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## Return of Organization Exempt From Income Tax

2014

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2014 calendar year, or tax year beginning</b>		, 2014, and ending	, 20
<b>B</b>	<b>C</b>	<b>D</b>	
<input type="checkbox"/> Address change	Name of organization <b>Archbishop Fulton J. Sheen Knights of Columbus Council 7502</b>	Employer identification number <b>84-0821559</b>	
<input type="checkbox"/> Name change	Doing business as <b>Knights of Columbus Council 7502</b>	E Telephone number <b>303-466-0721</b>	
<input type="checkbox"/> Initial return	Number and street (or P O. box if mail is not delivered to street address) <b>2911 W. 104th Ave.</b>	Room/suite	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code <b>Northglenn, CO 80234-3506</b>	G Gross receipts \$ <b>858,399</b>	
<input type="checkbox"/> Amended return	F Name and address of principal officer <b>Byron M. Day</b>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► <a href="http://www.kofc7502.org">www.kofc7502.org</a>	
K Form of organization. <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► <b>fratnrl. lodge</b>		L Year of formation: <b>1980</b>	M State of legal domicile <b>CO</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>Fraternal volunteer service supporting the Catholic Church, religious vocations &amp; community.</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3 <b>475</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4 <b>475</b>
<b>Expenses</b>	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	5 <b>5</b>
	6 Total number of volunteers (estimate if necessary) . . . . .	6 <b>150</b>
<b>Net Assets or Fund Balances</b>	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a <b></b>
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b <b></b>
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) . . . . .	43,395	36,802
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,692	1,611
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	7,967	128,431
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,974	167,044
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	0	44,414
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	600
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	1,800
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► <b>3,000</b>	3,000	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	63,096	101,887
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,096	148,701
19 Revenue less expenses. Subtract line 18 from line 12	5,965	18,343
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) . . . . .	102,616	152,321
21 Total liabilities (Part X, line 26) . . . . .	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	102,616	152,321

**Part II Signature Block**

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.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Joseph B. Feiten</i>	<b>Date</b> <i>11/19/2015</i>
	<b>Type or print name and title</b> <i>JOSEPH B. FEITEN, FINANCIAL SECRETARY</i>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>n/a</b>	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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10

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

**1** Briefly describe the organization's mission:  
**To promote fraternity, charity, unity and patriotism among its members with voluntary services by member teams that support (a) the Catholic Church (b) Catholic priest and religious vocations, and (c) our local community and country, the USA. To provide its members with access to the Knights of Columbus fraternal benefits of life insurance, annuities and long-term care insurance.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ **81,000** including grants of \$ **27,600**) (Revenue \$ **81,000**)  
**Promoting fraternity, charity, unity and patriotism among the Council's members.**  
**Expenses included \$54,000 for Hall rental (see Schedule L & Part VIII) for our business and social meetings, for our walls of awards memorials of past grand knights and deceased members.**  
**Members are assessed to fund an Emergency Assistance account. In 2014, we provided \$2,459 to a few members requesting emergency assistance. We received \$1,830 from a few members to pay for some of the lengthy physical therapy for a member that has enabled him to walk again. An independent fundraiser at the Hall provided additional funds to pay for a year of PT for that member.**  
**For 2014, we had over 75 volunteers (members and Ladies Auxiliary members) reporting over 25,000 hours of 2014 volunteer service.**  
**For 2014, our membership grew 7.8%, from 437 to 471.**  
**For 2014, we held 11 social events for members or member families, at a cost of \$8,750 before donations at the door of \$1,317.**

**4b** (Code: \_\_\_\_\_) (Expenses \$ **21,510** including grants of \$ **21,510**) (Revenue \$ **\$21,601**)  
**Supporting the Catholic Church and priest/religious vocations. Fundraisers provided ~\$9,700 in net revenue, as we prepared and served after-Mass breakfasts, Friday Fish Fries, and burritos for which the profit came entirely from having all volunteer workers.**  
**Our summer peach-sale fundraiser provided revenue of \$3,009 donated to the Colorado Knights of Columbus Charities 501(c)(3) toward purchasing an Ultra-sound machine in support of the Church's pro-life mission.**  
**We received donations of \$2,860, primarily from members or individuals related to members or deceased members. Approximately \$6,000 of our Bingo profits were contributed for this program service.**  
**Our Council received for 2014 the Knights of Columbus Colorado Culture of Life Service Award for our key service roles for the Catholic Church's Colorado Rally and March-for-Life events of January 17, 2015.**

