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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

7/1/2009

, and ending

6/30/2010

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

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

C Name of organization
KNIGHTS OF COLUMBUS WASHINGTON COUNCIL #359

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

13 SOUTH STREET

City, town, or country

State

ZIP + 4

MORRISTOWN

NJ

07960-4131

D Employer identification number

22-0833975

E Telephone number

(973) 267-9175

F Group Exemption

Number ► 0188

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method
 Cash Accrual
 Other (specify) ►

I Website: ► n/a

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 61,006

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

1	Contributions, gifts, grants, and similar amounts received	1	48,957
2	Program service revenue including government fees and contracts	2	8,254
3	Membership dues and assessments	3	3,795
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	0
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	0
7a	Gross sales of inventory, less returns and allowances	7b	0
b	Less cost of goods sold	7c	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0
8	Other revenue (describe ►)	9	61,006
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule)	10	31,132
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Attached Statement)	16	27,270
17	Total expenses. Add lines 10 through 16	17	58,402
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,604
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,178
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,782

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22	7,178	22
23		23
24	0	24
25	7,178	25
26	0	26
27	7,178	27

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? FRATERNAL & CHARITABLE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

**28 SUPPORT TO SOCIAL SERVICES, RELIGIOUS, YOUTH ORGANIZATIONS & SCHOLARSHIPS
UNABLE TO DETERMINE NUMEROUS PEOPLE IN NEED, YOUTH & ELDERLY**

(Grants \$) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign grants, check here

30

If this amount includes foreign grants, check here.

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here ► 31a 0

32 Total program service expenses. (add lines 28a through 31a) ► **32**

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes No
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes No
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T Yes No
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
 b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Yes No
 b Did the organization file Form 1120-POL for this year? Yes No
 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes No
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 39 Section 501(c)(7) organizations Enter. Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
 b Gross receipts, included on line 9, for public use of club facilities Yes No
 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a ; section 4912 ► 40b , section 4955 ► 40c Yes No
 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes No
 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes No
 41 List the states with which a copy of this return is filed ► Yes No
 42 a The organization's books are in care of ► 42a J D POLING Telephone no ► 42a (973) 451-1617
 Located at ► 42a 13 SOUTH STREET City 42a MORRISTOWN ST 42a NJ ZIP + 4 ► 42a 07960-4131 Yes No
 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No
 If "Yes," enter the name of the foreign country ► 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
 If "Yes," enter the name of the foreign country ► 42c Yes No
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A Yes No
 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No

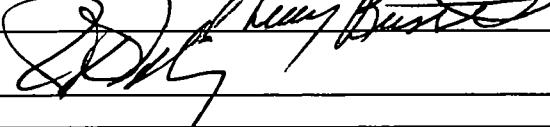
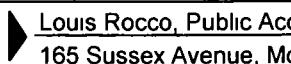
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position		(c) Compensation		(d) Contributions to employee benefit plans & deferred compensation		(e) Expense account and other allowances	
Name	None	Str		Title					
City		ST	ZIP	Hr/WK	00	0	0	0	0
Name		Str		Title					
City		ST	ZIP	Hr/WK	.00	0	0	0	0
Name		Str		Title					
City		ST	ZIP	Hr/WK	00	0	0	0	0
Name		Str		Title					
City		ST	ZIP	Hr/WK	00	0	0	0	0
Name		Str		Title					
City		ST	ZIP	Hr/WK	00	0	0	0	0
f	Total number of other employees paid over \$100,000 ►								

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000				(b) Type of service		(c) Compensation			
Name	None	Str							
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
d	Total number of other independent contractors each receiving over \$100,000 ►								

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge						
	 Signature of officer J D POLING, TREASURER		Date 9/22/2010		Preparer's identifying number (See instructions)		
Paid Preparer's Use Only	Preparer's signature  Louis Rocco, PA	Date 9/17/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)			
	Firm's name (or yours if self-employed), address, and ZIP + 4  Louis Rocco, Public Accountant 165 Sussex Avenue, Morristown, NJ 07960	EIN ►	Phone no ► (973) 267-5229				

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

► Yes X No

KNIGHTS OF COLUMBUS - WASHINGTON COUNCIL #359

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

FISCAL YEAR 2009 (7/1/09 TO 6/30/10)

SCHEDULE A

OPENING CASH BALANCE		\$7,178.11
RECEIPTS		990-EZ LINE #
BEEF STEAK DINNER	10,262.75	1
SCHOLARSHIPS	6,000.00	1
CHARITY COLUMBUS	30,215.53	1
CONTRIBUTIONS	286.00	1
OTHER	4.80	1
RED ROSE DRIVE	1,614.00	1
PANCAKE B'FAST	<u>574.00</u>	1
SUBTOTAL OF LINE #1		48,957.08
CHAPTER ONE	4,074.01	2
CHARITY MANIA	1,345.00	2
PRIEST/FLAGSHIP	<u>2,535.00</u>	2
SUBTOTAL OF LINE #2		8,254.01
DUES	<u>3,795.00</u>	3
SUBTOTAL OF LINE #3		<u>3,795.00</u>
TOTAL REVENUES FOR YEAR (LINE #9)		<u>\$61,006.09</u>
TOTAL AVAILABLE CASH		<u>\$68,184.20</u>

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

FISCAL YEAR 2009 (7/1/09 TO 6/30/10)

SCHEDULE A

	TOTAL AVAILABLE CASH (FROM PAGE #1)	\$68,184.20
<u>DISBURSEMENTS</u>		990-EZ LINE #
SCHOLARSHIPS	6,000 00	10
CHARITY PROGRAMS	25,132 31	10
SUBTOTAL OF LINE #10		31,132.31
SUPREME PER CAPITA	1,773 09	16
NJ PER CAPITA	685.59	16
PATTERSON DUES	50 00	16
POSTAGE/SUPPLIES	1,737.82	16
CHAPTER ONE	2,230 00	16
MEETING EXPENSES	1,454 65	16
ST PATRICK'S DAY	1,909 39	16
PRIESTS	840.00	16
FLAGSHIP BALL	825.00	16
DRIVE	2,639.83	16
PANCAKE B'FAST	238.25	16
RED ROSE DRIVE	1,614.00	16
BEEF STEAK DINNER	9,558 24	16
VA VISITS	791 35	16
CHARITY MANIA	623 00	16
NEIGHBORHOOD HOUSE	300 00	16
SUBTOTAL OF LINE #16		<u>27,270.21</u>
TOTAL DISBURSEMENTS FOR YEAR (LINE #17)		<u>\$58,402.52</u>
NET ASSETS OR FD BALANCE AT YR END (LINE #21)		<u>\$9,781.68</u>