ENVELOPE POSTMARK DATE FEB 19 2010

SCANNED MAR 12 2010

Form **990**

Department 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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **KNIGHTS OF COLUMBUS**

Doing Business As **CARDINAL SPELLMAN COUNCIL 347**

Number and street (or P O box if mail is not delivered to street address) **PO BOX 391** Room/suite

City or town, state or country, and ZIP + 4 **WHITMAN, MA 02382-0391**

D Employer identification number **04 2516321**

E Telephone number **(781) 447-9061**

G Gross receipts $ **439,773**

F Name and address of principal officer **LAWRENCE ROACHE**
26 ACORN RD, WHITMAN, MA 02382

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ **0188**

I Tax-exempt status ☑ 501(c) (**8**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶

L Year of formation

M State of legal domicile **MA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **OPERATE A MEMBERS LOUNGE AND BAR FOR HALL RENTALS. OPERATE A BINGO UNDER LICENSE FROM MASS LOTTERY**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		165
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,946	71,906
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,946	72,071
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	76,810	73,344
19	Revenue less expenses. Subtract line 18 from line 12	-3,864	-1,273

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	12,106	14,379
21	Total liabilities (Part X, line 26)	120,701	124,247
22	Net assets or fund balances. Subtract line 21 from line 20	-108,595	-109,868

RECEIVED FEB 24 2010 IRS OGDEN UT

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2-18-10

Lawrence E Roache
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Paul J Lane	Date	Check if self-employed ▶ ☑
Preparer's identifying number (see instructions)	031-32-6169		
Firm's name (or yours if self-employed), address, and ZIP + 4	PAUL J LANE 866 WASHINGTON ST, WHITMAN, MA 02382	EIN ▶ 04 2843726 Phone no ▶ (781) 447-0469	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

10 NE

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
LOCAL K F C ORGANIZATION HOLDING CHARTER FROM SUPREME K OF C.
FRATERNAL, RELIGIOUS, AND SOCIAL ORGANIZATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code. _____) (Expenses $ _____ including grants of $_____) (Revenue $ _____)
COUNCIL 347 OPERATES K OF C MEMBERSHIP ACTIVITIES

4b (Code _____) (Expenses $ _____ including grants of $_____) (Revenue $_____)
COUNCIL 347 BINGO LICENSED BY MASS LOTTERY

4c (Code _____) (Expenses $ _____ including grants of $_____) (Revenue $_____)
COUNCIL 347 BAR-OPERATES A BAR FOR MEMBERS AND THEIR GUESTS.
FUNCTION ACTIVITY FOR MEMBERS, NON MEMBER FUNCTIONS REPORTED ON 990T

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 0

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
•	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization s liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.*	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21		✓
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		
b	Is the organization 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*	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	15		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	8		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	✓	
4a	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)?		4a		✓
b	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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		✓
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		✓
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		✓
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		✓
10	**Section 501(c)(7) organizations.** Enter.				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a		
b	Enter the number of voting members that are independent	1b		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body?	8b		✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MASS AG

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PAUL J LANE 866 WASHINGTON ST WHITMAN MA 02382 781-447-0469

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE ATTACHED										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ **0**

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NOT APPLICABLE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations . . . 1d				
	e Government grants (contributions). 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f: $				
	h **Total.** Add lines 1a–1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue .				
	g **Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	165			
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real / (ii) Personal			
	6a Gross Rents . .				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses .				
	c Gain or (loss) . .				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 . . . . . a				
	b Less. direct expenses . . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . . . a 337,257				
	b Less. direct expenses. . . . . b 278,318				
	c Net income or (loss) from gaming activities . . ▶	58,939			
	10a Gross sales of inventory, less returns and allowances . . . . a 78,277				
	b Less. cost of goods sold . . . b 89,384				
	c Net income or (loss) from sales of inventory . . . ▶	-11,107			
	Miscellaneous Revenue	Business Code			
	11a VENDING & AMUSEMENT GAI		10,830		
	b MEMBERS RAFFLES		13,085		
	c MISC INCOME		159		
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		24,074		
	12 **Total revenue.** See instructions. . . . . ▶		71,906		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	32,312			
2 Grants and other assistance to individuals in the U.S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,265			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,200			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	20,800			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state. or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAR EXPENSES	10,605			
b MISC BINGO	237			
c MISC BAR	925			
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	73,344			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	9405	1	10,927
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3200	8	3,243
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-499	15	209
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	12106	16	14,739
Liabilities	17	Accounts payable and accrued expenses	4123	17	3,925
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	116578	25	120,322
	26	**Total liabilities.** Add lines 17 through 25	120701	26	124,247
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	-108595	32	-109,868
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances	12106	34	14,379

