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2007

Open to Public Inspection

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**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.Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2007 calendar year, or tax year beginning <b>7/1/2007</b> , and ending <b>6/30/2008</b>							
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS</b></td> <td><b>D</b> Employer identification number <b>51 0208515</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>1694 Bird Street</b></td> <td><b>E</b> Telephone number <b>( 803 ) 367-2430</b></td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 <b>ROCK HILL, SC 29730-3800</b></td> <td><b>F</b> Group Exemption Number <b>0188</b></td> </tr> </table>	<b>C</b> Name of organization <b>KNIGHTS OF COLUMBUS</b>	<b>D</b> Employer identification number <b>51 0208515</b>	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>1694 Bird Street</b>	<b>E</b> Telephone number <b>( 803 ) 367-2430</b>	City or town, state or country, and ZIP + 4 <b>ROCK HILL, SC 29730-3800</b>	<b>F</b> Group Exemption Number <b>0188</b>
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<b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>							
<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►							
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).							
<b>I</b> Website:							
<b>J</b> Organization type (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</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ <b>19,003</b>							

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See page 47 of the instructions.)																																																																	
<b>Revenue</b>	<table border="1"> <tr> <td>1</td> <td>Contributions, gifts, grants, and similar amounts received</td> <td>1</td> <td>480</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts</td> <td>2</td> <td>15,209</td> </tr> <tr> <td>3</td> <td>Membership dues and assessments</td> <td>3</td> <td>3,314</td> </tr> <tr> <td>4</td> <td>Investment income</td> <td>4</td> <td>0</td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory</td> <td>5a</td> <td>0</td> </tr> <tr> <td>5b</td> <td>Less: cost or other basis and sales expenses</td> <td>5b</td> <td>0</td> </tr> <tr> <td>5c</td> <td>Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).</td> <td>5c</td> <td>0</td> </tr> <tr> <td>6</td> <td>Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>6a</td> <td>Gross revenue (not including \$ 0 of contributions reported on line 1)</td> <td>6a</td> <td>0</td> </tr> <tr> <td>6b</td> <td>Less: direct expenses other than fundraising expenses</td> <td>6b</td> <td>0</td> </tr> <tr> <td>6c</td> <td>Net income or (loss) from special events and activities (line 6a less line 6b)</td> <td>6c</td> <td>0</td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances</td> <td>7a</td> <td>0</td> </tr> <tr> <td>7b</td> <td>Less: cost of goods sold</td> <td>7b</td> <td>0</td> </tr> <tr> <td>7c</td> <td>Gross profit or (loss) from sales of inventory (line 7a less line 7b)</td> <td>7c</td> <td>0</td> </tr> <tr> <td>8</td> <td>Other revenue (describe)</td> <td>8</td> <td>0</td> </tr> <tr> <td>9</td> <td><b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).</td> <td>9</td> <td>19,003</td> </tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	480	2	Program service revenue including government fees and contracts	2	15,209	3	Membership dues and assessments	3	3,314	4	Investment income	4	0	5a	Gross amount from sale of assets other than inventory	5a	0	5b	Less: cost or other basis and sales expenses	5b	0	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0	6b	Less: direct expenses other than fundraising expenses	6b	0	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	7a	Gross sales of inventory, less returns and allowances	7a	0	7b	Less: cost of goods sold	7b	0	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0	8	Other revenue (describe)	8	0	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	19,003
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<b>Net Assets</b>	<table border="1"> <tr> <td>18</td> <td>Excess or (deficit) for the year (line 9 less line 17)</td> <td>18</td> <td>1,599</td> </tr> <tr> <td>19</td> <td>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)</td> <td>19</td> <td>3,338</td> </tr> <tr> <td>20</td> <td>Other changes in net assets or fund balances (attach explanation)</td> <td>20</td> <td></td> </tr> <tr> <td>21</td> <td><b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)</td> <td>21</td> <td>4,937</td> </tr> </table>	18	Excess or (deficit) for the year (line 9 less line 17)	18	1,599	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	3,338	20	Other changes in net assets or fund balances (attach explanation)	20		21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)	21	4,937																																																
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<b>Part II Balance Sheets</b> —If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.															
(See page 51 of the instructions.)															
	<table border="1"> <tr> <th>(A) Beginning of year</th> <th>(B) End of year</th> </tr> <tr> <td>22</td> <td>22</td> </tr> <tr> <td>23</td> <td>23</td> </tr> <tr> <td>24</td> <td>24</td> </tr> <tr> <td>25</td> <td>25</td> </tr> <tr> <td>26</td> <td>26</td> </tr> <tr> <td>27</td> <td>27</td> </tr> </table>	(A) Beginning of year	(B) End of year	22	22	23	23	24	24	25	25	26	26	27	27
(A) Beginning of year	(B) End of year														
22	22														
23	23														
24	24														
25	25														
26	26														
27	27														
22	Cash, savings, and investments	3,338	4,937												
23	Land and buildings	0	0												
24	Other assets (describe ►)	0	0												
25	<b>Total assets</b>	3,338	4,937												
26	<b>Total liabilities</b> (describe ►)	0	0												
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	3,338	4,937												

