

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JUL 0 2 2010

Form **990-EZ**

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 \$50,000 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

OMB No 1545-1150

2009

Open to Public Inspection

		the Treasury		assets less t ► The organization may h	han \$1,250,000 at the lave to use a copy of th				nents		Insp	ection
		ue Service 2009 calenda	ar year.	or tax year beginning	Januar			d ending		mber	31	, 20 09
_		pplicable	Please	C Name of organization							entrfication	
_	Address o		use IRS	Scituate Knights of Co	lumbus					_	1-2466727	
=	Name cha		label or print or	Number and street (or P C		vered to street add	tress) F	oom/suite	E Teleph			
=	nıtıal retu		type	PO BOX 186			,				1-545-982) a
<u></u>	Terminate	ed	See Specific	City or town, state or cour	ntny and ZID + 4	·						
=	Amended		Instruc-		itry, and zir + 4				F Group		•	
_		on pending	tions.	Scituate Ma 02066						oer ▶		0188
	• Sec	tion 501(c)(3)		tations and 4947(a)(1) n mpleted Schedule A (Fo			attach	1	inting Me (specify)		✓ Cash	Accrual
				inpicted ochedate A (i c	330 U. 330 EL).	<u> </u>			``		rganizatio	n is not
	Vebsit	to. b									•	(Form 990,
			shook o	nly one) — 🗹 501(c) (2 \ d (moort no)	4947(a)(1) or	527	1	Z, or 990		i ledule D	(1 01111 350,
											No 00	
	heck		_	zation is not a section 50								25,000. A
				turn is not required, but						te reti	urn	200000
_	_			9 to determine gross rec						\$	for Don	308822
	art I			enses, and Chang			alances	(See the	Instruc		ior Far	
	1			ts, grants, and similar			•			1		810
	2			evenue including gov	ernment fees and	contracts			· ·	2		0
	3	Membersh	ip dues	and assessments.						3		6430
	4	Investment	t incom	ie					<u>L</u>	4		65
	5a	Gross amo	unt fro	m sale of assets other	than inventory		5a		0	7		
	b	Less: cost	or othe	er basis and sales exp	enses		5b		0	: 🚅		
	С	Gain or (los	ss) fron	n sale of assets other	than inventory (Su	ubtract line 5b t	from line	5a)	[5c		0
Ē	6	Special events	l events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here 🕨 🗌						▶ 🗆 🗍	77.0		
ē	a	Gross reve	nue (no	ot including \$	of	contributions						
Revenue							301517					
ш.	ь	•		nses other than fundra	using expenses		6b		215036	- 7		
	c			ss) from special event	• .			e 6a)		6c		86481
	7a			entory, less returns a		abtract in to ob	7a	0 04,		77.5		
	b	1		de eeld			76		0	·/g		
	C	Gross prof	it or (lo	ee) from eales of inver	ntony (Subtract line		70)			7c		0
	8	Other reve	nue (de	as sold ss) from sales of inver escribe ►	itory (Odbiract iii	REC	FIVE	D	; -	8		
	9		•						′ ⊦	9		93786
				dd lines 1, 2, 3, 4, 5c,		<u></u>	<u> </u>	8		10		31339
	10			r amounts paid (attacl	·	66 MAY	1720	10	· · -	11		01303
	11	•				T(•	· · · · · · · · · · · ·	· · · -			
xpenses	12			mpensation, and emp				ا 😅 ا 🚓		12		
ë	13			and other payments t		ntractors (E!N	<u> </u>	· · ⊦	13		0 07000
Š	14	Occupancy	y, rent,	utilities, and maintena	ince		•		· · ·	14		37063
ш	15			ons, postage, and shi						15		2391
	16			describe Insurance)	16		20865
	17			Add lines 10 through						17		91658
2	18			for the year (Subtract						18		2128
Se	19			d balances at beginn				-	I	- 4		
Ÿ		end-of-yea	ır tigure	reported on prior yea	ar's return) .					19		536682
Net Assets	20		_	net assets or fund bal		•				20		(49746)
	21	Net assets	or fund	d balances at end of y	ear. Combine line	s 18 through 2	0 .		. ▶]	21		489064
Pa	art II								d of Forn	n 990-EZ.		
				(See the instruction	s for Part II.)			(A) Beg	inning of y			nd of year
22	Ca	ash, savings,	, and in	vestments					30	682 2	22	38810
23		and and build	lings .						500	0000 2	23	500000
24				e▶						0 2	24	0
25	To	otal assets							536	682	25	538810
26	To	otal liabilitie	s (desc	ribe ▶)		647		49746
27	Ne	et assets or	fund b	palances (line 27 of co	olumn (B) must ac	ree with line 2	1) .			035		489064