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

KNIGHTS OF COLUMBUS #347

04-2516321

2009 FORM 990

LINE #	DESCRIPTION			
9A	***SPECIAL FUND RAISING***			
	BINGO SALES	$284,064		
	CHARITY GAME TICKETS	$53,193		
	MISCELLANEOUS INCOME	$0		
		$337,257		
9B	***DIRECT EXPENSES***	***BINGO***	***BAR***	***TOTALS***
	ADVERTISING	$1,845	$0	
	SUPPLIES	$19,498		
	CHARITY GAME TICKETS	$14,857		
	BINGO PRIZES	$191,195		
	PROGRESSIVE PRIZES	$22,400		
	CHARITY GAME PRIZES	$350		
	CHARITY GAME HOT HOT	$2,000		
	BINGO NUT PRIZES	$0		
	MA LOTTERY TAX	$14,203		
	IRS TAX FORM 730	$380		
	POLICE DETAILS	$4,600		
	WORKERS APPRECIATION	$750		
	CENTENNIAL EXPEND		$0	
	FUND RAISE PAYOUTS		$925	
	CUSTODIAL	$6,240		
		$278,318	**$925**	**$279,243**
	INTEREST INCOME	***BINGO***	***BAR***	***TOTALS***
	CHECKING ACCOUNTS	$165	$0	**$165**
10A	***COST OF GOODS SOLD***			
	BEGINNING INVENTORY		$3,200	
	PURCHASES-INVENTORY	$27,325		
	PURCHASES-RESALE ITEMS	$4,651		
	SNACK BAR ITEMS	$4,347		
	WAGES	$36,258		
	CASUAL LABOR	$16,846	$89,427	
			$92,627	
	ENDING INVENTORY		$3,243	
	COST OF GOODS SOLD		**$89,384**	
PART II		***BINGO***	***BAR***	***TOTALS***
LINE 22	***CHARITABLE CONTRIBUTIONS***	$32,312	$0	***$32,312***
LINE 29	***PAYROLL TAXES***			
	FICA		$2,774	
	UNEMPLOYMENT		$491	
	IRS MISC		$0	
	MISC STATE TAX		$0	
			$3,265	**$3,265**
LINE 31	ACCOUNTING	$5,200	$0	**$5,200**
LINE 36	***OCCUPANCY***			
	BAR RENT TO COL ASSOC		$0	

	BINGO RENT TO COL ASSOC	$20,800		
	TELEPHONE		$0	
	WATER SEWERAGE		$0	
	RUBBISH REMOVAL			
	MAINTENANCE REPAIRS		$0	
	UNIFORMS & LAUNDRY		$0	
		$20,800	**$0**	**$20,800**
LINE 43A	***BAR EXPENSES***			
	BAR SUPPLIES		$923	
	BAR CASH EXPENDITURES		$2,330	
	MASS SALES TAX		$3,986	
	INSURANCE		$0	
	OFFICE OPERATIONS		$933	
	LICENSE & FEES		$325	
	UNIFORMS		$0	
	ADVERTISING		$1,500	
	SECURITY ALARM FEES		$0	
	CASH SHORT(OVER)		$90	
	STATE EXCISE		$396	
	MISCELLANEOUS		$122	
		$0	**$10,605**	**$10,605**
LINE43B	***BINGO EXPENSES***			
	MA LOTTERY LICENSE	$50		
	BANK S/C	$36	$0	
	CASH SHORT(OVER)	$0	$0	
	MISCELLANEOUS	$151		
		$237	**$0**	**$237**
PART III	***PROGRAM SERVICE EXPENSES***	**$58,549**	**$13,870**	**$72,419**
	TOTAL EXPENSES	**$336,867**	**$14,795**	$72,419
	RECAP INC/EXP STATEMENTS	***BINGO***	***BAR***	***TOTALS***
	GROSS	$337,257	$78,277	$415,534
	VENDING & AMUSEMENT		$10,830	$10,830
	KITCHEN FUND		$0	$0
	MEAT RAFFLE		$2,760	$2,760
	COUNCIL RAFFLE		$10,325	$10,325
	MISCELLANEOUS INCOME		$159	$159
	INTEREST	$165	$0	$165
	GROSS INCOME	**$337,422**	**$102,351**	**$439,773**
	COST OF GOODS SOLD		$89,384	**$89,384**
	EXPENSES	$336,867	$14,795	**$351,662**
	NET GAIN LOSS	**$555**	**-$1,828**	**-$1,273**
	RECAP BALANCE SHEET			
	CASH-NON INTEREST	$8,429	$2,498	$10,927
	INVENTORIES		$3,243	$3,243
	FURNITURE			$0
	MISCELLANEOUS ADVANCES		$209	$209
		$8,429	**$5,950**	**$14,379**
	LIABILITIES	$2,339	$1,586	$3,925
	ADVANCES DUE COL ASSOC		$120,322	$120,322
	RETAINED EARNINGS	$6,090	-$115,958	-$109,868
	NET LOSS			$0
		$8,429	**$5,950**	**$14,379**

