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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, 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

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

OMB No. 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		January 1	, 2010, and ending	December 31	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Knights of Columbus, 8909 - St. Francis of Assisi		84 0984779	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		2746 Fifth Street		303 688 9897	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		Castle Rock, CO 80104-1824		0188	
<input type="checkbox"/> Application pending		G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> 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) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				► \$ 88,786	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received			1	1,307
	2 Program service revenue including government fees and contracts			2	0
	3 Membership dues and assessments			3	7,105
	4 Investment income			4	702
	5a Gross amount from sale of assets other than inventory			5a	
	b Less: cost or other basis and sales expenses			5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	10,737
	b Gross income from fundraising events (not including \$ 1307 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	68,925
c Less: direct expenses from gaming and fundraising events			6c	45,268	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	34,394	
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 in Schedule O)			8	10	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	43,518	
10 Grants and similar amounts paid (list in Schedule O)			10	20,236	
11 Benefits paid to or for members			11	0	
12 Salaries, other compensation, and employee benefits			12	0	
13 Professional fees and other payments to independent contractors			13	0	
14 Occupancy, rent, utilities, and maintenance			14	0	
15 Printing, publications, postage, and shipping			15	713	
16 Other expenses (describe in Schedule O)			16	17,326	
17 Total expenses. Add lines 10 through 16			17	38,275	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	5,243	
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	60,030	
20 Other changes in net assets or fund balances (explain in Schedule O)			20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20			21	65,273	

12

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II .

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	60,030	22 65,273
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	60,030	25 65,273
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,030	27 65,273

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Fraternal Order**

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	Knights of Columbus, Council 8909, primary service in 2010 was to raise money for St. Francis of Assisi Roman Catholic Church. The proceeds include the church's capital fund and programs the church sponsored including children's bible school. The funds were donated from the council's largest event, the Fish Fry (Grants \$ 9,223) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	Reece's Round up: This is an event the council supports with a grant and considerable hours of volunteer help. It supports Reece Rubino in his fight against Spinal Muscular Atrophy. The grant is issued from the proceeds of the council's annual Fish Fry. (Grants \$ 5,124) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	St Vicent DePaul: The council gives an annual grant to the St Vincent DePaul Society. Their purpose is to provide food and supplies to the poor. The grant is from the council's annual Fish Fry and quarterly breakfasts (Grants \$ 3,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV). Check if the organization used Schedule O to respond to any question in this Part IV

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 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 tax year 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:
 a Initiation fees and capital contributions included on line 9 39a
 b Gross receipts, included on line 9, for public use of club facilities 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 ► _____
 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40b
 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. 40c
 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d
 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 ► Richard A. Dinkel Telephone no. ► 303 814 1618
 Located at ► 5905 S Meadow Lark Pl. Castle Rock, CO ZIP + 4 ► 80109

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b ✓
 c Did the organization receive any payments for indoor tanning services during the year? 44c ✓
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 a. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		✓
45a		✓
46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a. Did the organization make any transfers to an exempt non-charitable related organization?

 b. If "Yes," was the related organization a section 527 organization?

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 ►

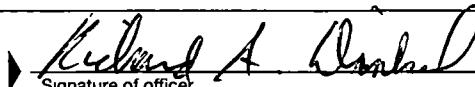
51. Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ►

52. Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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	 Date
	Richard A. Dinkel, Treasurer - Knights of Columbus, Council 8909	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Fish Fry (event type)	(b) Event #2 None (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	61,394			61,394
	2 Less. Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	61,394			61,394
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	31,606			31,606
	8 Entertainment	0			0
	9 Other direct expenses	3,742			3,742
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► (35,348)
	11 Net income summary. Combine line 3, column (d), and line 10				► 26,046

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	<input type="checkbox"/> Yes ----- % <input type="checkbox"/> No ----- %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
	8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Council 8909 - Saint Francis of Assisi Church
Schedule of Grants and Gifts
For the Tax Year 2010

St. Francis of Assisi Roman Catholic Church	\$	9,223
Reese's Round Up		5,124
St Vincent DePaul		3,500
Scholorships		1,000
St. Francis of Assisi Youth Group		250
Colorado State Charities		400
Other		739

\$ 20,236