Form 990-EZ (2009) Page 2 Part III Statement of Program Service Accomplishments (See the instructions for Part III.) Expenses (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts, optional each program title. for others.) 28 Scholarships to graduating students who are furthering their education 10000 28a (Grants \$) If this amount includes foreign grants, check here 29 Support to handicapped and disabled through tootsie roll drive 7598 29a (Grants \$) If this amount includes foreign grants, check here 30 Community donations to schools, families, youth groups, religious organizations, community organizations and most importantly families in need 13741 30a (Grants \$) If this amount includes foreign grants, check here 31 Other program services (attach schedule) . (Grants \$) If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a) . 31339 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) Part IV (b) Title and average (c) Compensation (d) Contributions to (e) Expense (a) Name and address hours per week devoted to position (If not paid, enter -0-.) employee benefit plans & deferred compensation account and other allowances **Thomas DeCoste** Grand Knight 15 hr 22 Bell Tower Lane Scituate Ma 02066 0 0 0 Mark Sullivan Deputy Grand Knight - 5hr 41 Ladds Way Scituate Ma 02066 0 O 0 **Damien Grozier** Chancellor - 1 hr a 72 Kenneth Rd Scituate Ma 02066 0 0 Steve Petraske Warden - 1 hr 540 Grove St Norwell Ma 02061 0 0 0 **David Klien** Treasurer - 5 hrs 9 Pondview Ave Ext Scituate Ma 02066 0 O 0 **Greg Dousa** Fin. Secretary - 5 hrs 21 Greenbriar Way Scituate Ma 02066 0 0 0 William Limbacher Charity Committee - 5 hrs 317 Gannett Rd Scituate Ma 02066 n 0 0 **Douglas Whyte** Trustee - 1 hr 33 Minot Lot Ave Scituate Ma 02066 0 0 0 **Edward Sullivan** Trustee - 1hr 7 Delta Lane Scituate Ma 02066 0 0 0 **Donald Quinn** Trustee - 1 hr 0 0 0 90 Brook Street Scituate Ma 02066

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.	Jane?	15 4 15 4	25 A
а	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?	35a		✓
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		3,117	Jaka y A
b	Did the organization file Form 1120-POL for this year?	37b	(,	√ ,
38a	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?	38a	[;]; ₃	√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	•	,	्र
39	Section 501(c)(7) organizations. Enter:	,		200
а	Initiation fees and capital contributions included on line 9	1		*
b	Gross receipts, included on line 9, for public use of club facilities			,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		•	. 1
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	مايت	\$5.3 √
С	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		18 ·	2
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		er r Ert	
е	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		1
41	List the states with which a copy of this return is filed. ▶ Massachusetts			
42a		81-54	5-043	5
	Located at ► 7 Delta Lane Scituate Ma ZIP + 4 ►	020	066	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		14	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	NO
	account)?	42b		√ ,
	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.	`e* *2`		
С	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	L	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
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	3	√
		000	<u> </u>	

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt ond 51.	onexempt charit haritable trusts n	table trusts only. Anust answer question	All secons 4	tion 6–49	b
46	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete s	·			46		1
	Did the organization engage in lobbying activities	· · · · · · · · · · · · · · · · · · ·			47		1
	Is the organization a school as described in section				48	ļ	1
	Did the organization make any transfers to an ex	•	_		49a 49b		1
	If "Yes," was the related organization a section 5 Complete this table for the organization's five his					es an	d key
	employees) who each received more than \$100,0				iter "N	lone."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	i ac	Exper count a r allowa	and
None							
					ļ		
-					+		
f	Total number of other employees paid over \$100	0.000 ▶			1		
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b	Type of service	(c) Co	mpens	ation
d	Total number of other independent contractors e	each receiving over \$10	00,000▶				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including acco of preparer (other than office	mpanying schedules and ir) is based on all informa	d statements, and to the beation of which preparer has	st of my any kno	knowl owledg	edge e
Sign Here	Signature of officer)		Date /			
	Edward V Sullivan Trustee Type or print name and title			2 101	Jola) 	
Paid Prepare	Preparer's signature	Date	Check if self-employed	Preparer's identifying nu	mber (Se	e instruc	:tions)
Use On				EIN ► Phone no ►			
May th	e IRS discuss this return with the preparer show	n above? See instruction	ons	▶ [Yes		No (2009)

2009 Event Summary

		2009
Pool	Income	\$115,921
	Expenses	\$109,799
	Total	\$6,122
Carnival	Income	\$89,709
	Expenses	\$56,950
	Total	\$32,759
Grand Prize Raffle	Income	\$42,135
	Expenses	\$26,600
	Total	\$15,535
Golf Tournament	Income	\$23,913
	Expenses	\$14,869
	Total	\$9,044
OTHERS	Income	\$29,839
	Expenses	\$6,818
	Total	\$23,021
Total	Income	\$301,517
	Expenses	\$215,036
	Total	\$86,481