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990

#### **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)

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

		nue Service			on may have to υ	ise a copy o					nts	<u> </u>	ispection
<u>A F</u>	or the	2009 calendar	year, c	or tax year begi	nning	_	05-	01 , <b>2009</b> , a	nd ending	_	04	-30 <b>,2</b> 0	0 10
В	Check if		Please	C Name of organi	zationMA ST. C	COUNCIL F	C. OF C.	CHARIT.	FD.			) Employe	er identification no.
	Address		se IRS abelor	Doing Business	s As					_		31-168	1850
	lame ch		orint or type.	Number and str	reet (or P O box if m	all is not delive	ered to street	address)	Ro	om/suite	E	Telepho	ne number
□ i	nıtıal ret	turn	See	470 WASHI	NGTON ST.							(781)5	51-0628
1	erminat		pecific nstruc-	City or town, st	tate or country, and	ZIP + 4					(	Grossre	ceipts
	Amended		tions.	NORWOOD,	MA 02062						ł	\$	130,437
	Applicati	ion pending F	Name	and address of prir	ncipal officer								
									H	a) Isthisaç affiliates	roup re	turn for	Yes X No
1	ax-exe	mpt status X 5	501(c) (	3 ) <b>◀</b> (insert n	o) 4947(a)(	1) or 5	527		H(	b) Are all af	filiates i	ncluded?	Yes No
J	Vebsite:	: ► N/A							H(	b) Are all aft If "No," at c) Group ex	ttach a i emptior	ist (see ins number ▶	tructions) •
K F	orm of	organization Co	orporatio	n X Trust Ass	sociation Other	<b>&gt;</b>		L Year of format				al domicile	
Pa	rt I	Summary											
	1	Briefly describe	the ord	ganization's miss	sion or most sign	ificant activit	ties (	ERANTS TO	ANY IRO	501(C	) (3)	ORG	
				,			-						
A G	]											-	
t o												•	
V e	2	Check this box i	▶ ☐ ıf	the organization	n discontinued its	s operations	or dispose	d of more than	1 25% of its	net assets	 S		
l r t n	3			_	erning body (Pai						3	1	8
i a	4		•	-	ers of the govern						4		8
e n s c	5				ne 2a)						5		0
& e	6		•	-	necessary)						6		200
_	1 -				e from Part VIII,						7a		0
	1	•			e from Form 990						7b	-	
	+-	Tet difficialed bi	, u 311 10 3.	s taxable income	, 1101111 GITTI GGG	1, 1110 0 11			<del></del>	Prior Year	1	Cu	rrent Year
R	8	Contributions ar	nd gran	nts (Part VIII line	e 1h)						,481		120,765
	9		_		e 2g)						,765		0
√e n	10	_			(A), lines 3, 4, and						,691	-	9,672
≘u	11				nes 5, 6d, 8c, 9c					<u></u>	7031		<u> </u>
€ Se	12				1 (must equal Pa				1	230	,937		130,437
Σ Δ Σ	13				IX, column (A), I						,526	<del></del>	142,893
	14			·	IX, column (A), li	_				- 01	, , , 2 0		112,055
E	15	•			ee benefits (Part								0
Ų p̂					column (A), line								0
Expens	1			~	olumn (D), line 25			0	·	<del></del>			<del></del>
₹ s e	17								-	27	,226	ļ	29,299
) s	18	Total expenses	S (Fait i	inas 13, 17 mus	mes 11a-11d st equal PartiX	VEDW	(so 25)		•		,752		172,192
)	19	•		•			ol –				,185		(41,755)
	13	Heverlue less ex	xpense	<del></del>	18 from line 12	2044	<del>201 · · · · ·</del>			ing of Curre			<del></del>
Net Asset	s 20	Total assets (Pa	art Y lim	ne 16) 点	MAR 17	בטוו [	<u>ب</u>		pegiran	·•			276,643
or Fund		Total liabilities (F		_			≝ ····		·	218	,398	<del>  -</del> -	
Bal-	20	•	•	· · · · · · · · · · · · · · · · · · ·	IND ENGLANDE		. ]		•	210	200		276,643
Da	rt II	Signature			. III je z MILOTLIANIE	140 211.	<u> </u>	<u> </u>	•	310	,398		270,043
1	3 (1)				nave examined this r	eturn including	accompanyi	ng schedules and	statements.	and to the b	est of n	ny knowled	
					Degaration of preparation								•
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		<del>                                      </del>					Date	<del></del>	Check If	Prena	rer's ide	entifying nu	ımber
		Preparer's signature	$\sim$ $^{\prime}$	' ,	_ , ,	201		:	self-	(see ii	nstructio	ons)	_
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•	arer's	J	<del>/-</del>	37-77	. C. E	CD3 -	U3-17	2-2011	F		00	101	
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		address, and ZIF	a), IP + 4		St. Suite			<del></del> -		800/29416 EIN 04-3245063			
		<u></u>			ry, MA 0187				Phon	e no ▶ 978	5-851		Vac V Na
мау	the IRS	5 discuss this ret	turn wit	in the preparer s	shown above? (s	ee instructio	ns)	<u> </u>		<u></u>		<u> L . </u>	Yes 🛚 No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2009) MA ST. COUNCIL K. OF C. CHARIT. FD.	31-1681850	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	GRANTS TO ANY IRC 501(C)(3)ORG		
_			
2	Did the organization undertake any significant program services during the year which were not listed on	п., г	1
	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		1
	services? Coholulu O	∐ Yes <u>x</u>	NO
4	If "Yes," describe these changes on Schedule O		
*	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	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 156,851 including grants of \$ ) (Revenue	\$ 130,4	137 )
74	ORGANIZED TO COLLECT DONATIONS AND DISTRIBUTE SAME		<u> </u>
	TO ANY IRC SEC. 501(C)(3) ORGANIZATION.		
	TO ART THE BBC. SOLICY (S) ONCENTRALION.		
		<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<del> </del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			<del></del>
A-1	Other premium converse (Decembe in Schodule C.)		
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	١	
4-		,	
4e	Total program service expenses ▶ 156,851		

