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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$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**Department of the Treasury  
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning**, 2009, and ending, 20**B** 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 COUNCIL #1313**

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

**P.O. BOX 598**

City or town, state or country, and ZIP + 4

**LONGMONT, CO 80502****D** Employer identification number**23-7541254****E** Telephone number**303-772-0620****F** Group Exemption

Number ▶

• 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: ▶**J** Tax-exempt status (check only one) — ☒ 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**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 ▶ \$ **173,554****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	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) <b>STMT 1</b>	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 \$507 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) <b>STMT 2</b>	6c	15875	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ▶) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	-22263	
Expenses	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 ▶ <b>STATEMENT 3</b> ) . . . . .	16	19363
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	25723
Net Assets	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	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	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	27359
23 Land and buildings . . . . .		
24 Other assets (describe ▶ <b>STATEMENT 4</b> ) . . . . .	282153	229261
25 <b>Total assets</b> . . . . .	304606	256620
26 <b>Total liabilities</b> (describe ▶) . . . . .		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	304606	256620

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

Cat No. 106421

Form **990-EZ** (2009)

SCANNED DEC 14 2010

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**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		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	
29	DONATIONS OF TIME AND FUNDS TO CATHOLIC CHARITIES		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30	DONATIONS OF FUNDS TO OTHER CHARITABLE ORGANIZATIONS		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶	32	

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	✓
<b>35</b> 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.		
<b>a</b> 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? . . . . .	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	✓
<b>36</b> 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 . . . . .	<b>36</b>	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	✓
<b>38a</b> 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? . . . . .	<b>38a</b>	✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .	<b>40b</b>	
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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. . . . .	<b>40e</b>	✓
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>COLORADO</b>		
<b>42a</b> The organization's books are in care of ▶ <b>THOMAS WEBER</b> Telephone no. ▶ <b>303-776-4603</b> Located at ▶ <b>209 SORENTO PLACE, LONGMONT, CO</b> ZIP + 4 ▶ <b>80501</b>		
<b>b</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)? . . . . .	<b>42b</b>	✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . .	<b>42c</b>	✓
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		□
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	✓
<b>45</b> 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 . . . . .	<b>45</b>	✓

**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 |
|--|------------|----|
| <b>46</b> 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 . . . . . | <b>46</b>  |    |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  |    |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> |    |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> |    |
- 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

**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

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

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.

**Sign Here**

Signature of officer: Chris H. Torow Date: 11/15/2010

Type or print name and title: CHRIS H. TOROW CHANCELLOR

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐ 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.

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

**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.

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

**9** Enter the state(s) in which the organization operates gaming activities: Colorado**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .**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: . . . . .**11** Does the organization operate gaming activities with nonmembers? . . . . .**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? . . . . .

	Yes	No
<b>9a</b>	✓	
<b>10a</b>		✓
<b>11</b>		✓
<b>12</b>		✓

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

FORM 990EZ	SPECIAL EVENTS AND ACTIVITIES			STATEMENT 2	
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIB. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
TOOTSIE ROLL SALES	7,374		7,374	829	6,545
RAFFLE	6,226		6,226	3,531	2,695
BREAKFASTS	4,325		4,325	2,381	1,942
YARD SALE	196		196	51	145
MEN & BOYS	433		433	337	96
GOLF TOURNAMENT	6,700		6,700	2,658	4,042
MOTHER & DAUGHTER	254		254	254	-
ODYSSEY OF THE MIND	864		864	430	434
CHRISTMAS MAGNETS	100		100	270	(170)
FOOTBALL TICKETS	1,200		1,200	960	240
BASKETBALL EXPENSE				95	(95)
TO FORM 990EZ, PART I, LINE 6	27,672		27,672	11,797	15,875

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	4,796	
TO FORM 990EZ, PART 1, LINE 16	19,363	

FORM 990EZ		NON-GOVERNMENT SECURITIES			STATEMENT 4
<u>SECURITY DESCRIPTION</u>	<u>COST/FMV</u>	<u>CORPORATE</u>	<u>CORPORATE</u>	<u>OTHER</u>	<u>TOTAL</u>
	<u>COST</u>	<u>STOCKS</u>	<u>BONDS</u>	<u>PUBLICLY</u>	<u>NON-GOV'T</u>
				<u>TRADED</u>	<u>SECURITIES</u>
				<u>SECURITIES</u>	<u>SECURITIES</u>
GENWORTH - GE CAPITAL				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		

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



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