THE COLUMBIAN ASSOCIATES OF WHITMAN INC				2/2/2010
NAME & ADDRESS	HRS WORKED	COMPENSATION	BENEFITS	EXP ALLOW
TOM DOOLIN	0	0	0	0
PRESIDENT				
1195 BEDFORD ST				
WHITMAN, MA 02382				
LAWRENCE ROACHE	0	0	0	0
TREASURER				
26 ACORN RD				
WHITMAN MA 02382				
RICHARD TOOMEY	0	0	0	0
BUILDING MANAGER				
273 HARVARD ST				
WHITMAN, MA 02382				
KEVIN DOWNEY	0	0	0	0
SECRETARY				
110 SOUTH AVE				
WHITMAN MA 02382				
WHITMAN, MA 02382				
WARREN KENNEDY	0	0	0	0
GRAND KNIGHT				
7 APPOLLO RD				
WHITMAN, MA 02382				
FOLLOWING ARE DIRECTORS				
EDWARD McGILVARY	0	0	0	0
HOMELAND DR				
WHITMAN, MA 02382				
RUSS KENN	0	0	0	0
245 HIGHLAND ST				
EAST BRIDGEWATER, MA 02333				
JERRY BUTTS	0	0	0	0
1195 BEDFORD ST				
WHITMAN, MA 02382				
FRAN DUGGAN	0	0	0	0
1195 BEDFORD ST				
WHITMAN, MA 02382				
THOMAS ALLEN	0	0	0	0
1195 BEDFORD ST				
WHITMAN, MA 02382				
JIM DAVIDSON	0	0	0	0
ROCK ST				
WHITMAN, MA 02382				
QUESTION 18				
CUSTODY OF FUNDS				
LAWRENCE ROACHE				
PRESIDENT				
26 ACORN RD				
WHITMAN MA 02382				

DISTRIBUTION OF FUNDS
LAWRENCE ROACHE
PRESIDENT
26 ACORN RD
WHITMAN MA 02382
FUND RAISING
NOT APPLICABLE
CUSTODY OF RECORDS
PAUL J LANE
866 WASHINGTON ST
WHITMAN, MA 02382
AUTHORIZED TO SIGN CHECKS
LAWRENCE ROACHE
PRESIDENT
26 ACORN RD
WHITMAN MA 02382
RICHARD TWOOMEY
BUILDING MANAGER
273 HARVARD ST
WHITMAN, MA 02382

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

FEE: $15.00

M.G L Ch.180
Corporation
Annual Report

ANNUAL REPORT

FEDERAL IDENTIFICATION NO. 04-2590869

Filing for November 1, 20 10

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1 NAME. COLUMBIAN ASSOCIATES OF WHITMAN INC, THE

2 ADDRESS 1195 BEDFORD ST
(number) (street)

WHITMAN MA 02382
(city or town) (state) (zip)

3 DATE OF THE LAST ANNUAL MEETING: MAY 19, 2009

4 If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust (check appropriate box)

☐ The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

☐ The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5 State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires. (PLEASE TYPE OR PRINT)

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President	THOMAS DOOLIN	1195 BEDFORD ST WHITMAN, MA 02382	5/18/10
Treasurer	LAWRENCE ROACHE	26 ACORN RD WHITMAN, MA 02382	5/18/10
Clerk (or Secretary)	KEVIN DOWNEY	110 SOUTH AVE WHITMAN, MA 02382	5/18/10
Directors. (or Officers having the powers of Directors)	SEE ATTACHED LIST		

I, the undersigned LAWRENCE ROACHE being the TREASURER of the above-named corporation, in compliance with General Laws, Chapter 180, hereby certify that the information above is true and correct as of the dates shown

IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this _____ day of FEBRUARY, 20 10

Signature: _____ Title: TREASURER

Contact Person PAUL J LANE Contact Person Telephone #: 781-447-0469