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A For the 2010 calenda<u>r year, or tax year beginning 01-01-2010</u>

C Name of organization

KNIGHTS OF COLUMBUS 860

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite 614 N MAIN

DLN: 93492145003061

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Name change

Initial return

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Short Form

Return of Organization Exempt From Income Tax

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

and ending 12-31-2010

Open to Public Inspection

D Employer identification number

37-0260421

E Telephone number

Γ_{T}	emina	ted			(217) 46	55-108	5
	mende	d return	City or town, state or country, and ZIP + 4 PARIS, IL 61944		F Group Exemptio Number ►	n	
Α	pplicati	on pending			Number F		
	COUN	tıng method	Cash Accrual Other (specify)				
		≥:► N/A	Cash F Accidan Other (Specify) P		H Check ► F	f the c	organization is not
J Tax	-Exem	npt status(check	only one)— 501(c)(3) 501(c)(8) 4(insert no) 4947(a)(1) or 501(c)(8)	527	required to atta (Form 990, 99	ach S	chedule B
K C H	neck F	If the orga	anization is not a section 509(a)(3) supporting organization and i	ıts gross			
	-		-EZ or Form 990 return is not required though Form 990-N (e-po	ostcard)	may be required (so	ee ins	tructions) But if the
			to file a return, be sure to file a complete return o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or	ıf total ass	sets (Part II, line 25, colu	ımn (B) below) are \$500,000 or
more	,	Form 990 instead			► \$		99,582
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Base or Fu		•	ons fo	or Part I) 🔽
	1		s, gifts, grants, and similar amounts received			1	4,552
	2		vice revenue including government fees and contracts			2	,
	3	Membership	dues and assessments			3	3,759
	4	Investmentı	ncome	•		4	19,667
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b	0		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
Rey	6	Gaming and f	fundraising events				
	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000) 🕏	6a	7,357		
	ь	reported on I	e from fundraising events (not including \$ <u>35,963</u> of contribution ine 1) (attach Schedule G if the sum of such gross income and co		_		
	С	Less direct	expenses from gaming and fundraising events	6с	22,436		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6	b and su	ıbtract lıne 6c)	6d	20,884
	7a	Gross sales	of inventory, less returns and allowances	7a	28,284		
	ь	Less cost of	fgoods sold	7b	20,703		
	с	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7 a)			7c	7,581
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	56,443
	10	Grants and s	ımılar amounts paid (list in Schedule O)		•	10	7,865
	11	Benefits paid	l to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
S e S	13	Professional	fees and other payments to independent contractors			13	890
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	23,854
Ë	15	Printing, pub	lications, postage, and shipping			15	193
	16	·	ses (describe in Schedule O)	•	•	16	13,282
	17	Total expens	ses. Add lines 10 through 16			17	46,084
B o	18	•	eficit) for the year (Subtract line 17 from line 9)			18	10,359
15S(19		r fund balances at beginning of year (from line 27, column (A)) (r	nust agr	ee with		
Net Assets		•	figure reported on prior year's return)			19	228,509
Z	20	-	es in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets o	rfund balances at end of year Combine lines 18 through 20		•	21	238,868

Check if the organization used	Schedule O to respond to	any question in this Pa	rt II		<u>୮ .</u>
(See the instruct	tions for Part II)	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			228,509	22	238,86
23 Land and buildings			·	23	·
24 Other assets (describe in Schedule O)			24	
25 Total assets		🗀	228,509	25	238,86
26 Total liabilities (describe in Schedule	0)		·	26	,
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21)	228,509	27	238,86
Part III Statement of Program Check if the organization used	-		art III .	1 '	Expenses quired for section 50
What is the organization's primary exempt TO AID THE LOCAL COMMUNITY Describe what was achieved in carrying ou describe the services provided, the numbe program title	t the organization's exempt	•	•	orga 494	3) and 501(c)(4) anizations and section 7(a)(1) trusts, onal for others)
28 SCHOLARSHIPS (Grants \$ 2,850) If the	s amount includes foreign (grants, check here .	▶┌	28a	
29 CHURCH AND SCHOOL ACTIVITIES (Grants \$ 450) If thi	s amount includes foreign (grants, check here .	▶┌	29a	
30 COMMUNITY ACTIVITIES (Grants \$ 4,565) If the	s amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) . . . s amount includes foreign (grants, check here	▶ 广	31a	
32 Total program service expenses (add lin	es 28a through 31a) .		. . ▶	32	7,86
Part IV List of Officers, Directors, Tru Check if the organization used				truction	s for Part IV)
	(b) Title and average	(c) Compensation	(d) Contributions	s to	(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit p		
	devoted to position	enter -0)	deferred compens	atıon	other allowances

