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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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 , 2009, and ending , 20

B Check if applicable.	C Name of organization KNIGHTS OF COLUMBUS COUNCIL #1313		D Employer identification number 23-7541254
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number 303-772-0620
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4		F Group Exemption Number ►
<input type="checkbox"/> Terminated	P.O. BOX 598 LONGMONT, CO 80502		
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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

I Website: ►

J Tax-exempt status (check only one) — 501(c) (8) (insert no.) 4947(a)(1) or 527K 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 ► \$ **173,554**

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	507
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	3440
4	Investment income	4	5184
5a	Gross amount from sale of assets other than inventory	5a	120876
b	Less: cost or other basis and sales expenses	5b	168145
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <i>STMT 1</i>	5c	47269
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input checked="" type="checkbox"/>		
a	Gross revenue (not including \$ <i>17</i>) <i>STMT 1</i> of contributions reported on line 1	6a	27672
b	Less: direct expenses other than fundraising expenses	6b	11797
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) <i>STMT 2</i>	6c	15875
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold <i>17</i>	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► <i>STATEMENT 3</i>)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► <i>STMT 3</i>	9	-22263
10	Grants and similar amounts paid (attach schedule)	10	
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	6000
15	Printing, publications, postage, and shipping	15	360
16	Other expenses (describe ► <i>STATEMENT 3</i>)	16	19363
17	Total expenses. Add lines 10 through 16 ► <i>STMT 4</i>	17	25723
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-47986
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	304606
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ► <i>STMT 5</i>	21	256620

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	Cash, savings, and investments	22453	22
23	Land and buildings		23
24	Other assets (describe ► <i>STATEMENT 4</i>)	282153	24
25	Total assets. Add lines 22, 23, and 24 ► <i>STATEMENT 5</i>	304606	25
26	Total liabilities (describe ► <i>STATEMENT 5</i>)		26
27	Net assets or fund balances (line 25 of column (B) must agree with line 21)	304606	27

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

What is the organization's primary exempt purpose? STATEMENT 5

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 SCHOLARSHIPS TO QUALIFIED INDIVIDUALS ATTENDING INSTITUTIONS OF HIGHER LEARNING

28a

29 DONATIONS OF TIME AND FUNDS TO CATHOLIC CHARITIES

29a

30 DONATIONS OF FUNDS TO OTHER CHARITABLE ORGANIZATIONS

30a

31 Other program services (attach schedule)

31a

32 Total program service expenses (add lines 28)

instru

(a) Name and address _____ (b) Title _____

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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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

STATEMENT 6

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	✓
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?	35b	✓
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	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
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		
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		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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.	40e	✓
41 List the states with which a copy of this return is filed. ► COLORADO		
42a The organization's books are in care of ► THOMAS WEBER Located at ► 209 SORENTO PLACE, LONGMONT, CO	Telephone no. ► 303-776-4603 ZIP + 4 ► 80501	
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)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	✓
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

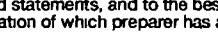
Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
49b		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."		

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."

d Total number of other independent contractors each receiving over \$100,000 . . ►

Sign Here	<p>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</p> <div style="text-align: center; margin-top: 10px;">  Signature of officer </div> <div style="text-align: right; margin-top: 10px;">  Date </div> <div style="text-align: center; margin-top: 10px;">  CHRIS H. TORNOW </div> <div style="text-align: center; margin-top: 10px;">  CHANCELLOR </div> <p>Type or print name and title</p>	
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Paid Preparer's Use Only	Preparer's signature 	Date	Check if self- employed  <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 			EIN 
			Phone no 	

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 Tootsie Roll Sales (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7374	6700	14074
	2 Less: Charitable contributions			
	3 Gross income (line 1 minus line 2)	7374	6700	14074
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages		128	128
	8 Entertainment			
	9 Other direct expenses	829	2530	3359
	10 Direct expense summary. Add lines 4 through 9 in column (d)			(3487)
	11 Net income summary. Combine line 3, column (d), and line 10			10587

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			6226
Direct Expenses	2 Cash prizes			3500
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			31
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			(3531)
	8 Net gaming income summary. Combine line 1, column d, and line 7			2695

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>Colorado</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a	✓
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:	10a	✓
11 Does the organization operate gaming activities with nonmembers?	11	✓
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	✓

FORM 990EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 1
DESCRIPTION	GROSS <u>SALES PRICE</u>	COST OR <u>OTHER BASIS</u>	EXPENSE <u>OF SALE</u>	NET GAIN <u>OR (LOSS)</u>
GENWORTH 650	40,845	57,501	0	(16,656)
GENWORTH 651	51,982	73,726	0	(21,743)
GENWORTH 652	<u>28,048</u>	<u>36,918</u>	<u>0</u>	<u>(8,870)</u>
TO FORM 990EZ, PART I, LINE 5	<u>120,876</u>	<u>168,145</u>	<u>0</u>	<u>(47,269)</u>

