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Short Form  
Return of Organization Exempt From Income TaxUnder 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

<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>		
<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		KNIGHTS OF COLUMBUS WASHINGTON COUNCIL #359		
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite
		13 SOUTH STREET		
		City, town, or country	State	ZIP + 4
		MORRISTOWN	NJ	07960-4131
<b>D Employer identification number</b> 22-0833975				
<b>E Telephone number</b> (973) 267-9175				
<b>F Group Exemption Number</b> ► 0188				
<b>G Accounting method.</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				
<b>H Check ►</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)				
<b>I Website:</b> ► n/a				
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check ►</b> <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				
<b>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</b> ► \$ 46,759				

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

1	Contributions, gifts, grants, and similar amounts received	1	30,645
2	Program service revenue including government fees and contracts	2	13,314
3	Membership dues and assessments	3	2,800
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 ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 10)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ► )	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. SEE SCHEDULE A	9	46,759
10	Grants and similar amounts paid (attach schedule)	10	28,175
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	21,993
17	<b>Total expenses.</b> Add lines 10 through 16 SEE SCHEDULE A	17	50,168
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,409
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	10,587
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	7,178

**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.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	10,587	22
23	Land and buildings		23
24	Other assets (describe ► )	0	24
25	<b>Total assets</b>	10,587	25
26	Total liabilities (describe ► )	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,587	27
			7,178



## 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. 37a  Yes  No

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

b Did the organization file Form 1120-POL for this year? 38a  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? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39a  Yes  No

39 Section 501(c)(7) organizations. Enter: 39b  Yes  No

a Initiation fees and capital contributions included on line 9. 40a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 40b  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 ► \_\_\_\_\_ 40c  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. 40d  Yes  No

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

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

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

42 a The books are in care of ► Name J D POLING Telephone no. ► (973) 451-1617  
Located at ► 13 SOUTH STREET City MORRISTOWN ST NJ ZIP + 4 ► 07960-4131

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

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.

		<b>Yes</b>	<b>No</b>
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	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
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."		

(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 City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
<b>Total number of other employees paid over \$100,000 ►</b>		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
<b>Total number of other independent contractors each receiving over \$100,000 . . . ►</b>		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 1/14/2010

► J D POLING, TREASURER

► Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► L.	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP +4 ► L. Rucco		EIN ►	Phone no ►

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

# KNIGHTS OF COLUMBUS - WASHINGTON COUNCIL #359

13 SOUTH STREET  
MORRISTOWN NJ 07960-4131  
EIN # 22-0833975

FISCAL YEAR 2008 (7/1/08 TO 6/30/09)

## SCHEDULE A

OPENING CASH BALANCE		\$10,586.95
<b>RECEIPTS</b>	<b>990-EZ</b>	
BEEF STEAK DINNER	5,470.00	1
SCHOLARSHIPS	9,000.00	1
CHARITY COLUMBUS	14,474.43	1
CONTRIBUTIONS	200.00	1
OTHER	43.80	1
RED ROSE DRIVE	786.00	1
PANCAKE B'FAST	671.00	1
SUBTOTAL OF LINE #1		<b>30,645.23</b>
TOOTSIE ROLL	2,890.72	2
CHAPTER ONE	455.00	2
CHARITY MANIA	2,220.00	2
ST PATRICK'S DAY	6,908.00	2
PRIEST/FLAGSHIP	840.00	2
SUBTOTAL OF LINE #2		<b>13,313.72</b>
DUES	2,800.00	3
SUBTOTAL OF LINE #3		<b>2,800.00</b>
<b>TOTAL REVENUES FOR YEAR (LINE #9)</b>		<b><u>\$46,758.95</u></b>
<b>TOTAL AVAILABLE CASH</b>		<b>\$57,345.90</b>

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EIN # 22-0833975

FISCAL YEAR 2008 (7/1/08 TO 6/30/09)

## SCHEDULE A

	<b>TOTAL AVAILABLE CASH (FROM PAGE #1)</b>	<b>\$57,345.90</b>
<b><u>DISBURSEMENTS</u></b>		<b>990-EZ</b>
		<b>LINE #</b>
SCHOLARSHIPS	9,000.00	10
CHARITY PROGRAMS	19,174.55	10
<b>SUBTOTAL OF LINE #10</b>		<b>28,174.55</b>
SUPREME PER CAPITA	1,701.22	16
NJ PER CAPITA	920.20	16
PATTERSON DUES	50.00	16
POSTAGE/SUPPLIES	2,106.37	16
CHAPTER ONE	560.00	16
MEETING EXPENSES	2,499.71	16
ST PATRICK'S DAY	2,774.94	16
PRIESTS	1,411.95	16
FLAGSHIP BALL	1,828.00	16
TOOTSIE ROLL DRIVE	2,942.79	16
PANCAKE B'FAST	369.15	16
RED ROSE DRIVE	656.00	16
BEEF STEAK DINNER	3,853.54	16
VA VISITS	319.37	16
<b>SUBTOTAL OF LINE #16</b>		<b>21,993.24</b>
<b>TOTAL DISBURSEMENTS FOR YEAR (LINE #17)</b>		<b><u>\$50,167.79</u></b>
<b>NET ASSETS OR FD BALANCE AT YR END (LINE #21)</b>		<b><u>\$7,178.11</u></b>