Ра	rt v	Other Information (Note the statement requirements in the instr				
		Check if the organization used Schedule O to respond to any question in this	Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Yestion of each activity in Schedule O		33	103	No
34	of the a	ny significant changes made to the organizing or governing documents? If "Yeamended documents if they reflect a change to the organization's name. Other alle O (see instructions)	wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 190-T	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or war or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
b	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	= -	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions 🕨	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		Νο
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		Νo
b	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39	Section	501(c)(7) organizations. Enter				
а	Initiati	on fees and capital contributions included on line 9	39a 0			
b	Gross	receipts, included on line 9, for public use of club facilities	39b 0			
40a	Section	501(c)(3) organizations. Enter amount of tax imposed on the organization during	ng the year under			
	section 4	4911 ▶, section 4912 ▶, section 4955 ▶	·			
b	transa	501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	r year that has not been	40b		
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on orgoralised persons during the year under sections 4912, 4955, and 4958		400		
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein	nbursed by the			
e		anızatıons. At any tıme durıng the tax year, was the organızatıon a party to a pr ction? If "Yes," complete Form 8886-T		40e		Νo
41	List the	states with which a copy of this return is filed 🕨 IL				
42a	The or	rganızatıon's books are ın care of ▶ BRADLEY D CASH	Telephone no	(21	7)465	-5382
	Locate	621 W JASPER ST ed at ► PARIS, IL	ZIP + 4	► 6∶	1944	
h		time during the calendar year, did the organization have an interest in or a sig				
		financial account in a foreign country (such as a bank account, securities acc			Yes	No
	accour			42b		No
		," enter the name of the foreign country				
	Financ	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.	-			
c	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕒				_
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ 「
					Yes	No
44a		e organization maintain any donor advised funds? If "Yes", Form 990 must be co	empleted instead of			
	Form 9:			44a		Νo
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' i</i> I of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the yea	ar?	44c		No
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? Idule O	If 'No,' provide an explanation	44d		No

