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Short Form
Return of Organization Exempt From Income Tax

2009

Open to Public
Inspection

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 312(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

A For the 2009 calendar year, or tax year beginning		, 2009, and ending	, 20
B Check if applicable. <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Archbishop Fulton J Sheen Knights of Columbus Council 7502 Number and street (or P O box, if mail is not delivered to street address) 2911 W. 104th Ave. City or town, state or country, and ZIP + 4 Northglenn, CO 80234-3506	
		D Employer identification number 84 0821559	
		E Telephone number 303-460-8407	
		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).

I Website: ► www.kofc7502.org

J Tax-exempt status (check only one) — 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527

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 ► \$

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	RECEIVED 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 28963.06 2 3 6646.50 4 735.05 5c 6c 7c 8 9 36546.61 10 11 12 13 14 15 16 39187.97 17 39187.97 18 -2641.36 19 14537.53 20 21 11896.17
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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	53472.07	22 57300.87
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	53472.07	25 57300.87
26 Total liabilities (describe ►)	5837.20	26 6009.86
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47634.87	27 51291.01

14/95

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? Supporting Church, Community, Vocations, Youth

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	Church facilities, Clergy, Journey Days, Vocations, Seminarians. Contributed to Church reconstruction. Helped support 3 seminarians	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Community commitments: Physically disabled, Special Olympics, Intellectual disabilities, Food Bank, Pro-life, victims of disaster, Health and Service organizations. Main fund raiser for this was Tootsie Roll Sales	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	Youth Activities (Scouts, Columbian Squires, Youth Group). 3 High school and 4 College scholarships 4 Scout troops/packs, 1 Squire Circle, Church youth group	(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.)

(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
Maurice James Befort 14750 Federal Blvd, Broomfield, CO 80023-9463	Grand Knight - 40	0	0	0
Douglas Blondin 4215 East 133rd Place, Thornton, CO 80241-1505	Deputy Grand Knight - 20	0	0	0
Fr. Joy Vazhakkapara 11385 Grant Drive, Northglenn, CO 80233-3041	Chaplain - 3	0	0	0
Robert Specking 13603 Dexter Street, Thornton, CO 80602-6966	Treasurer - 15	0	0	0
Robert Allan 13658 Cherry Street, Thornton, CO 80602-6973	Financial Secretary - 35	\$158.40 / year	0	0
James Archer 7160 Larsh Drive, Denver, CO 80221-2545	Recorder - 3	0	0	0
Kent Closson 3652 E 133rd Ct, Thornton, CO 80241-1430	Chancellor - 3	0	0	0
Eric Wilson 5023 West 120th Avenue, Broomfield, CO 80020	Advocate - 3	0	0	0
Rudy Barron 11581 Grape St., Thornton, CO 80233-5847	1 Year Trustee - 2	0	0	0
Raoul Roy 2584 East 125th Way, Thornton, CO 80241-2759	2 Year Trustee - 2	0	0	0
Roger Peckinpaugh 13237 Vallejo Ct, Westminster, CO 80234-1465	3 Year Trustee - 2	0	0	0
Larry Naumann 10042 157th Place, Brighton, CO 80602	Lecturer - 2	0	0	0
Wallace Butler 5923 E 121st Place, Brighton, CO 80602-8095	Warden - 2	0	0	0
Hank Welsh 2511 E 104th Ave Unit 258, Thornton, CO 80233-6168	Inside Guard - 2	0	0	0
Tom Hermosillo 14558 Madison St., Brighton, CO 80602	Outside Guard - 2	0	0	0

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	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	
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	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	✓
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.		
41 List the states with which a copy of this return is filed. ► <u>Colorado</u>		
42a The organization's books are in care of ► <u>Robert Allan</u> Located at ► <u>13658 Cherry Street, Thornton, CO</u>	Telephone no. ► <u>720-872-6228</u>	
	ZIP + 4 ► <u>80602-6973</u>	
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
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.

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

	(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None			

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	Date		
	Robert A. Allan, Financial Secretary, Knights of Columbus Council #7502	04/10/2010		
Type or print name and title				
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