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2007)

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>fraternal society included under a group exemption rule</u> 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.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 See Statement 2		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	569
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 \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	569

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 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
See Statement 3				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	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		✓
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		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0	
b Did the organization file Form 1120-POL for this year?	37b		✓
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 unpaid at the start of the period covered by this return?	38a		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0	
39 501(c)(7) organizations Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

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This DRAFT copy of your Form 990 was produced by the 990 Online at efile.form990.org

Form 990-EZ (2007)

Page 3

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

**40a** 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.

	Yes	No
<b>40b</b>		
<b>40c</b>		
<b>40e</b>		<input checked="" type="checkbox"/>

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  **0**

**d** Enter amount of tax on line 40c reimbursed by the organization  **0**

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

**41** List the states with which a copy of this return is filed. **None**

**42a** The books are in care of **Geary Bradley**

Telephone no. **803-367-2430**

Located at **1044 park meadow drive, rock hill, SC**

ZIP + 4 **29732-2581**

**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)?

	Yes	No
<b>42b</b>		<input checked="" type="checkbox"/>
<b>42c</b>		<input checked="" type="checkbox"/>

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**

Please  
Sign  
Here

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

**Geary Bradley, financial secretary**

Print or print name and title.

Paid  
Preparer's  
Use Only

Preparer's  
signature

Date

Check if  
self-  
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours,  
if self-employed),  
address, and ZIP + 4

EIN

Phone no. ( )

Form 990-EZ (2007)



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Filing Relief VCP

**Statement 1**

Form: 990 EZ

Page: 1

Part I

Question 16

**KNIGHTS OF COLUMBUS**

**51-0208515**

**Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundrasing</b>
donations--widows, golf, ads, hope	\$5,885 00			
christopher columbus corp	\$5,331 00			
state charity tickets, tickets rolls	\$1,616 00			
convention expense	\$1,454 00			
breakfast & fish fry supplies	\$1,358 00			
name badges, newsletters, postage	\$478 00			
<b>Total:</b>	<b>\$16,122.00</b>			

Filing Relief VCP

**Statement 2**

Form: 990 EZ

Page: 2

Part III

Question

**KNIGHTS OF COLUMBUS**

**51-0208515**

**Program Services**

<b>Achievement</b>	<b>Pgm. Svc. Exp.</b>
Childhood Mental Health Disorders Programs HOPE—program where we raise funds to help the mentally handicapped (500 exercise bike)	\$569 00
Grants and Allocations. \$4,105.00 This amount includes foreign grants. No	
<b>Total:</b>	<b>\$569.00</b>

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**Statement 3**

Form 990 EZ

Page 2

Part IV

Question

**KNIGHTS OF COLUMBUS**

**51-0208515**

**Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Ave. Hrs/week</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Robert Martin	15	\$0 00	\$0 00	\$0 00
Title     Grand Knight				
Addr 1   1694 Bird Street				
Addr 2				
CSZ     ROCK HILL, SC 29730-3800				
Country   United States				
Brian Garscadden	10	\$0 00	\$0 00	\$0 00
Title     Deputy Grand Knight				
Addr 1   1694 Bird Street				
Addr 2				
CSZ     ROCK HILL, SC 29730-3800				
Country   United States				
Joe Berger	10	\$0 00	\$0 00	\$0 00
Title     Treasurer				
Addr 1   1694 Bird Street				
Addr 2				
CSZ     ROCK HILL, SC 29730-3800				
Country   United States				
Geary Bradley	15	\$0 00	\$0 00	\$0 00
Title     Financial Secretary				
Addr 1   1694 Bird Street				
Addr 2				
CSZ     ROCK HILL, SC 29730-3800				
Country   United States				
<b>TOTALS</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>