**4c** (Code: \_\_\_\_\_) (Expenses \$ **-20,500** including grants of \$ **-20,000**) (Revenue \$ **-12,000**)  
**Supporting Community & Youth. Our 2014 annual fundraiser for people with intellectual disabilities raised \$3,344 donated to 501(c)(3) charities, a special public school, and a local county service agency which serve people with intellectual disabilities.**  
**\$500 a month of our Bingo profits are donated to our church's Food Bank and Stewardship Center serving the poor. Some of our members are volunteers working for the Food Bank.**  
**Youth: We awarded \$6,500 in college scholarships (\$1,000/student) and Catholic high school scholarships (\$750/child).**  
**We donated \$1,830 in support local Boy Scout troops and Cubscout packs. We donated \$1,250 for the cost of a coach bus to take and bring back Denver-area Special Olympics athletes to the summer games in Grand Junction (four hours by bus from Denver).**  
**A Council member who is a professional coachbus driver drove the bus at no charge.**  
**We donated in November 2014 120 winter coats for kids at a Catholic school (pre-K to 8th grade) in a low income area.**

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ **-1,500** including grants of \$ **0**) (Revenue \$ **0**)

**4e** Total program service expenses ► **124,458**

**Part IV Checklist of Required Schedules**

	Yes	No
1	✓	
2	✓	
3	✓	
4		
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11		
a	✓	
b	✓	
c	✓	
d	✓	
e	✓	
f		
12a		
b		
13		
14a		
b		
15		
16		
17		
18		
19		
20a		
b		

**Part IV Checklist of Required Schedules (continued)**

**21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

**22** Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .

**23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .

**24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .

**c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

**25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

**b** Is the organization 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 . . . . .

**26** Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .

**27** Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .

**28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

**a** A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .

**c** An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .

**35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .

**b** If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 . . . . .

**36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .

**37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .

**38** Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O . . . . .

	Yes	No
<b>21</b>	✓	
<b>22</b>	✓	
<b>23</b>	✓	
<b>24a</b>	✓	
<b>24b</b>	✓	
<b>24c</b>	✓	
<b>24d</b>	✓	
<b>25a</b>	✓	
<b>25b</b>	✓	
<b>26</b>	✓	
<b>27</b>	✓	
<b>28a</b>	✓	
<b>28b</b>	✓	
<b>28c</b>	✓	
<b>29</b>	✓	
<b>30</b>	✓	
<b>31</b>	✓	
<b>32</b>	✓	
<b>33</b>	✓	
<b>34</b>	✓	
<b>35a</b>	✓	
<b>35b</b>		
<b>36</b>		
<b>37</b>	✓	
<b>38</b>	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
3b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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 If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a	✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
5c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
6b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	✓
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 475

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent. **1b** 475

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2** ✓

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? **3** ✓

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** ✓

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** ✓

6 Did the organization have members or stockholders? **6** ✓

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a** ✓

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** ✓

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a** ✓

b Each committee with authority to act on behalf of the governing body? **8b** ✓

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. **9** ✓

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? **10a** ✓

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a** ✓

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** ✓

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **13** ✓

14 Did the organization have a written whistleblower policy? **14** ✓

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a** ✓

a The organization's CEO, Executive Director, or top management official **15b** ✓

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** ✓

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16a** ✓

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **Colorado**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► **Joseph Feiten, 3553 W. 101st Place, Westminster, CO 80031-6752 (or Organization's address) 303-466-0721**

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(C)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) Zachaus Politzki Chancellor (7/1/2014 to 12/31/2014)	3			✓			0	0	0
(16) Eric B. Wilson Chancellor (1/1/2014 to 6/30/2014)	3			✓			0	0	0
(17) Mark Germann Lecturer (7/31/2014 to 12/31/2014)	3			✓			0	0	0
(18) Gerald M. Barr Lecturer (1/1/2014 to 6/30/2014)	3			✓			0	0	0
(19) Kenneth J. Allscheid Outside Guard (7/31/2014 to 12/31/2014)	4			✓			0	0	0
(20) James De Herrera Outside Guard (1/1/2014 to 6/30/2014)	4			✓			0	0	0
(21) Cruz J. Barajas Inside Guard (7/31/2014 to 12/31/2014)	2			✓			0	0	0
(22) Joseph M. Mortus Inside Guard (1/1/2014 to 6/30/2014)	above			✓			0	0	0
(23)									
(24)									
(25)									
<b>1b Sub-total . . . . .</b>						►	1,800	0	0
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>						►	n/a	n/a	n/a
<b>d Total (add lines 1b and 1c) . . . . .</b>						►	1,800	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