FORM 990EZ	SPECIAL EVENTS AND ACTIVITIES			STATEMENT 2
DESCRIPTION OF EVENT	GROSS <u>RECEIPTS</u>	CONTRIB. <u>INCLUDED</u>	GROSS <u>REVENUE</u>	DIRECT <u>EXPENSES</u>
TOOTSIE ROLL SALES	7,374		7,374	829
RAFFLE	6,226		6,226	3,531
BREAKFASTS	4,325		4,325	2,381
YARD SALE	196		196	51
MEN & BOYS	433		433	337
GOLF TOURNAMENT	6,700		6,700	2,658
MOTHER & DAUGHTER	254		254	254
ODYSSEY OF THE MIND	864		864	430
CHRISTMAS MAGNETS	100		100	270
FOOTBALL TICKETS	1,200		1,200	960
BASKETBALL EXPENSE				95
TO FORM 990EZ, PART I, LINE 6	<u>27,672</u>		<u>27,672</u>	<u>11,797</u>
				<u>15,875</u>

FORM 990EZ	OTHER EXPENSES			STATEMENT 3
SUPPLIES		47		
CONFERENCES, CONVENTIONS AND MEETINGS		75		
SCHOLARSHIPS		2,500		
DONATIONS TO OTHER				
ORGANIZATIONS		11,916		
ADVERTISING		25		
BANK CHARGES		4		
INVESTMENT FEES		<u>4,796</u>		
TO FORM 990EZ, PART 1, LINE 16		<u>19,363</u>		

FORM 990EZ

NON-GOVERNMENT SECURITIES

STATEMENT 4

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GENWORTH - GE CAPITAL	COST			229,261	229,261
TO FORM 990EZ, PART II, LINE 24, COLUMN B				229,261	229,261

FORM 990EZ

STATEMENT OF ORGANIZATION'S
PRIMARY EXEMPT PURPOSE

STATEMENT 5

PART III

EXPLANATION

TO UNITE CATHOLIC GENTLEMEN OF GOOD MORAL CHARACTER FOR THE HIGHEST DEVELOPMENT AND ELEVATION OF ITS MEMBERS IN ALL THAT PERTAINS TO MORAL, SOCIAL AND LITERARY ATTAINMENTS AND TO ASSIST EACH OTHER IN THE TRUE FRATERNAL SPIRIT IN ALL COMMENDABLE UNDERTAKINGS

FORM 990EZ

LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

PART IV

NAME AND ADDRESS	TITLE AND AVRG HRS /WK	COMPENSATION	EMPLOYEE BEN PLAN	CONTRIB	EXPENSE ACCOUNT
CARL RIBBING 9190 JOTIPA DRIVE LONGMONT, CO 80501	GRAND KNIGHT 2.00	0	0	0	0
RICH CHOPYAK 2431 JEWEL STREET LONGMONT, CO 80501	DEPUTY GRAND KNIGHT 2.00	0	0	0	0
CHRIS TORNOW 2438 SHERMAN STREET LONGMONT, CO 80501	CHANCELLOR 2.00	0	0	0	0
JIM CROWLEY 2214 EAGLEVIEW CIRCLE LONGMONT, CO 80504	WARDEN 2.00	0	0	0	0
JOE GROSS 2912 TROXELL AVENUE LONGMONT, CO 80503	RECORDER 2.00	0	0	0	0
THOMAS WEBER 209 SORENTO PLACE LONGMONT, CO 80501	TREASURER 5.00	0	0	0	0

JOHN ROBISH 7 EMPIRE PLACE LONGMONT, CO 80501	INSIDE GUARD 1.00	0	0	0
ALEJANDRO RUIZ 503 TERRY STREET LONGMONT, CO 80501	OUTSIDE GUARD 1.00	0	0	0
BRUCE DOYLE 1037 PURDUE DRIVE LONGMONT, CO 80503	ADVOCATE 1.00	0	0	0
ROBERT DISTEL 10102 PLATEAU ROAD LONGMONT, CO 80504	TRUSTEE 2.00	0	0	0
DANIEL KNIEVEL 1405 GALAPAGOS PLACE LONGMONT, CO 80501	TRUSTEE 2.00	0	0	0
RON WEBSTER 2312 SPINDRIFT DRIVE LONGMONT, CO 80503	TRUSTEE 2.00	0	0	0
TOTALS INCLUDED ON FORM 990EZ, PART 1, LINE 12		0	0	0