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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

OMB No 1545-1150

2008

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		7/1/2008	, and ending	6/30/2009
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>
<input type="checkbox"/>	Address change	KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL		52-2382357
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)		<b>E Telephone number</b>
<input checked="" type="checkbox"/>	Initial return	3400 OLD ALABAMA ROAD		
<input type="checkbox"/>	Termination	City, town, or country	State	ZIP + 4
<input type="checkbox"/>	Amended return	JOHNS CREEK	GA	30022
<input type="checkbox"/> Application pending		<b>F Group Exemption Number</b>	►	0188
<p>• <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></p>				
<p><b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p>				

**I Website:** ► WWW KOCSB COM**J Organization type (check only one)**  501(c) ( 8 ) ◀ (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 44,180****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)**

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	325
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7,035
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6c	9,457
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	33,444
	b Less direct expenses other than fundraising expenses	6b	23,987
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	3,376
	7a Gross sales of inventory, less returns and allowances	7b	2,366
	b Less cost of goods sold	7c	1,010
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
	8 Other revenue (describe ►)	9	17,827
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	0
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	116
	15 Printing, publications, postage, and shipping	16	9,826
	16 Other expenses (describe ► See attached statement)	17	9,942
	17 Total expenses. Add lines 10 through 16	18	7,885
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	7,530
	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)	20	0
	20 Other changes in net assets or fund balances (attach explanation)	21	15,415
	21 Net assets or fund balances at end of year Combine lines 18 through 20	22	15,415

**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**

(See the instructions for Part II)	<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings, and investments	7,530	22
23 Land and buildings	23	
24 Other assets (describe ►)	0	24
25 Total assets	7,530	25
26 Total liabilities (describe ►)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,530	27



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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

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  Yes  No

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 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No

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 ► \_\_\_\_\_ 40a  Yes  No

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  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  Yes  No

d Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

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 40e  Yes  No

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

42 a The books are in care of ► Name STEVE WINKELJOHN Telephone no ► 770-246-9363  
Located at ► 710 Old Meadow Glen City Johns Creek 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, 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 ? 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 43  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44  Yes  No

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  Yes  No

**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  X

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" 0

(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 City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK .00	0	0 0
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Name City	Str ST ZIP	Title Hr/WK 00	0	0 0
Total number of other employees paid over \$100,000 ►		0	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" 0

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City	Str ST ZIP	0
Name City	Str 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	
Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
		9/20/2010		P00512818
Firm's name (or yours if self-employed), address, and ZIP +4		EIN ► 20-8872660		Phone no ► 770-913-0210
► GARD LAFRENIERE LLC 5755 NORTH POINT PKWY, #22, ALPHARETTA, GA 30022				

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

**Name of the organization**

**Employer identification number**

**KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL**

52-2382357

**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  Mail solicitations      e  Solicitation of non-government grants  
b  Email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  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

2b 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
	FALL HARVEST	Yes	No	2,000	0	2,000
		X				
KNIGHTS OF COLUMBUS	BREAKFAST WITH SANTA	X		1,630	0	1,630
KNIGHTS OF COLUMBUS	WEEDING VOWS	X		737	0	737
KNIGHTS OF COLUMBUS	ST PATRICK DINNER	X		7,836	0	7,836
KNIGHTS OF COLUMBUS	LENTEN FISH DINNER	X		16,918	0	16,918
KNIGHTS OF COLUMBUS	DISABLED CHILDREN	X		3,300	0	3,300
KNIGHTS OF COLUMBUS	ONION SALE	X		3,000	0	3,000
				0	0	0
				0	0	0
				0	0	0
<b>Total</b>				<b>35,421</b>	<b>0</b>	<b>35,421</b>

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

**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 <u>LENTEN FISH FRY</u> (event type)	(b) Event #2 <u>T PATRICKS DINNE</u> (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts .	17,184	6,262	9,998 33,444
	2 Less Charitable contributions .	0	0	0
	3 Gross revenue (line 1 minus line 2)	17,184	6,262	9,998 33,444
Direct Expenses	4 Cash prizes	0	0	0
	5 Non-cash prizes .	0	0	0
	6 Rent/facility costs .	0	0	0
	7 Other direct expenses	11,938	5,441	6,608 23,987
	8 Direct expense summary Add lines 4 through 7 in column (d)			► ( 23,987)
	9 Net income summary Combine lines 3 and 8 in column (d)			► 9,457

**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	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			0
Direct Expenses	2 Cash prizes			0
	3 Non-cash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			► ( 0)
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			► 0
9 Enter the state(s) in which the organization operates gaming activities				<input type="checkbox"/> Yes <input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?				9a
b If "No," Explain				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				10a
b If "Yes," Explain				
11 Does the organization operate gaming activities with nonmembers?				11
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?				12

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....
- c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ ..... 0

Description of services provided ►

 Director/officer Employee 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?
- 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 ► \$

13a	%	Yes	No
13b	%		

15a

17a

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1 Contributions	1	325
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 Associated organization contributions	7	
8	8	
9	9	
10	10	
11 Total	11	325

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

9,826

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	380
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 DUES	11	2,202
12 INSURANCE	12	308
13 OFFICE SUPPLIES	13	4
14 BANK FEES	14	19
15 MISCELLANEOUS	15	150
16 DONATIONS	16	3,599
17 COUNCIL FUNCTIONS	17	3,063
18 SMALL EQUIPMENT	18	101
19	19	
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	

Paul II (Sach G (990/990EEZ)) - Events