#### 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		X
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		<u>X</u>
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
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		X
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		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			7.5
	VII, VIII, IX, or X as applicable	11		<u>X</u>
•	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	1		
•	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			
4.0	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		- <del></del>	
	Schedule D, Parts XI, XII, and XIII	12	X	<del></del>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional		i	
40		13		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		$\frac{X}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		
Ь	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	·	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	:	Х
16		13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	16	İ	Х
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	10		
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		Х
10				
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		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
19	If "Yes," complete Schedule G, Part III	19	ł	Х
20		-	<del></del> -	$\frac{\Lambda}{X}$
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			ļ
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		ļ	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	Ì		
	\$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		X_
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
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		X
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		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		.	
	Schedule L, Part IV	28b		_X_
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		.	
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	' I	ľ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		Ì	
	III, IV, and V, line 1	34	X	
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		_X_
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	]	J	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		_X_
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	X	

31-1681850

MA ST. COUNCIL K. OF C. CHARIT. FD.

Pa	TV Statements Regarding Other IRS Filings and Tax Compliance			
£.Y			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			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ĺ
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Í
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ĺ
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			ĺ
	instructions)			ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		7.7
	$account)^2$	4a		X
Ь	If "Yes," enter the name of the foreign country			į
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts		†	3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	_X_
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	l _		
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
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	<u> </u>	X
Ь	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		v
	and services provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del></del>	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- V
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			· ·
	benefit contract?	/e	<del> </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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	7h		x
	required?		:	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		į	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8	1	x
	organization, have excess business holdings at any time during the year?	-	<del> </del>	1
9	Sponsoring organizations maintaining donor advised funds.	9a	t	Х
а	Did the organization make any taxable distributions under section 4966?	9b		X
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	30	<del> </del>	1 2
10	Section 501(c)(7) organizations. Enter		-	
a	Initiation fees and capital contributions included on Part VIII, line 12	-	-	
b	Gross receipts, included off offit 350, fait vin, line 12, for public use of one demands	-	1	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1Ea	+	-
Ь	Il Tes, effet the amount of tax-exempt interest received of account	Form	n <b>990</b> (	(200a)
	FFA			,/

EEA

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

			Yes	No
1a	Enter the number of voting members of the governing body	Γ	1	
b	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	Ţ	
_	any other officer, director, trustee, or key employee?	2		X
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			$\Lambda$
<i>,</i> a	· · · · · · · · · · · · · · · · · · ·	7-	v	ĺ
_	of the governing body?	7a	X	<del> </del>
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ĺ
	the year by the following		,,	ĺ
а	The governing body?	8a	X	<del></del>
b	Each committee with authority to act on behalf of the governing body?	8Ь	X	<u> </u>
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	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
eve	nue Code )			
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a		X
Ь	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		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	i
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
3	Does the organization have a written whistleblower policy?	13	X	
4	Does the organization have a written document retention and destruction policy?	14	X	
5	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	1	Х
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	- 55		
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
va	with a taxable entity during the year?	16a	ĺ	Х
_		104		
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	166	İ	
•	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed MA			
8	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 Upon request			
9	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			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ THOMAS P MCGINN TREASURER (781)551-0628			

470 WASHINGTON ST NORWOOD, MA 02062

# 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)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	Posi	tion (	chec	k all	that app	oly)	Reportable	Reportable	Estimated
	hours per week	Itd nrl dur ise vtc let de o u r a o	lue	Officer	Key employee	Hi ghe stated	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL J BALDNER					_					
TRUSTEE	5.00			X			_	0	0	0
PAUL G O'SULLIVAN			{							
TRUSTEE	5.00	X								
MOST REV DANIEL P REILLY	i.									
TRUSTER	5.00	X				ļ				
REV ROBERT KICKHAM							İ			
TRUSTEE	5.00	X		_		<u> </u>				
PETER K HEALY										
TRUSTEE	5.00			X		ļ				
THOMAS P MCGINN		)				}				
TRUSTER	5.00	X				<u> </u>				
RUSSELL A STEINBACH	1				i					
TRUSTEE	5.00	X		<u> </u>		ļ				
WILLIAM F DONOVAN										
TRUSTEE	5.00	X	_			ļ				
	1	l				Į ,	,			
							L			
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					L.					<u> </u>

