

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

2019**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

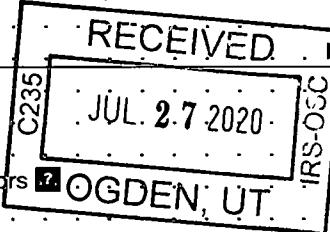
, 2019, and ending

, 20

B Check if applicable	C Name of organization ?	D Employer identification number ?	
<input type="checkbox"/> Address change	Knights of Columbus Council #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) ?	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	PO Box 2316		(303) 284-4748
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Amended return	Castle Rock, CO 80104		
<input type="checkbox"/> Application pending			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
I Website: ► KofC8909.org	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
J Tax-exempt status (check only one) — <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			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>Fraternal Order</u>			
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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **?**Check if the organization used Schedule O to respond to any question in this Part I

Revenue SCANNED JUN 4 2021	1 Contributions, gifts, grants, and similar amounts received	1 819
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 3,915
	4 Investment income	4 52
	5a Gross amount from sale of assets other than inventory	5a 0
	b Less: cost or other basis and sales expenses	5b 0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 2,144
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	819 of contributions
c Less: direct expenses from gaming and fundraising events	6b 33,685	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c 22,878	
7a Gross sales of inventory, less returns and allowances	6d 12,951	
b Less: cost of goods sold	7a 0	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7b 0	
8 Other revenue (describe in Schedule O)	7c 0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 0	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	9 17,737
	11 Benefits paid to or for members	10 13,059
	12 Salaries, other compensation, and employee benefits ?	11
	13 Professional fees and other payments to independent contractors ?	12
	14 Occupancy, rent, utilities, and maintenance	13
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe in Schedule O) ?	15
	17 Total expenses. Add lines 10 through 16	16 12,007
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	17 25,066
	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)	18 -7,329
	20 Other changes in net assets or fund balances (explain in Schedule O)	19 75,678
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	20
	21 68,349	



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	75,678	68,349
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	75,678	68,349
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)	75,678	68,349

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?

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.

Expense

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28	Scholarships are our major service we provide to four area high school seniors. The scholarships are to help pay for part of their first year of college and are not limited to members of our church. The monetary support we provide them comes primary from our DC Fair concessions and other fund raisers.	
	(Grants \$ 4,375) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a
29	St. Francis of Assisi Youth Group is made up of high school students who attend our parish and during the summer they travel to different parts of the USA to refurbish housing in low income areas. The monetary support we provide them comes primary from our DC Fair concessions, bingo and gaming nights fund raisers.	
	(Grants \$ 2,945) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a
30	St. Francis of Assisi Catholic Church is the church that we are associated with that has more the 1,800 families. The our primary goal with the church is the provide funding for special needs and help maintain their assets. The monetary support we provide them comes primary from our DC Fair concessions and other fund raisers.	
	(Grants \$ 2,550) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$ 3,189) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O 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
Fred Aesquinel	20	0	0	0
Grand Knight	12	0	0	0
Richard Eddy	18	0	0	0
Deputy Grand Knight	16	0	0	0
Alex Onda	16	0	0	0
Financial Secretary	18	0	0	0
Martin Hodits	16	0	0	0
Treasurer	16	0	0	0
Steven Hoese	16	0	0	0
Recorder	6	0	0	0
Dean Rushing	5	0	0	0
Three Year Trustee	5	0	0	0
Calvin Weatherly	5	0	0	0
Two Year Trustee	5	0	0	0
Todd Chwiaikowski	5	0	0	0
One Year Trustee	5	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

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

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

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

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

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 37b

b Did the organization file Form 1120-POL for this year? 38a

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

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39

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 ► 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 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 40c

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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ►

42a The organization's books are in care of ► Martin Hodits Telephone no. ► 303-284-4748
Located at ► 265 Sheldon Ave. Castle Rock, CO ZIP + 4 ► 80104-8822 42b

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

c At any time during the calendar year, did the organization maintain an office outside the United States? 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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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 45b

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 46 ?

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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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 ► 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
	Martin R. Hodits Treasurer	8 July 2020
	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

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" on Form 990, Part IV, line 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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Knights of Columbus Council #8909 - St. Francis of Assisi

Employer identification number

84-0984779

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If "Yes," list the 10 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						
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.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 DC Fair Concession (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	\$26,046			\$26,046
	2 Less: Contributions	\$0			\$0
	3 Gross income (line 1 minus line 2)	\$26,045			\$26,045
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	\$13,908			\$13,908
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				\$13,908
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				\$12,138

Part III Gaming. Complete if the organization answered "Yes" on 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. 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

Knights of Columbus Council #8909 - St. Francis of Assisi

Employer identification number

84-0984779

Part I Line 10 Grants and Similar Accounts Paid:

\$4,375 - Scholarships to Graduating High School seniors from the community

\$2,945 - St. Francis of Assisi Youth Group

\$2,550 - St. Francis of Assisi Catholic Church, Castle Rock, CO

\$960 - FOCUS Missionaries

\$272 - St. Vincent dePaul Society

\$250 - Reece's Roundup

\$361 - American Heritage Girls Troop 8909

\$ 200 - Ave Maria School Assist. Principle, Parker, CO

\$500 - Colorado Knights of Columbus Charities Fund "Pennies from Heaven"

\$146 - HorsePower, Inc

\$500 - Seminarian Support

Part I Line 16 Other Expenses:

\$1,967 - Per Capita Assessment from Supreme Council

\$1,994 - Per Capita Assessment from Colorado State Council

\$1,685 - Insurance for Liability and Liquor

\$2,580 - Technology Supplies

\$1,604 - Operational Expenses, Equipment and Supplies

\$1,418 - Supplies for Meetings

\$759 - State Convention Cost

Name of the organization

Knights of Columbus Council #8909 - St. Francis of Assisi

Employer identification number

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Part III Line 31 Other Program Services:

\$3,189 - This is the total amount for grants that we made to support other community organizations and church functions for the benefit of veterans, high schools, and special needs groups