Yes	No
3	✓
4	✓
5	✓

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a 0			
	1b Membership dues . . .	1b 6,047			
	1c Fundraising events . . .	1c 0			
	1d Related organizations . . .	1d 0			
	1e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 30,755			
	g Noncash contributions included in lines 1a-1f: \$				
<b>h Total. Add lines 1a-1f . . . ►</b>	<b>36,802</b>				
Program Service Revenue		<b>Business Code</b>			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue .				
<b>g Total. Add lines 2a-2f . . . ►</b>	<b>0</b>				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . ►	1,611	1,611	0	0
	4 Income from investment of tax-exempt bond proceeds ►	0	0	0	0
	5 Royalties . . . ►	0	0	0	0
	6a Gross rents . . .	0	0		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . ►	0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities 0	(ii) Other 0		
	b Less: cost or other basis and sales expenses .	0	0		
	c Gain or (loss) . . .	0	0		
	d Net gain or (loss) . . . ►	0	0	0	0
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 37,837			
b Less: direct expenses . . . b 20195					
c Net income or (loss) from fundraising events . ►	17,642		0	17,642	
9a Gross income from gaming activities. See Part IV, line 19	a 778,149				
b Less: direct expenses . . . b 667,160					
c Net income or (loss) from gaming activities . ►	110,989	0	0	110,989	
10a Gross sales of inventory, less returns and allowances . . . a					
b Less: cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ►	0	0	0	0	
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
11a					
b					
c					
d All other revenue . . .					
e Total. Add lines 11a-11d . . . ►	0				
<b>12 Total revenue. See instructions.</b>	<b>►</b>	<b>167,044</b>	<b>1,611</b>	<b>0</b>	<b>128,631</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	24,423	24,423		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	19,491	19,491		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	500	500		
4 Benefits paid to or for members . . . . .	600	600		
5 Compensation of current officers, directors, trustees, and key employees . . . . .		1,800	1,800	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	0			
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0			
12 Advertising and promotion . . . . .	8,085	0	5,085	3,000
13 Office expenses . . . . .	1,383		1,383	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	66,000	54,000	12,000	
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	14,068	14,068		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	6,538	6,538		
22 Depreciation, depletion, and amortization . . . . .	0			
23 Insurance . . . . .	475		475	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a Membership Recruitment expenses . . . . .	875	875		
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .	4,463	3,963	500	
25 Total functional expenses. Add lines 1 through 24e	148,701	124,458	21,243	3,000
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	1 Cash—non-interest-bearing	21,066	1 69,161
	2 Savings and temporary cash investments	81,550	2 83,161
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities		11
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>102,616</b>	<b>16 152,321</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>0</b>	<b>26 0</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets		27
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	<b>33 Total net assets or fund balances</b>	<b>102,616</b>	<b>33 152,321</b>
	<b>34 Total liabilities and net assets/fund balances</b>	<b>102,616</b>	<b>34 152,321</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	167,044
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	148,701
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	18,343
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	102,616
5	Net unrealized gains (losses) on investments . . . . .	5	0
6	Donated services and use of facilities . . . . .	6	0
7	Investment expenses . . . . .	7	0
8	Prior period adjustments . . . . .	8	31,362
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	152,321

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
3b		

**SCHEDULE G**  
**(Form 990 or 990-EZ)**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.  
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

**Archbishop Fulton J. Sheen Knights of Columbus Council 7502**

Employer identification number

**84-0821559****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part. *N/A***1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
<b>2a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b> 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.	