Page 8

P	art VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			(	C) _			(D)	(E)	(F)		
	Name and Title	Average			_		that ap		Reportable	Reportable	1	Stimate	
•		hours per week	l t d	l t	P	K	Hce i o m	0	compensation from	compensation from related	a	mount o other	
			dur ise vtc	s u	f	y e	g mp	r m	the	organizations		mpensa	tion
		:	e t	te	e	m	e e o	e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th rganizati	
			de o	t	' '	[	tse		,,			nd relate	
			a o l r	0		y e	t e d				or	ganizati	ons
				a	ľ	е	"						
		 		<u> </u>	$\vdash$	├	<u> </u>		<del></del> .		-		
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		1											
-													
<u>1b</u>	Total							<b>&gt;</b>	0	0	L		0
2	Total number of individuals (including but not limited t	o those liste	d abo	ve) v	who	rece	eived r	nore	than \$100,000 in				
	reportable compensation from the organization											<del></del>	
_	Did the annual back and former officer disease.		1			<b>L</b>					·····	Yes	No
3	Did the organization list any <b>former</b> officer, director or employee on line 1a? If "Yes," complete Schedule J for					_					3		Х
4	For any individual listed on line 1a, is the sum of repoi											<del>  </del>	<u> </u>
•	the organization and related organizations greater that	•					-						
	ındıvıdual										4		Х
5	Did any person listed on line 1a receive or accrue con								on for				
	services rendered to the organization? If "Yes," comple						-				5	1	х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensated	ındepende	nt con	tract	ors	that	receiv	ed n	nore than \$100,000	O of			
	compensation from the organization												
	(A) (B)										(C)		
	Name and business address	s							Description of	services	Comp	ensation	<u>n</u>
_								_	<del></del>		_		
									<del> </del>				
									+				——
									<del> </del>				
2	Total number of independent contractors (including bi	ut not limited	to the	nse l	listo:	d ah	ove)	the r			<del></del>		
-	more than \$100.000 in compensation from the organization			اتور		. 40	5.5, W	.,,,,	-50,704				

Form 99	0 (200	09) <b>MA ST.</b> C	OUNCIL K. OF	C. CHARIT.	FD.		31-16818	50 Page 9
Part \	/111	Statement of Revenu	16					
+	+			11	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	<u>l</u> 1a	120,765	]			
	b	Membership dues	<u>  1b</u>		]			
Contri- butions,	С	Fundraising events	1c		]	1		
gifts,	d	Related organizations	1d		]	1		
grants	е	Government grants (contribut	ions) <b>1e</b>		]	<b>‡</b>		
and other similar	f	All other contributions, gifts, g and similar amounts not inclu	rants,					
amounts	a	Noncash contributions include			1	1		
	h	Total. Add lines 1a-1f			120,765			
				Business Code				
i	2a				i i			
	ь							
Program	ءَ ا						<del></del>	
Service Revenue	ا							
	_							
		All other program service rever	0118					
		Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)	dividenas, interest	a, and	9,672	9,672		
		Income from investment of tax			3,012			
	4							·
	5	Royalties		(II) Personal			:	
		0 0	(I) Real	(II) Personal	-{			
	1	Gross Rents			-[	1		
	1	Less rental expenses		-	-{	1		
	(	Rental income or (loss)					•	
	d	Net rental income or (loss) .		1				
	7a	Gross amount from sales of assets other than inventory	(ı) Securities	(ii) Other	-		!	
•		Less cost or other basis and sales expenses				•		
t	c	Gain or (loss)				:		
h	d	Net gain or (loss)		<u> ▶</u>			71111	,
e	8a	Gross income from fundraising	3					
•		events (not including \$						
R		of contributions reported on li	ne 1c)					
e v		See Part IV, line 18	а					
e	ь	Less direct expenses	b		_[			
n u		Net income or (loss) from fund						
ē	9a	Gross income from gaming ac	tivities					
		See Part IV, line 19	a					
	Ь	Less direct expenses	b					
		Net income or (loss) from gan						
	1	Gross sales of inventory, less						
		returns and allowances			_			
	b	Less cost of goods sold	ь		4	:	-	
	С	Net income or (loss) from sale	s of inventory	<u></u>				
		Miscellaneous Reven	ue	Business Code	_		Į.	
	11a							<u> </u>
	b						<u> </u>	ļ
	C						<u> </u>	<del> </del>
		All other revenue						
	е	Total. Add lines 11a-11d .						
		Total revenue. See instructio			130,437	9,672	] (	이

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colu				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	142,893	142,893		
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				<del></del>
0	·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<del> </del>
7	Other salaries and wages		<del> </del>		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.		·		
f	Investment management fees				
g	Other				
12	Advertising and promotion				<del></del>
13	Office expenses				<del></del>
14	Information technology		<del>-</del>		<del></del>
15	_				
	Royalties				
16	Occupancy		<del></del>		<del></del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		- <del></del>		<del></del>
19	Conferences, conventions, and meetings				
20	Interest			<u>-</u> ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses ltemize expenses not				
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )		1		
а	FUNDRAISING COSTS	13,958	13,958	<u> </u>	<del> </del>
ь	ADMINISTRATIVE FEE	15,000		15,000	
c	OFFICE AND GENERAL EXPENSE	341		341	
d			<del></del>		
e					
f	All other expenses				
,	ļ-	172 102	156 051	15 241	0
25 26	Total functional expenses. Add lines 1 through 24f  Joint Costs. Check here ▶ ☐ if following	172,192	156,851	15,341	U U
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and				
	fundraising solicitation		<u></u>		