orm 990	-EZ (2010)							Page
							Yes	No
	any related organization a controlle , 'Form 990 and Schedule R must be		-	of section 51	12(b)(13)? <i>If</i>	45		No
	the organization receive any payn aning of section 512(b)(13)? <i>If 'Ye</i>		·		•	45a		No
	the organization engage, directly didates for public office? If "Yes,"			oehalf of or ı	n opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) nor	nexempt	charitable tri		nly.	I NO
	All section 501(c)(3) organ 47-49b and 52.			_			-	stions
	Check if the organization used	l Schedule O to respond	to any question in this I	Part VI .			•	.Γ
							Yes	No
7 Dıd	the organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
B Ist	he organization a school described	d ın section 170(b)(1)(A	(II)? If "Yes," complete	Schedule E		48		
9a Did	the organization make any transfe	rs to an exempt non-ch	arıtable related organıza	tion?		49a		
b If"Y	Yes," was the related organization	a section 527 organizat	tion?			49b		
	mplete this table for the organization							
	ployees) who each received more t	(b) Title and average			tributions to		e) Expe	nse
	e and address of each employee and more than \$100,000	hours per week devoted to position	(c) Compensation	employee	benefit plans & compensation	a	count a	and
		across or position						
ONE								
0(f) To	otal number of other employees pa	ıd over \$100,000 .				••••••••••••••••••••••••••••••••••••••		
0(f) To	otal number of other employees pa	ıd over \$100,000 .				• <u> </u>		
1 Com	nplete this table for the organization	on's five highest comper	•	ractors who	• • each received m	nore th	an \$10	0,000
1 Com		on's five highest comper n If there is none, enter	"None"		each received n		an \$10 Compen	
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Com of co (a) [nplete this table for the organization	on's five highest comper n If there is none, enter	"None"					
1 Comofice (a) PONE	nplete this table for the organization ompensation from the organization Name and address of each independent cotal number of other independent c	on's five highest comper If there is none, enter Indent contractor paid mo	"None " ore than \$100,000 ng over \$100,000 .	(b) Typ	e of service	(c) C	ompen	sation
1 Com of co (a) P ONE	mplete this table for the organization ompensation from the organization Name and address of each indeper	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	(c) C	ompen	sation
1 Com of co (a) P ONE	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schenust attach a completed Schedule	on's five highest comper on If there is none, enter indent contractor paid mo contractors each receiving indule A? NOTE: All Section	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	ompen aritable 'es	sation trusts No
1 Com of co (a) i ONE 1(d) To moder pensowledge	mplete this table for the organization ompensation from the organization Name and address of each independent of the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete in the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete in the organization comp	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	aritable res of my	trusts
1 Comofice (a) [ONE 1(d) To moder pensowledge	mplete this table for the organization ompensation from the organization Name and address of each independent of the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete in the organization of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete in the organization comp	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	aritable res of my	trusts
1 Comofice (a) F	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schemust attach a complete	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service	npt cha	aritable res of my	trusts
1 Com of co (a) F ONE 1(d) To 2 D m oder pensowledge owledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete.	on's five highest compendent of there is none, enterndent contractor paid more ontractors each receiving the second of the secon	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organization	(b) Typ	e of service 7(a)(1) nonexen tatements, and to all information of	npt cha	aritable res of my	trusts
1 Com of co (a) F ONE 1(d) To 2 D m owledge owledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schemust attach a completed Schemust attach a completed Schemust attach a complete Schemust attach a complete Schemust attach a completed Schemust attach a completed Schemust attach a complete Schemust attach a completed Schemust attach a complete Schemust attach a completed Schemust attach a complete Schemust a	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 dedules and s is based on	e of service	npt cha p the be which	aritable (es	trusts No
1 Com of co (a) f ONE 1(d) To 2 D m	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete. Detail number of other independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete schemust attach a complete schemust attach	on's five highest comperation of property of the second contractor paid months and the second contractors each receiving the second contractors. A second complete contractor of property of the second contractor	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 dedules and sis based on	e of service 7 (a)(1) nonexen tatements, and to all information of one of the control of the c	npt cha p the be which	aritable (es	trusts No r has a
1 Comofice (a) PONE 1(d) To Dom 2 Dom ider pensowledge owledge	potal number of other independent condition of the organization complete. The organization complete Schemust attach a completed Schedule of the organization of the o	on's five highest comper If there is none, enterndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ ons and 494 dedules and s is based on	e of service	npt cha p the be which	aritable (es	trusts No r has a

DLN: 93492145003061

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

KNIGHTS OF COLUMBUS 860 37-0260421 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 RAFFLE (event type)	(b) Event #2	(c) O ther Events	(d) Total Events (Add col (a) through col (c))
Φ					(total number)	
Revenue	1	Gross receipts	31,736	5		31,736
Rev	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	31,736	5		31,736
	4	Cash prizes	15,000			15,000
en	5	Non-cash prizes				
ńse	6	Rent/facility costs				
Expenses	7	Food and beverages				
Drea	8	Entertainment				
ឨ	9	Other direct expenses .	952	2		952
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		15,952
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		15,784
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %	_
	7	Direct expense summary Add lines		•		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	<u> </u>	
9		ter the state(s) in which the organiza				
a		the organization licensed to operate		h of these states?		· Fyes Fno
b	If"	No," Explain				
10a b		re any of the organization's gaming Yes," Explain			the tax year?	· · Fyes FNo

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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As Filed Data -

DLN: 93492145003061

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
KNIGHTS OF COLUMBUS 860

Employer identification number

37-0260421

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	DUES & SUBSCRIPTIONS \$87

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	PEST CONTROL \$350

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	BANK SERVICE CHARGES \$461

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	TELEPHONE \$952

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	REFUNDS \$2675

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	MISCELLANEOUS \$2756

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	TAXES & LICENSES \$5361	

ldentifier	Return Reference	Explanation	
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$250	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$390

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 37-0260421

Name: KNIGHTS OF COLUMBUS 860

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DENNIS LEWSADER 18866 CLINTON ROAD PARIS,IL 61944	RECORDER 1 00	0		
THOMAS M BLANFORD 420 W COURT ST PARIS,IL 61944	Treasurer 8 00	0		
BRADLEY D CASH 621 W JASPER ST PARIS,IL 61944	FINANCIAL SECY 16 00	0		
MATTHEW A SULLIVAN 16348 E 1375TH RD PARIS,IL 61944	GRAND KNIGHT 8 00	0		