transactions: | · • • | | | | | | | |
| | | | es of assets with a | noncharitable exempt organiza | tion | | b | (i) | | ✓ |
| | | | | | | | b | (ii) | | \checkmark |
| | | | | ner assets | | | b | (iii) | | ✓ |
| | | | | | | | b | (iv) | | ✓ |
| | | | • | | | | b | (v)_ | | ✓ |
| | | | | ship or fundraising solicitations | | | b | (vi)_ | | ✓ |
| С | | | | sts, other assets, or paid emplo | vees | | . L | С | | ✓ |
| | If the a | answer to any of too | the above is "Yes," r services given by | complete the following scheduler the reporting organization. If to column (d) the value of the good | . Column (b) sh he organization | received less than | ı fair marl | rket v | value alue i | of the n any |
| Line | I | (b) Amount involved | Name of nonc | (c) charitable exempt organization | Description of | (d) transfers, transactions | , and sharin | ig arra | ngeme | ents |
| | | | | | | · | | | | |
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| | | | <u> </u> | | | | | | | |
| | descril | bed in section 50 | ectly or indirectly 01(c) of the Code (following schedule | affiliated with, or related to, or other than section 501(c)(3)) or : | ne or more tax in section 5277 | e-exempt organizati | ions . ► □ | Yes | | No No |
| | | (a) | | (b) | | (c) | | | | |
| | | Name of organiz | ation | Type of organization | | Description of rela | ationship | | | |
| | | <u> </u> | | | | - | | | | |
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Germantown Knights of Columbus Christian 49'ers Part III

EIN 680608832 990 EZ 2007

| Line 32 Statement of Program Service Accomplishments | Amount |
|---|--------|
| Purchase defibrillator for Our Lady of Perpetual Church | 2,100 |
| Donation to Knights of Columbus Council 7449 for | |
| their charitable programs | 1,137 |
| Total Line 32 | 3,237 |

Germantown Knights of Columbus Christian 49'ers Part IV

()

EIN 680608832 990 EX 2007

| | (B)Title & Avg. Hours | S | (D) Benefi | t (E) Exp. | |
|---|-----------------------|-----------------|------------|-------------------|---|
| (A)Name & Address | per Week Worked | (C)Compensation | Plans | Account | |
| Tom Fristick 1618 Old Mill Road Germantown, TN 38138 | President1 Hr | (|) | 0 | 0 |
| Bob Tragarz 8069 Ruby Shade Cove Germantown, TN 38138 | Vice Pres 1Hr | (|) | 0 | 0 |
| Frank Lamanna 2457 Shepherdwood Lane Germantown, TN 38138 | Secretary 1Hr | (|) | 0 | 0 |
| Howard Giffin 8347 Poplar Pike Germantown, TN 38138 | Treasurer 1Hr | (|) | 0 | 0 |
| Tony DiMaiolo 9894 Drayton Hall Lane Germantown, TN 38139 | Director | (|) | 0 | 0 |
| Paul Cardelli 1559 Brookside Drive Germantown, TN 38138 | Director | (|) | 0 | 0 |
| Marvin Schaefer 7915 Farindon Drive Germantown, TN 38138 | Director | (|) | 0 | 0 |
| Stan Cychowski 1908 Wicklow Way Germantown, TN 38138 | Director | (|) | 0 | 0 |
| Scott Hamblen 1559 Brookside Drive Germantown, TN 38138 | Director | (|) | 0 | 0 |

Germantown Knights of Columbus Christian 49'ers Part I

EIN 680608832 990 EZ 2007

| Line 10 Grants & Similar Amounts Paid | Amount | |
|---------------------------------------|--------|--|
| St. Anne Elementary School | 1,880 | |
| St. Michael Elementary School | 1,880 | |
| St. Paul Elementary School | 3,760 | |
| Our Lady of Sorrow Elementary School | 1,880 | |
| Bishop's Open for Catholic Schools | 400 | |
| OLPH Church purchase defibrillator | 2,100 | |
| Rev. Jolly Sebastian Tuition Payment | 3,000 | |
| Knights of Columbus Council 7449 | 1,137 | |
| Muscular Dystrophy Association | 2,000 | |
| Total Line 10 | 18,037 | |