Part X	Balance Sheet			
•		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	120,068	1	85,326
2	Savings and temporary cash investments	50,000	2	50,000
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		1 1	
1	Part II of Schedule L		6	
7	Notes and loans receivable, net	148,330	7	141,317
8	Inventories for sale or use	<u> </u>	8	
9	Prepaid expenses and deferred charges		9	
10:				
	other basis Complete Part VI of Schedule D 10a		l f	
	401		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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	318,398	16	276,643
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
L 19	Deferred revenue		19	<u> </u>
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		1	
22	employees, highest compensated employees, and disqualified		1	
,	persons Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
23	Unsecured notes and loans payable to unrelated third parties		24	
s 24	Other liabilities Complete Part X of Schedule D		25	-
25	Total liabilities. Add lines 17 through 25	0	26	
26	Organizations that follow SFAS 117, check here ▶ ☒ and		1	<del></del>
F	complete lines 27 through 29, and lines 33 and 34.	318,398	27	276,643
u 27	Unrestricted net assets	310,370	28	2.0702
d 20	Temporarily restricted net assets		29	
B 29	Permanently restricted net assets	711 1877111 110 MANUEL 1110	<del>  -3  </del>	
a	Organizations that do not follow SFAS 117, check here ▶ □		1 1	
	and complete lines 30 through 34.		30	
a 30	Capital stock or trust principal, or current funds		31	
c 31	Paid-in or capital surplus, or land, building, or equipment fund		32	
e 32			+	276 64
s 33	Total net assets or fund balances	318,398	33	276,643
34	Total liabilities and net assets/fund balances	318,398	34	276,643 Form <b>990</b> (200

Ī	Par	† XI Financial Statements and Reporting			
-				Yes	No
1	1	Accounting method used to prepare the Form 990			
		If the organization changed its methods of accounting from a prior year or checked "Other," explain in		•	
		Schedule O			
2	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	[	Х
•		Were the organization's financial statements audited by an independent accountant?		Х	
		If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	i
			-		
		If the organization changed either its oversight process or selection process during the tax year, explain in			
		Schedule O		:	
	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		į	
		X Separate basis Consolidated basis Both consolidated and separate basis		ļ	
4	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ
	-	the Single Audit Act and OMB Circular A-133?	3a		X
	ь	The second secon			
	ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

EEA

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )    A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).   A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)   A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state   A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state   An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II )   A deferal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II )   A community frust described in section 170(b)(1)(A)(v). (Complete Part II )   A norganization that normally receives (1) more than 33 1/3%, of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3%, of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )   An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization and complete lines 11e through 11th a   Type II b   Type II c   Type III Functionally integrated   Type III organization organization organization manager	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A reducal research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  A comparization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Parl II )  A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Parl II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Parl II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Parl II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Parl III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to trust or public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(2).  By checking this box, I certify that the organizations described in section 509(a)(a). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A modical or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 591 a)(a).  An organization organization after June 30, 1975 See section 593(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 593(a)(4).  An organization organized and operated exclusively to test for public safety. See section 593(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 593(a)(1) or section 593(a)(2). See section 593(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  7	
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state    An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )   A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   A community trust described to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )   An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 through 11h   a   Type I   b   Type II   c   Type III   Trunctionally integrated   d   Type III	
city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II )  A community trust described in section 170(b)(1)(A)(iv). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(a).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). (See section 509(a)(a). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A local section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III-Functionally integrated d Type III-Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box  Gill A family member of a person described in (i) above?  (iii) A family member of a person described	
section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III )  An organization organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II b Type III or Type III Functionally integrated d Type III Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (ii) or (ii) above?  (i	
described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
A community trust described in section 170(b)(1)(A)(vi). (Complete Part III )  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  10	
recepts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)    An organization organized and operated exclusively to test for public safety. See section 509(a)(4).   An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h   a	
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
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purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	
a  Type I  b  Type II  c  Type III-Functionally integrated  d  Type III-Other  e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  f  If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box	
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) Name of supported organization about the supported organization (described on lines 1-9) above or IRC section (see instructions)  (iv) Is the organization in col (i) or your support?  (vi) Is the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii)  organization in col (iiii) organization in col (iiii) organization in col (iiii) organization in col (iiiii) organization in col (iiiiii) organization in col (iiiiiiii) organization in col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  if the organization received a written determination from the IRS that it is a Type I, Type III, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  h Provide the following information about the supported organization (described on lines 1-9 above or IRC section (see instructions)  (iv) Is the organization in organi	
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box	
If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  (iii) A family member of a person described in (i) above?  (iiii) A 35% controlled entity of a person described in (i) or (ii) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (iv) Is the organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii)  organization	
organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?	_
following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?	٠ـــ
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?	
and (iii) below, the governing body of the supported organization?	
(ii) A family member of a person described in (i) above?	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	
h Provide the following information about the supported organization(s)  (i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization (v) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii)	
(i) Name of supported organization organization organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions) (iv) Is the organization (v) Did you notify the organization in col (i) of your support? (vi) Is the organization in col (i) of your support? (vii) Amount organization in col (i) organization in col (i) organization in col (ii) organization in col (iii) Type of organization (viii) Amount organization in col (iii) Type of organization (viii) Is the organization in col (iii) Type of organization (viii) Is the organization in col (iii) Is the organization in col (iii) Organization in col (iii) Organization in col (iii) Organization (viii) Amount organization in col (iii) Organization (viii) Amount organization (viii) Amount organization (viii) Amount organization (viii) Amount organization (viii) Organization (viii) Amount organization (viii) Orga	
organization (described on lines 1-9 above or IRC section (see instructions) In col (f) listed in your governing document? In col (f) organization in	
above or IRC section (see instructions) governing document? col (i) of your support? (i) organized in the U.S.?	)1
Tes No Tes No Tes No	
Total	

