



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2014

Open to Public
Inspection

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning		January 1	, 2014, and ending	December 31	, 2014	
B Check if applicable		C Name of organization				
<input type="checkbox"/> Address change		Knights of Columbus, 8909 - St Francis of Assisi				
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)				
<input type="checkbox"/> Initial return		2746 Fifth Street				
<input type="checkbox"/> Final return/terminated		Room/suite				
<input type="checkbox"/> Amended return		City or town, state or province, country, and ZIP or foreign postal code				
<input type="checkbox"/> Application pending		Castle Rock, CO 80104-1824				
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►						
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 Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <input type="checkbox"/> Fraternal Order						
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$ 127,065

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

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Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td style="text-align: right;">18 17,020</td> </tr> <tr> <td>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)</td> <td style="text-align: right;">19 16,531</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (explain in Schedule O)</td> <td style="text-align: right;">20 0</td> </tr> <tr> <td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td> <td style="text-align: right;">► 33,551</td> </tr> </table>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 17,020	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 16,531	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0	21 Net assets or fund balances at end of year. Combine lines 18 through 20	► 33,551																										
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 17,020																																		
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20 Other changes in net assets or fund balances (explain in Schedule O)	20 0																																		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	► 33,551																																		

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

		Check if the organization used Schedule O to report financial information in this section	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	16,531	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	16,531	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,531	27
			33,551

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Knights of Columbus, Council 8909's primary service in 2014 was to raise money for St. Francis of Assisi Roman Catholic Church. The proceeds primarily funded the church's capital campaign fund. The funds were donated from the council's largest fund raiser in 2014, a Lenten Fish Fry (Grants \$ 5,404) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	St Francis of Assisi Youth Group The Youth Group at St Francis of Assisi are high school aged students who go on an annual mission trip to refurbish housing in low income areas throughout the USA. The grant is issued from proceeds from fundraising events such as the Lenten Fish Fry and DC County Fair concession stand (Grants \$ 3,099) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	SFA, Inc.. SFA, Inc. is a 501(c)3 organization the council donated money to procure a mobile trailer for fund raising. The trailer is used to sell food at events such as the Douglas County Fair, Castle Rock Star Lighting and Castle Rock Artfest. The procedures are donated to various organization in the local community (Grants \$ 3,700) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ 6426) 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 Q to respond to any question in this Part IV.

Check if the organization used Schedule C to respond to any question in this Part IV				
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Matthew J. Basalla Grand Knight	10 hrs/week	0	0	0
Calvin Weatherly Deputy Grand Knight	10 hrs/week	0	0	0
George Nowakoski Financial Secretary	10 hrs/week	0	0	0
Richard Dinkel Treasurer	10 hrs/week	0	0	0
John Hayes Trustee	10 hrs/week	0	0	0
Alex Onda Trustee	10 hrs/week	0	0	0
Todd Chwialkowski Trustee	10 hrs/week	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Yes No

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 Yes No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a Yes No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Yes No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Yes No

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 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 37b Yes No

b Did the organization file Form 1120-POL for this year? 38a Yes No

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? 38b Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a Yes No

39 Section 501(c)(7) organizations. Enter: 39b Yes No

a Initiation fees and capital contributions included on line 9 40a Yes No

b Gross receipts, included on line 9, for public use of club facilities 40b Yes No

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40c Yes No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 40d Yes No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e Yes No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f Yes No

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 40g Yes No

41 List the states with which a copy of this return is filed ► Colorado 42a Yes No

42a The organization's books are in care of ► Richard Dinkel Telephone no. ► 303 814 1618
Located at ► 2746 Fifth St., Castle Rock, CO ZIP + 4 ► 80104-1824 42b Yes No

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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c Yes No

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► 43 Yes No

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 Yes No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No

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 44c Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44d Yes No

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 45a Yes No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Yes No

b 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) 45c Yes No

		Yes	No
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	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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."		

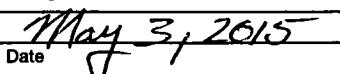
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> 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 Richard A. Dinkel, Treasurer	Date May 3, 2015

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

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.

OMB No. 1545-0047

2014
 Open to Public
 Inspection

Name of the organization
 Knights of Columbus, 8909 - St. Francis of Assisi

Employer identification number
 84 0984779

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.

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 checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a 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? Yes No

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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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.

Colorado

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 DC Fair Concessions (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	74,588	27,529		102,117
2 Less: Contributions	0	0		0
3 Gross income (line 1 minus line 2)	74,588	27,529		102,117
4 Cash prizes	0	0		0
5 Noncash prizes	0	0		0
6 Rent/facility costs	0	0		0
7 Food and beverages	38,068	19,512		57,580
8 Entertainment	0	0		0
9 Other direct expenses	9,921	1,572		11,493
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				69,073
11 Net income summary. Subtract line 10 from line 3, column (d) ►				33,044

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))
1 Gross revenue				
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. Subtract line 7 from line 1, column (d) ►				

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

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 ►

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. 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 O
(Form 990 or 990-EZ)**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

Knights of Columbus, 8909 - St. Francis of Assisi

Employer identification number

84 0984779

PART I, Line 8 - Other Revenue

Tootsie Roll Drive - \$1,430

Miscellaneous - 410

Total \$1,840

PART I, Line 10 and PART III, Line 31 - Grants

St. Francis of Assisi Roman Catholic Church - \$5,404

SFA, Inc. - \$3,700

St. Francis of Assisi Youth Group - \$3,099

Scholorships - \$2,500

Reece's Roundup - \$2,000

Boy Scouts/American Heritage Girls - \$750

Knights of Columbus Charities, Inc. - \$500

Douglas County Horse Power - \$500

Other - \$74

St. Vicent DePaul - \$63

Elbert County Task Force - \$39

TOTAL: \$18,629

PART I, Line 16 - Other Expenses

Insurance - \$2,677

Per-Capita (National and State) - \$4,068

Group Events - \$3,211

Supplies - \$1,337

Fees and Bank charges - \$67

Miscellaneous - 742

Name of the organization

Knights of Columbus, 8909 - St Francis of Assisi

Employer identification number

84 0984779

PART I, Line 16 - Other Expenses (Continued)

TOTAL: \$12,102