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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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning**

7/1/2008

, and ending

6/30/2009

| | | |
|---|--|--|
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization KNIGHTS OF COLUMBUS FOURTH DEGREE #0224 Number and street (or P O box, if mail is not delivered to street address) 4225 OLD ALTON ROAD City, town, or country GRANITE CITY State IL ZIP + 4 62040-2239 | D Employer identification number 23-7546653 |
| | | E Telephone number 618-877-4250 |
| | | F Group Exemption Number ► 0188 |

| | |
|---|--|
| • 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► |
| I Website: ► NONE | H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |

| | |
|--|--|
| K 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 | L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 577,525 |
|--|--|

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| Revenue | 1 |
|---|---------|
| 1 Contributions, gifts, grants, and similar amounts received | 0 |
| 2 Program service revenue including government fees and contracts | 0 |
| 3 Membership dues and assessments | 2,487 |
| 4 Investment income | 6,171 |
| 5a Gross amount from sale of assets other than inventory | 0 |
| b Less: cost or other basis and sales expenses | 0 |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 0 |
| 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/> | |
| a Gross revenue (not including \$ 0 of contributions reported on line 1) | 568,867 |
| b Less: direct expenses other than fundraising expenses | 440,674 |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 128,193 |
| 7a Gross sales of inventory, less returns and allowances | 0 |
| b Less: cost of goods sold | 0 |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 0 |
| 8 Other revenue (describe ► RECEIVED) | 136,851 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | ► |
| ► RECEIVED | |
| Expenses | 10 |
| 10 Grants and similar amounts paid (attach schedule) | 131,811 |
| 11 Benefits paid to or for members | 44,718 |
| 12 Salaries, other compensation, and employee benefits | 0 |
| 13 Professional fees and other payments to independent contractors | 6,564 |
| 14 Occupancy, rent, utilities, and maintenance | 250 |
| 15 Printing, publications, postage, and shipping | 366 |
| 16 Other expenses (describe ► See attached statement) | 1,426 |
| 17 Total expenses. Add lines 10 through 16 | ► |
| ► RECEIVED | |
| Net Assets | 18 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | -48,284 |
| 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) | 444,902 |
| 20 Other changes in net assets or fund balances (attach explanation) | 443 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | ► |
| ► RECEIVED | |

| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 444,902 | 22 |
| 23 Land and buildings | 0 | 23 |
| 24 Other assets (describe ►) | 0 | 24 |
| 25 Total assets. | 444,902 | 25 |
| 26 Total liabilities (describe ►) | 0 | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 444,902 | 27 |

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **FRATERNAL CHRISTIAN FELLOWSHIP**

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.

Expenses
Required for 501(c)(3)
and (4) organizations
and 4947(a)(1) trusts,
optional for others)

28 CONTRIBUTIONS TO ELEMENTARY SCHOOLS AND HIGH SCHOOLS

(Grants \$ 70,710) If this amount includes foreign grants, check here 28a 0

29 NUMEROUS OTHER RELIGIOUS AND LOCAL CHARITIES

28a 0

0

(Grants \$ 61,101) If this amount includes foreign grants, check here 29a

30

29a 0

0

(Grants \$ o If this amount includes foreign grants, check here 202

31 Other program services (attach schedule)

Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 312

32. Total program service expenses (add lines 28a through 31a) **32** \$0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part VI)

| | 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 | X | |
| 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, 6a, and 7a (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 section 6033(e) notice, reporting, and proxy tax requirements? | 35a | X | |
| 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," complete applicable parts of Schedule N | 36 | X | |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0 | 37a | 0 | |
| b Did the organization file Form 1120-POL for this year? | 37b | 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? | 38a | X | |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | 0 | |
| 39 Section 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 | | |
| 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ | | | |
| b Section 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," complete Schedule L, Part I | 40b | | |
| 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? If "Yes," complete Form 8886-T. | | | |
| 41 List the states with which a copy of this return is filed. ► IL | | | |
| 42 a The books are in care of ► Name JOSEPH SCHULER | Telephone no. ► 618-877-4250 | | |
| Located at ► 4225 OLD ALTON RD | City GRANITE CITY | ST IL | ZIP + 4 ► 62040-2239 |
| 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)? | 42b | X | |
| If "Yes," enter the name of the foreign country: ► _____ | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | X | |
| 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 ► <input type="checkbox"/> | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A | | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | X | |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | X | |

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

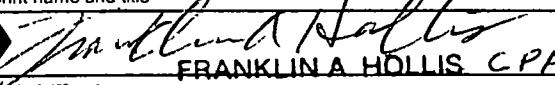
b If "Yes," was the related organization(s) a section 527 organization? 49b

50 Complete this table for the 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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| Name None Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Name Str | Title | | | |
| City ST ZIP | Hr/WK .00 | 0 | 0 | 0 |
| Total number of other employees paid over \$100,000 ► | | 0 | 0 | 0 |