Schedule A (Form 990 or 990-EZ) 2009 MA ST. COUNCIL K. OF C. CHARIT. FD. Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") .... Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . Public support. Subtract line 5 from In 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)...... 11 Total support. Add lines 7 through 10 . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🗌 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (c) 2007(d) 2008 (a) 2005 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . . . . . . . . . . . 219,241 86,552 147,492 102,481 1,207,765 1,763,531 Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf. . . . . . . . . . . . . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 1,763,531 Total. Add lines 1 through 5 . . . . . . . 219,241 86,552 147,492 102,481 1,207,765 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b . . . . . . . . . . . . Public support (Subtract line 7c from line 6). . . . . . . . . . . . . . . . 1,763,531 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 . . . . . . 219,241 86,552 147,492 102,481 1,207,765 1,763,531 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 178,502 9,511 7,691 sources . . . . . . . . . . . . . . . . . 107,984 7,672 311,360 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 7,691 178,502 9,511 7,672 311,360 c Add lines 10a and 10b . . . . . . 107,984 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . Total support. (Add lines 9, 10c, 11, 2,074,891 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 % 84.99 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . . . . . . . 16 % Section D. Computation of Investment Income Percentage 17 15.01 Investment income percentage from 2008 Schedule A, Part III, line 17..... % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization	s Complete Part III			<del></del>
N	ame of organization			Employer is	dentification number
M	A ST. COUNCIL K. OF C. CHAR			31-168	
Pi		lization is exempt under se			anization.
1	Provide a description of the organization				
2	Political expenditures				
3	Volunteer hours				
P		ization is exempt under se			<u> </u>
1	Enter the amount of any excise tax incui				
2	Enter the amount of any excise tax incui				
3	If the organization incurred a section 49				
4a	Was a correction made?				. Yes No
ь					
P		ization is exempt under se		ccept section 501(c)	3).
1	Enter the amount directly expended by				
	activities				
2	Enter the amount of the filing organization				
	527 exempt function activities			· · · · · · · · · <b>&gt;</b> \$	
3	Total exempt function expenditures Add				
	line 17b				·
4	Did the filing organization file Form 1120				
5	State the names, addresses and employ				
	were made For each organization listed	, enter the amount paid from the org	ganızatıon's funds A	lso enter the amount of pol	itical
	contributions received that were prompt	•			regated
	fund or a political action committee (PAC	<ul> <li>If additional space is needed, pre</li> </ul>	ovide information in	Part IV	<u></u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

EEA

	dule C (Form 990 or 990-EZ) 2009 MA ST. COUNCIL	K. OF C.	CHARIT. FD.		31-1681	350 Page <b>2</b>
Pa	rt II-A Complete if the organization	is exempt u	nder section 50	1(c)(3) and filed	Form 5768 (ele	
	under section 501(h)).					
	Check   If the filing organization belongs to a	•				
3	Check In the filing organization checked bo			oply		
	Limits on Lobby	•			(a) Filing	(b) Affiliated
4	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence public op	_	. •			
Ь	Total lobbying expenditures to influence a legislati	•	. •			
c d	Total lobbying expenditures (add lines 1a and 1b)					
e	Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c.				<del></del>	
f	Lobbying nontaxable amount Enter the amount fr					
	columns	on the following	table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is :		
į	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000	[	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000	<b>!</b>	
	Over \$1,500,000 but not over \$17,000,000	<del>+</del>	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000			1	••••••
g	Grassroots nontaxable amount (enter 25% of line	=				
h	Subtract line 1g from line 1a If zero or less, enter					
i	Subtract line 1f from line 1c If zero or less, enter -				L	
J	If there is an amount other than zero on either line		•	•	•	
	section 4911 tax for this year?	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<del> <u>.</u></del>	Yes No
	(Some organizations that ma columns below.	ide a section 50 See the instruc	tions for lines 2a th	have to complete rough 2f on page 4		
	Lobbyin	g Expenditures	During 4-Year Aver	aging Period	<del></del>	
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of  a Volunteers?	Yes			(ь)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?		No	A	mour	nt
referendum, through the use of a Volunteers?		=			
a Volunteers?		1			
		1			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_X_			
		_X_			
c Media advertisements?		X			
<b>d</b> Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Х			
i Other activities? If "Yes," describe in Part IV		Х			
j Total Add lines 1c through 1i		1			
Did the activities in line 1 cause the organization to be not described in section $501(c)(3)^2$		X			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912	[ ]	Į			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5), d	or se	ction		
501(c)(6).				Yes	N
Were substantially all (90% or more) dues received nondeductible by members?			1		+
Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		+
Did the organization make only in-nouse lobbying expenditures of \$2,000 or less \$1.000 year?			3	├-	<del> </del> -
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					1
"Yes."  Dues, assessments and similar amounts from members		1			
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					-
a Current year		2a			
<b>b</b> Carryover from last year	[	2b			
c Total	[	2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[	3			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	Ī				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		1			
and political expenditure next year?		4			
Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					

