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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 black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A** For the **2009** calendar year, or tax year beginning, **2009**, and ending, **20****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Knights of Columbus Council 12567**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

10316 W Bowles Ave

City or town, state or country, and ZIP + 4

Littleton CO 80127-2060**D** Employer identification number**84-1523483****E** Telephone number**303-932-2246****F** Group ExemptionNumber ► **0188**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,537.50
	2	Program service revenue including government fees and contracts	2	4,004.47
	3	Membership dues and assessments	3	4,554.83
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost of other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 02 of contributions reported on line 1)	6a	26,935.09
b	Less: direct expenses other than fundraising expenses	6b	13,702.31	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	13,232.78	
7a	Gross sales of inventory, less returns and allowances	7a	1,450.00	
b	Less: cost of goods sold	7b	1,430.40	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	19.60	
8	Other revenue (describe ► Misc income, member badge sales, bank interest)	8	702.06	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	\$25,051.24	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	12,061.94
	11	Benefits paid to or for members	11	580.54
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	524.70
	16	Other expenses (describe ► Council activities and events, etc.)	16	10,914.92
17	Total expenses. Add lines 10 through 16	17	\$24,182.20	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$869.04
	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	\$3,150.30
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$4,019.34

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	\$3,150.30	22 \$4,019.34
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets		25
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	\$3,150.30	27 \$4,019.34

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED MAY 17 2010

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Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	Conducted month-long fundraiser to financial provide assistance for the mentally handicapped.		
	(Grants \$ 8,429.94) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	Raised funds to provide financial assistance to two men that are in the Denver Archdiocese seminarian program that are studying for the priesthood.		
	(Grants \$ 1,000.00) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	Ran a blood drive event with local blood bank. Provided necessary space, volunteers, refreshments and promotional support for event. Between 32 to 40 donors provided 32 to 36 pints of blood.		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	

(a) Name and address

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jesse Taitano - 7023 W Hinsdale Dr Littleton CO 80128	Grand Knight - 6hrs	-0-		
Edward Mueller - 5958 S Swadley Way Littleton CO 80127	Deputy Grand Knight - 4hr	-0-		
Rev Michael Pavlakovich - 10316 W Bowles Ave Littleton CO 80127	Chaplain - 1hr	-0-		
Rodolpho Ramirez - 4923 S Xenon Ct Morrison CO 80465	Chancellor - 1hr	-0-		
Michael Holm - 10106 W Arbor Place Littleton CO 80127	Recorder - 1hr	-0-		
Lawrence Montanto - 10516 W Lambuth Pl Denver CO 80235	Treasurer - 3hr	-0-		
Joseph Snow - 5883 S Taft St Littleton CO 80127	Financial Secretary - 10hrs	-0-		
Luis Naegele - 4771 S Tabor Street Morrison CO 80465	Warden - 1hr	-0-		
John Jones - 9393 W Saratoga Pl Littleton CO 80123	Inside Guard - 1hr	-0-		
Corbin Thompson - 4227 W Kenyon Av Denver CO 80236	Inside Guard - 1hr	-0-		
Jordan Taitano - 7023 W Hinsdale Dr Littleton CO 80128	Outside Guard - 1hr	-0-		
Deris Wolff - 11803 W Belmont Dr Littleton CO 80127	3rd Year Trustee - 1hr	-0-		
Michael Worley - 11084 W Hinsdale Dr Littleton CO 80127	2nd Year Trustee - 1hr	-0-		
Robert Kreger - 8456 EVERETT WAY, UNIT D Arvada CO 80005	1st Year Trustee - 1hr	-0-		

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40b			
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
40e			
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ Joseph Snow Telephone no. ▶ 303-932-2246 Located at ▶ 5883 S Taft St Littleton CO ZIP + 4 ▶ 80127-2327		
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)?	Yes	No
42b			✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		□
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
44			✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45			

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

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

▶ Joseph G Snow 18 April 2010
Signature of officer Date
▶ **Joseph G Snow - Financial Secretary, Knights of Columbus Council 12567**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date ▶ Check if self-employed ▶ ☐ Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIN ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Line 10 Schedule

Knights of Columbus Council 12567 EIN 84 1523483

2009 Federal Income Tax Form 990EZ

Attach schedule

Attach a schedule to itemize each grantee organization or individual to whom the organization made grants (or paid similar amounts) in excess of **\$5,000** during the organization's tax year. For each grantee, list:

- Each class of activity,
- The grantee's name and address (for grantee organizations not grantee individuals),
- The amount given (aggregate amount of grants and payments to or for the benefit of the grantee during the organization's tax year), and
- The relationship of the grantee (in the case of grants to individuals) if the relationship is by blood, marriage, adoption, or employment (including employees' children) to any person or corporation with an interest in the organization, such as a creator, donor, director, trustee, officer, key employee, etc.

Knights of Columbus Colorado State Charities, Inc.

Class of Activity

One check was sent to Knights of Columbus Colorado State Charities, Inc. by Knights of Columbus Council 12567 during the course of 2009. As part of the rules governing all Knights of Columbus Councils in Colorado, all monies raised by a Council in the course of the 'Tootise Roll Campaign for the Mentally Handicapped', will first be deposited into the State Council's charity account.

After this money is deposited into said account, Knights of Columbus Council 12567 has the ability to request donation checks to be cut for charitable organizations that work with and assist the mentally handicapped.

Address

Knights of Columbus Colorado State Charities, Inc.
c/o Jerald Nothstine – Secretary
768 S Nome St
Aurora CO 80012-3247

Amount Given

\$8,429.94

Relationship of the Grantee

The KofC Colorado State Charities, Inc. is the charity fund that is operated by the Knights of Columbus State Council.

The Knights of Columbus State Council is the controlling organization for all Knights of Columbus Councils in the state of Colorado.