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

**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 <u>Breakfasts (12)</u> (event type)	(b) Event #2 <u>FishFries (6 fridays)</u> (event type)	(c) Other events <u>Fresh Peach Sale (1)</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	14,348	6,321	10,811	31,480
	<b>2</b> Less: Contributions . . . . .	0	0	11	11
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	14,348	6,321	10,800	31,469
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	6,041	4,896	7635	18,572
	<b>8</b> Entertainment . . . . .	0	0		
	<b>9</b> Other direct expenses . . . . .	0	0	136	136
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				18,708
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				12,761

**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	<b>1</b> Gross revenue . . . . .	276,404	464,158	37,587	778,149
Direct Expenses	<b>2</b> Cash prizes . . . . .	201,495	342,329	20,995	564,819
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .	16,700	26,300	15,830	58,830
	<b>5</b> Other direct expenses . . . . .	27,367	14,134	2,010	43,511
	<b>6</b> Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 98 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 98 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 98 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				667,160
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				110,989

**9** Enter the state(s) in which the organization conducts gaming activities: Colorado

a Is the organization licensed to conduct 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 conduct 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 conducted in:

**a** The organization's facility . . . . . **13a** %

**b** An outside facility . . . . . **13b** %

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

Name ► Lawrence D. Allwine

Address ► c/o Knights of Columbus Council 7502, 2911 W. 104th Ave., Northglenn, CO 80234-3506

**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 ► Robert Specking

Gaming manager compensation ► \$ 0

Description of services provided ► Oversees gaming operations

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.** 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 provide any additional information (see instructions).

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

**Archbishop Fulton J. Sheen Knights of Columbus Council 7502**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					(i)	(j)		
(1) Immaculate Heart of Mary Parish	84-0579044	501(c)(3)	12,330	0				Food Bank, IHM request
(2) Colorado State Knights of Columbus Charities Fund, Inc.	23-7309447	501(c)(3)	7,087	0				Ultrasound equipment and help intellectually disabled
(3) PO Box 810								
Littleton, CO 80160								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2014)

▲ 2

▲ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	<i>NA</i>					
2						
3						
4						
5						
6						
7						

**Part V Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

The organization does not have specified procedures for monitoring grants in the USA. Grants exceeding \$5,000 to one organization are rare and generally made to 501(c)(3) entities that Council officers know and trust.

**SCHEDULE L**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

Open To Public  
Inspection

Name of the organization

Employer identification number

Archbishop Fulton J. Sheen Knights of Columbus Council 7502

84-0821559

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction		(d) Corrected?	
			Yes	No		
(1) [not applicable]						
(2)						
(3)						
(4)						
(5)						
(6)						

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
(1) [not applicable]											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ► \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) [not applicable]				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NKCHA, Inc.	See Part V*	66,000	Rental of Hall \$5,000/month		✓
(2) NKCHA, Inc. (continued)		23,400	Donations to Council 7502*		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

NKCHA, Inc. is a 501(c)(2) whose owners are the over 400 members of Council 7502, but NKCHA's governing body is its Board of Directors

with Directors elected for five-year terms by members who attend the election meeting. Directors may be officers or trustees of Council 7502.

NKCHA, Inc. owns a two-story building and land with a parking lot. The property is rented to Council 7502 for its office and for business and social meetings of members. It is not open to the public for rent. NKCHA's excess funds are donated to Council 7502.

The property may be rented or used, space available, by a Council 7502 member for various purposes including use by a 501(c) organization with which the member is affiliated.

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Archbishop Fulton J. Sheen Knights of Columbus Council 7502

Employer identification number

84-0821559

1. Part XI line 8 "Prior period adjustments" of \$31,362. The Form 990-EZ for 2013 reported gaming activity on a net basis of the funds received into Council 7502's operating account from the separate Bingo checking account, which had a balance of \$31,362 at 12/31/2013. Council 7502 is in the process of amending the 2013 Form 990-EZ in November 2015 by filing a Form 990 for 2013 that reflects Gaming activity in the manner shown for this 2014 Form 990.

2. Part VI, Q 11b: A draft Form 990, prepared by the Financial Secretary, was reviewed by the 2014 Grand Knight. Portions of the Form 990 were reviewed by or discussed with key members familiar with that activity or issue.

3. Council 7502's Form 990 documents for the public are available on the Colorado Secretary of State's website, <http://www.sos.state.co.us/>. The Council's monthly newsletters (with the notice of donations not being deductible and with Council meeting minutes and annual approved budget) are available at its website [www.kofc7502.org](http://www.kofc7502.org). Governing documents and conflict of interest policy are not fully disclosed to the public to our knowledge.

4. Part XII 2a: Answer is No. The Council's Financial Secretary has been a CPA for 41 years, but is not independent and is new to completion of Form 990s.

5. Part III Line 4d Expenses of \$1,500 for minor miscellaneous activity.