EEA

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number	
MA	ST. COUNCIL K. OF C. CHARIT. FD.	31-1681850	
Pa	Tt   Organizations Maintaining Donor Advised Funds or Other Similar Funds or		
	the organization answered "Yes" to Form 990, Part IV, line 6	·	
	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate contributions to (during year)	<del></del>	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive legal control?		□ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other		
	purpose conferring impermissible private benefit?		□ No
Pa	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I		
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically	/ important land area	
	Protection of natural habitat  Preservation of a certified his		
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation	
_	easement on the last day of the tax year	3.133.172.131.1	
	Casemont on the last day of the tax year	Held at the End of the Tax	Year
а	Total number of conservation easements	2a	
ь	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
ď	Number of conservation easements included in (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	<del></del>	
•	the tax year	<u></u>	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
•	violations, and enforcement of the conservation easements it holds?		□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t		
_	<b>&gt;</b>	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear	
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th		
	the organization's accounting for conservation easements		
Pa	THE Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.	_
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items		
Ь	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance she	eet works of art,	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,	
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	▶ \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,		
	following amounts required to be reported under SFAS 116 relating to these items		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	▶ \$	

	lule D (Form 990) 2009 MA ST. COUNCIL					<u> </u>	31-1681			age Z
Par	t III Organizations Maintaining							sets (co	ontinue	ed)
3	Using the organization's acquisition, accession	, and other records,	check any	of the follo	wing that are a	signif	icant use of its			
	collection items (check all that apply)									
· a	Public exhibition	<b>d</b> Loa	ın or excha	nge prograi	ms					
ь	Scholarly research	e Oth	er							
С	Preservation for future generations	_								
4	Provide a description of the organization's colle	actions and explain	how they fi	urther the or	rganization's ex	empt	nurnose in			
7	Part XIV	ctions and explain			· gar ii Latio i i oʻ	.5	pa.p030			
_		accus denstrant of	art bistori	cal troacuro	s or other simi	lar				
5	During the year, did the organization solicit or r								, [	□No
	assets to be sold to raise funds rather than to be							· 🗆 '	es [	NO
Par	t IV Escrow and Custodial Arra			ganization a	answered tes	to Fo	orm 990,			
	Part IV, line 9, or reported an amou									
1a	Is the organization an agent, trustee, custodian									
	included on Form 990, Part X?							. 🗌 Y	'es [	No
Þ	If "Yes," explain the arrangement in Part XIV ar	nd complete the follo	owing table							
							Amo	unt		
c	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For	m 990. Part X. line 2	217					. N	'es [	No
	If "Yes," explain the arrangement in Part XIV	,						_		
Par		if the organization a	answered "	Yes" to Form	m 990. Part IV.	line 1	0			
F 521	Eliasvillett i alias. Complete	(a) Current year	(b) Pri		(c) Two years ba		(d) Three years back	(e) Fou	r vears l	back
4.	Beginning of year balance	(a) Current year	(2) 1	or year		·············		1 (7)		
1a				<del></del>				+	·····	
b	Contributions	<del>-</del>						<del> </del>		
С	Net investment earnings, gains, and losses .							<del></del>	<del></del>	
d	Grants or scholarships		<del>                                     </del>		411-117					<del>.,.,.</del>
е	Other expenditures for facilities			ļ						
	and programs				,		· '			
f	Administrative expenses							<b>_</b>		
g	End of year balance									
2	Provide the estimated percentage of the year e	end balance held as								
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ▶ %	- <del></del>								
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are	held and a	dministered fo	r the				
	organization by	·							Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
ь	If "Yes" to 3a(II), are the related organizations li							3b		
4	Describe in Part XIV the intended uses of the c								l	<u>.                                    </u>
<u> </u>	rt VI Investments - Land, Build				0 Part X line	10				
FA	······································			· ·						
	Description of Investment	(a) Cost or o			or other		ccumulated	( <b>a</b> ) Bo	ok value	•
_		(Investr	nent)	Dasis	(other)	ue	preciation			_
1a	Land									
Ь	Buildings				<del></del>					
С	Leasehold improvements									
d	Equipment									
e_	Other			<u></u>						
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column	(B), line 10	(c))					

