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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning		7/1/2009	, and ending	6/30/2010
B Check if applicable		C Name of organization		D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL Number and street (or P O box, if mail is not delivered to street address) 3400 OLD ALABAMA ROAD		52-2382357 E Telephone number
		City, town, or country JOHNS CREEK	State GA	ZIP + 4 30022 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).
- I Website: ► WWW KOCSB COM
- J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 53,185

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	612
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	10,282
	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)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	40,823
b Less direct expenses other than fundraising expenses	6b	26,156	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,667	
7a Gross sales of inventory, less returns and allowances	7a	1,468	
b Less cost of goods sold	7b	1,469	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	25,560	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	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	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	24,330
17 Total expenses. Add lines 10 through 16 ►	17	24,330	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,230
	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	15,415
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	16,645

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II)		
22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
23 Land and buildings	15,415	22 16,645
24 Other assets (describe ►)	23	
25 Total assets	0	24 0
26 Total liabilities (describe ►)	15,415	25 16,645
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	26 0
	15,415	27 16,645

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

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? 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 why the organization did not report the income on Form 990-T. 35a 35b

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 X

b If "Yes," has it filed a tax return on Form 990-T for this year? 37a 37b X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 38a 38b 0

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 38b 0

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 outstanding at the end of the period covered by this return? 39a 39b

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39b

39 Section 501(c)(7) organizations Enter 40b

a Initiation fees and capital contributions included on line 9 40b

b Gross receipts, included on line 9, for public use of club facilities 40b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40b , section 4955 ► 40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40b

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40b

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. 40b

41 List the states with which a copy of this return is filed ► 40b

42 a The organization's books are in care of ► STEVE WINKELJOHN Telephone no ► (770) 246-9363

Located at ► 710 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 ► 42b X

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 ► 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► 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

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		X
37b		
38a		X
38b		
40b		
40c		
40d		
40e		X
42b		X
42c		X
43		
44		X
45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization 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 a section 527 organization?	49b	X
50 Complete this table for the organization's 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
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
Name	Str		Title			
City	ST	ZIP	Hr/WK	00	0	0
f Total number of other employees paid over \$100,000						

51 Complete this table for the organization's 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		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
Name	Str			
City	ST	ZIP		
d Total number of other independent contractors each receiving over \$100,000				

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

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2009

Open To Public
Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL

Employer identification number

52-2382357

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

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"/> Internet and 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.

(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

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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 LENTEN FISH FRY (event type)	(b) Event #2 T PATRICKS DINNE (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,655	7,567	13,603
	2 Less. Charitable contributions	0	0	5,050
	3 Gross income (line 1 minus line 2)	19,655	7,567	8,553
				35,775
Direct Expenses	4 Cash prizes	0	0	0
	5 Noncash prizes	0	0	0
	6 Rent/facility costs	0	0	0
	7 Food and beverages	0	0	0
	8 Entertainment	0	0	0
	9 Other direct expenses	13,216	7,459	5,331
				26,006
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (26,006)
	11 Net income summary Combine line 3, column (d), and line 10			► 9,769

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 Noncash 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 line 1, column d, and line 7			► 0

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

a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain

	Yes	No
9a		

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

b If "Yes," explain

10a	
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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	
12	

KNIGHTS OF COLUMBUS 13204 ST BRIGID COUNSEL

Schedule G (Form 990 or 990-EZ) 2009

52-2382357

Page 3

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter 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 of the third party		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
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?		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule G (Form 990 or 990-EZ) 2009

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

24,330

1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	1,133
6 Depreciation	6	0
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	419
11 Telephone	11	
12 Unrelated business income taxes	12	0
13 INSURANCE	13	312
14 WEB SITE	14	528
15 DUES TO KNIGHTS OF COLUMBUS - SUPREME & STATE	15	2,954
16 AWARDS	16	422
17 ADVERTISEMENTS	17	435
18 COUNCIL BANNER	18	637
19 COUNCIL EVENTS	19	10,635
20 DONATIONS	20	6,713
21 POSTAGE	21	67
22 PRINTING	22	75
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	