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| Name None Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Name Str | | |
| City ST ZIP | | 0 |
| Total number of other independent contractors each receiving over \$100,000 ► | 0 | 0 |

| | | |
|------------------------------------|--|--|
| 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 |
| Joseph M. Schuler, Faithful Purser | | |
| Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature ►  FRANKLIN A. HOLLIS CPA | Date 11/20/09 <input checked="" type="checkbox"/> Check if self-employed EIN 37-1182589 <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00063850 Firm's name (or yours if self-employed), address, and ZIP +4 ► 23 BRADLEY ST. <input type="checkbox"/> Phone no 618-931-6595 GRANITE CITY, IL 62040 |

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Name of the organization

KNIGHTS OF COLUMBUS FOURTH DEGREE #0224

Employer identification number
23-7546653

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

| | |
|--|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| | | | | 0 | 0 | 0 |
| Total | | | | 0 | 0 | 0 |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

IL

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 (event type) | (b) Event #2 (event type) | (c) Other Events 0 (total number) | (d) Total Events (Add col (a) through col (c)) |
|-----------------|---|------------------------------|------------------------------|---|---|
| | | | | | |
| | | | | | |
| Revenue | 1 Gross receipts | 0 | 0 | 0 | 0 |
| | 2 Less. Charitable contributions | 0 | 0 | 0 | 0 |
| | 3 Gross revenue (line 1 minus line 2) | 0 | 0 | 0 | 0 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 0 | 0 |
| | 5 Non-cash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 0 | 0 | 0 | 0 |
| | 7 Other direct expenses | 0 | 0 | 0 | 0 |
| | 8 Direct expense summary. Add lines 4 through 7 in column (d) | | | | ► (0) |
| | 9 Net income summary. Combine lines 3 and 8 in column (d) | | | | ► 0 |
| | | | | | |

Part III Gaming. Complete if the organization answered "Yes" to 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 BINGOES | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|--|--|---|--|--|
| | | | | | |
| Revenue | 1 Gross revenue | 272,625 | | 296,242 | 568,867 |
| Direct Expenses | 2 Cash prizes | 168,050 | | 186,617 | 354,667 |
| | 3 Non-cash prizes | | | | 0 |
| | 4 Rent/facility costs | 10,400 | | 13,000 | 23,400 |
| | 5 Other direct expenses | 56,534 | | 6,073 | 62,607 |
| | 6 Volunteer labor | <input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | ► (440,674) |
| | 8 Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | ► 128,193 |

9 Enter the state(s) in which the organization operates gaming activities: IL

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

| | Yes | No |
|----|-----|----|
| 9a | X | |
| | | |

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

| 10a | | X |
|-----|--|---|
| | | |

11 Does the organization operate gaming activities with nonmembers?

12 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?

| 11 | | X |
|----|--|---|
| 12 | | X |

| | Yes | No |
|--|-----------------------------------|---|
| 13 Indicate the percentage of gaming activity operated in: | 13a | % |
| a The organization's facility | 13b | 100.00% |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name ► JOSEPH SCHULER, PURSER | | |
| Address ► 4225 OLD ALTON RD, GRANITE CITY, IL 62040 | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | X |
| b If "Yes," enter the amount of gaming revenue received by the organization ► \$ | | |
| c If "Yes," enter name and address: | | |
| Name ► N/A | | |
| Address ► | | |
| 16 Gaming manager information: | | |
| Name ► NONE | | |
| Gaming manager compensation ► \$ | 0 | |
| Description of services provided ► | | |
| <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> 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? | 17a | X |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ | | |

Part I, Line 16 (990-EZ) - Other Expenses

1,426

| | | |
|----|--|-------|
| 1 | Travel, Meals and Entertainment | |
| a | Travel | 1a |
| b | Total meals and entertainment | 1b |
| 2 | Fundraising | 2 |
| 3 | From Form 4562 - Amortization | 3 |
| 4 | Conferences, conventions, and meetings | 4 |
| 5 | Depreciation, depletion, etc | 5 |
| 6 | Equipment rental and maintenance | 6 |
| 7 | Interest | 7 |
| 8 | Supplies | 8 |
| 9 | Telephone | 9 |
| 10 | Unrelated business income taxes | 10 0 |
| 11 | STATE FEE | 11 15 |
| 12 | | 12 |
| 13 | | 13 |
| 14 | | 14 |
| 15 | | 15 |
| 16 | | 16 |
| 17 | | 17 |
| 18 | | 18 |
| 19 | | 19 |
| 20 | | 20 |
| 21 | | 21 |
| 22 | | 22 |
| 23 | | 23 |
| 24 | | 24 |
| 25 | | 25 |
| 26 | | 26 |

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

443

| | Description | Amount |
|----|-------------------------------|--------|
| 1 | UNREALIZED GAIN ON SECURITIES | 1 443 |
| 2 | | 2 |
| 3 | | 3 |
| 4 | | 4 |
| 5 | | 5 |
| 6 | | 6 |
| 7 | | 7 |
| 8 | | 8 |
| 9 | | 9 |
| 10 | | 10 |