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation  Cost or end-of-year market value
Financial deriva	itives		
	quity interests		
Other .	•		
		<del>-  </del>	
<del></del>		<del></del>	
		<del></del>	
Total. (Column (b)	must equal Form 990, Part X, col (B) line 12)	<b>•</b>	
Part VIII	Investments - Program Relat		
A such h chel			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	<del></del>		
			<del></del>
<del></del>	<del></del>		<del></del>
<del></del>			
	must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	
Part IX	Other Assets. See Form 990, Part 2	K, line 15	
		(a) Description	(b) Book value
<del></del>			
	<del></del>		
		<del></del>	
	(b) must equal Form 990, Part X, col (B)		· · · · · · · · · · · · · · · · · · ·
Part X (	Other Liabilities. See Form 990, Pa	rt X, line 25.	
1	(a) Description of liability	(b) Amount	**************************************
Federal income			
	must equal Form 990, Part X, col (B) line 25)		

	dule D (Form 990) 2009 MA ST. COUNCIL K. OF C. CHARIT. FD.	31-1681850	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	130,437
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	172,192
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(41,755)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(41,755)
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	<del></del>
1	Total revenue, gains, and other support per audited financial statements	1	130,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities	-	
С	Recoveries of prior year grants	7 1	
d	Other (Describe in Part XIV )	一 !	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	130,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<del></del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIV )	┥ ;	
c	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	130,437
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	172,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	1 1	
ь	Prior year adjustments	<b>- </b>	
c	Other losses	-	
ď	Other (Describe in Part XIV )	<b>- </b>	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	172,192
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del></del>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV )	- ]	
c	Add lines <b>4a</b> and <b>4b</b>	-  <sub>4c</sub>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	172,192
	rt XIV   Supplemental Information		2,2,232
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	<u> </u>	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	-	
	part to provide any additional information		
<u></u>			<del></del>
		<u> </u>	

SCHEDULE I (Form 990)		Gral Gover	nts and Other nments, and Ir	Assistance to adividuals in	Governments, and Individuals in the United States	s, tes		OMB No 1545-0047
		Complete	f the organization ans	wered "Yes," to For	Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.	or 22.		Open to Public
Department of the Treasury Internal Revenue Service			•	► Attach to Form 990.				Inspection
1							Employer identification number	n number
MA ST. COUNCIL K. OF C. CHARIT. FD.	tion on Grants	and Assista	Jce				DESTROT-TE	
1 Does the organization maintain records to substantiate the amount of the	ain records to subs	tantiate the amou		stance, the grantees'	grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and		
the selection criteria used to award the grants or assistance?	award the grants o	ir assistance? .				:		. 🛚 Yes 🖺 No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nization's procedure	es for monitoring	the use of grant funds	in the United States				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	r Assistance to	o Governme	nts and Organizat	tions in the Unit	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization	te if the organization answithan \$5,000 Use	vered "Yes" to	
Part IV and Schedule I-1 (Form 990) if additional space is needed · · · · ·	1-1 (Form 990) if ac	ditional space is	needed					<b>▲</b> · · · · · · · · · · · · · · · · · · ·
1 (a) Name and address of organization or government	ation	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		15 15 15 15 15 15 15 15	}					
						;		
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	n 501(c)(3) and goo	vernment organiz	ations				A A	
₽	Reduction Act No	Notice, see the Ins	tructions for Form 99	0	EEA		<i>x</i>	Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 31-1681850 m 990) 2009 MA ST. COUNCIL K. OF C. CHARIT. FD.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (bcok, FMV, appraisal, other) non-cash assistance (d) Amount of EEA (c) Amount of cash grant ALL GRANTS ARE MONITORED AND APPROVED BY THE BOARD OF TRUSTEES. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of recipients 01. Monitoring procedures (Part I, line 2) (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

## SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer Identification number
MA ST. COUNCIL K. OF C. CHARIT. FD.	31-1681850
01. Member election for additional members (Part VI, line 7a)	
TRUSTEES ARE ELECTED AT THE ANNUAL CONVENTION OF THE MASSACHUSETTS STATE OF	COUNCIL KNIGHTS
OF COLUMBUS BY DELEGATES REPRESENTING THE APPROXIMATELY 260 COUNCILS IN THE	IE JURISDICTION
OF MASSACHUSETTS.	
02. Governing body decisions (Part VI, line 7b)	
GOVERNING BODY DECISIONS ARE AFFIRMED BY VOTE OF THE ANNUAL MEETING OF THE	DELEGATES FROM
THE APPROXIMATELY 260 COUNCILS IN THE JURISDICTION OF MASSACHUSETTS.	
03. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF TRUSTEES REVIEWED THE 990 BEFORE FILING.	
04. Conflict of interest policy compliance (Part VI, line 12c)	
THE BOARD OF TRUSTEES IS SUBJECT TO THE CONSTITUTION AND BY LAWS OF THE SU	PREME COUNCIL OF
THE KNIGHTS OF COLUMBUS AND ACCORDINGLY CONSTANTLY MONITORED BY SUPREME RE	PRESENTATIVES
FOR COMPLIANCE.	
05. Governing documents, etc, available to public (Part VI, line 19)	
ALL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE OFFICES OF THE MA	SSACHUSETTS
STATE COUNCIL KNIGHTS OF COLUMBUS AT 470 WASHINGTON ST, NORWOOD, MA DURING	NORMAL BUSINESS
HOURS - 9 TO 5 MONDAY THROUGH FRIDAY.	

# SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

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Open to Public inspection

COUNCIL K OF C COUNCIL K OF C Schedule R (Form 990) 2009 Direct controlling entity Direct controlling MA STATE MA STATE entity  $\mathbf{\Xi}$ Employer identification number SAME 31-1681850 Public charity status (if section 501(c)(3)) End-of-year assets **e e** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it YES 8 8 Exempt Code section Total income 501(C)(8) 502 (C) (2) 501(C)(3) Ŧ T Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) Legal domicile (state Legal domicile (state or foreign country) or foreign country) EEA ğ ¥ ğ છ છ SUPPORT OF DISABLED OWNERSHIP OF REAL FRATERNAL BENEFIT Primary activity Primary activity INDIVIDUALS 9 PROPERTY For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. had one or more related tax-exempt organizations during the tax year ) MA STATE COUNCIL K OF C CHARIT 04-0616108 Name, address, and EIN of related organization MA STATE COUNCIL K OF C BUILD 04-2893855 Name, address, and EIN of disregarded entity MA ST. COUNCIL K. OF C. CHARIT. FD. MA STATE COUNCIL K OF C 04-1591157 470 WASHINGTON ST, 02062 470 WASHINGTON ST, 02062 470 WASHINGTON ST, 02062 Internal Revenue Service Name of the organization Part II Part

Page 2

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax vear.)

	9	General or managing partner?	8	 _					Œ	Percentage ownership						
	_		Yes	-		-	 _		_	Perce						
<i>*</i>	(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						Part IV,	(b)	Share of end-of-year assets	:					
מונ וע, ווופ	Ē	Disproportionate allocations?	S No					Form 990,	_				192			_
, ,	_	Disp	Yes	 -	_	<u> </u>		es. on		otal inco		<b>,</b>	172,192			
5	(b)	Share of end-of-year assets			:			Inswered "Y	<b>E</b>	Share of total income						
		Share of		<u> </u>		ĺ		ganization a	(e)	Type of entity (C corp, S corp, or trust)	J			i		
		исоше						f the or		7ype					 	
	( <b>J</b> )	Share of total income						<b>ust</b> (Complete	( <b>Q</b> )	Direct controlling entity	į					
bartnership during the tax year )	(e)	Predominant income (related, unrelated, excluded from tax under sections	512-514)					as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, d as a corporation or trust during the tax year.)	(2)	Legal domicile (state or foreign country)						T.
	(P)	Direct controlling entity							( <b>q</b> )	Primary activity						
izations treat	(2)	Legal domicile (state or foreign country)						izations T								
more related organ	( <b>p</b> )	Primary activity						Related Organ		related organization						
because it had one or more related organizations treated as a	(a)	Name, address, and EIN of related organization						Identification of Related Organizations Taxable	(a)	Name, address, and EIN of related organization						
Part III		Name, addi related						Part IV		Z.						

Page 4

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ூ Disproportionate allocations? £  $\mathbf{\Xi}$ Yes Share of end-of-year assets **e** Are all partners section 501(c)(3) organizations? Yes No or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Legal domicile (state or foreign country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

Form 8868 (R	v 4-2009)		Page 2
If you are f	ing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box	<b>&gt;</b> 🛚 🛣
Note. Only co	mplete Part II if you have already been granted an automatic 3-month extension on a previously file	ed Form 8868	3
<u> </u>	ing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies neede	ed)
Type or	Name of Exempt Organization	Employer iden	tification number
print	MA ST. COUNCIL K. OF C. CHARIT. FD.	<u> 31-168</u>	1850
File by the extended	Number, street, and room or suite no If a P O box, see instructions	For IRS use on	ly
due date for	470 WASHINGTON ST.	·	· · · · · · · · · · · · · · · · · · ·
filing the return See	City, town or post office, state, and ZIP code For a foreign address, see instructions		
instructions	NORWOOD, MA 02062		
	return to be filed (File a separate application for each return)		
X Form 990	☐ Form 990-PF ☐ Form 1041-A		Form 6069
☐ Form 990-			☐ Form 8870
Form 990-		<del></del>	
	complete Part II if you were not already granted an automatic 3-month extension on a previous	ously filed F	orm 8868.
	are in the care of ▶ THOMAS MCGINN TREASURER		
-	No ▶ 781-551-0628 FAX No ▶		
	ization does not have an office or place of business in the United States, check this box		▶ ∐
	a Group Return, enter the organization's four digit Group Exemption Number (GEN)	lf this is	
	group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a		
	mes and EINs of all members the extension is for		
	t an additional 3-month extension of time until 03-15, 2011	0.4	20 0010
	ndar year, or other tax year beginning05-01_, 2009 and ending		<u>30</u> , 20 <u>10</u>
		je in accounti	ng period
_	detail why you need the extension	TT NOT	
	RMATION NECESSARY TO PREPARE A COMPLETE RETURN WI	TT NOT	
<u> </u>	VAILABLE FOR ANOTHER 4 WEEKS.		
- K - I	4 5 - 200 Pl 000 PF 000 T 4700 - C000 onter the tenteture toy	<del></del>	
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	8a	\$
	nonrefundable credits. See instructions	Oa .	-
	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	d tax payments made Include any prior year overpayment allowed as a credit and any	8b	\$
	paid previously with Form 8868	00	
	Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit	s 8c	\$
with FI	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instruction		
Hadar sa!k	Signature and Verification of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best	of my knowled	ge and helief
	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best and complete, and that I am authorized to prepare this form	or my knowled	go and boller,
Signature >	Title ▶	Date 🕨	
EEA		For	m 8868 (Rev 4-2009)

EEA