



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



"990-EZ" FILED IN LINE ON FORM 990-N

**Short Form**  
**Return of Organization Exempt From Income Tax**

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

OMB No 1545-1150

**2007**

**Open to Public  
Inspection**

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

**A For the 2007 calendar year, or tax year beginning**

07-01

, 2007, and ending

06-30

, 20 08

**B Check if applicable**

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type

See Specific Instructions

**C Name of organization**

**KNIGHTS OF COLOMBUS ST JOHN FISHER COUNCIL 12856**

Number and street for P O box, if mail is not delivered to street address

Room/suite

**6635 W HAPPY VALLEY RD STE A104 PMB 456**

City or town, state or country, and ZIP + 4

**GLENDALE AZ 85310**

**D Employer identification number**

**86 : 1046285**

**E Telephone number**

**( 602 ) 359-0378**

**F Group Exemption Number**

►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  Cash  Accrual  
Other (specify) ►

**I Website:** ►

**J Organization type** (check only one) —  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K Check** ►  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

**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. ► \$**

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

<b>Revenue</b>	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
	4 Investment income	4
	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 (attach schedule)	5c
	6 Special events and activities (attach schedule) If any amount is from <b>gaming</b> , check here ►	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less direct expenses other than fundraising expenses	6b
<b>Expenses</b>	c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c
	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 ►)	8
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9
	10 Grants and similar amounts paid (attach schedule)	10
	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
<b>Net Assets</b>	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ►)	16
	17 <b>Total expenses.</b> Add lines 10 through 16	17
	18 Excess or (deficit) for the year Subtract line 17 from line 9	18
	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
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21

**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>(See page 60 of the instructions )</b>	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
	22	22
	23	23
	24	24
	25	25
	26	26
	27	27

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

Cat No 106421

Form **990-EZ** (2007)

27



**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 ► \_\_\_\_\_

	Yes	No
40b		
40e		

**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?

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

**42a** The books are in care of ► \_\_\_\_\_ Telephone no ► (.....) ZIP + 4 ► \_\_\_\_\_ Located at ► \_\_\_\_\_

**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.

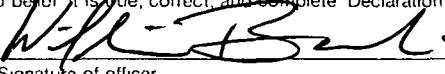
**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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 | □

	Yes	No
42b		
42c		

**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

► 

7-31-10

Date

Signature of officer

► WILLIAM BANDI TREASURER

Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed) address, and ZIP + 4 ►	EIN ►		Phone no ► ( )