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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: **Knights of Columbus - St. Thomas More #10205**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
8035 S. Quebec Street

City or town, state or country, and ZIP + 4
Centennial, CO, 80122-3118

D Employer identification number: **84-1145133**

E Telephone number: **303-779-5369**

F Group Exemption Number: **0188**

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

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

I Website: **www.kofc10205.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$**

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	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	7459
	4	Investment income	4	196
	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	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	60817	
c	Less: direct expenses from gaming and fundraising events	6c	34020	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	26797	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	34452
	10	Grants and similar amounts paid (list in Schedule O)	10	20989
	11	Benefits paid to or for members	11	
	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	1797	
16	Other expenses (describe in Schedule O)	16	9138	
17	Total expenses. Add lines 10 through 16	17	31924	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2528
	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	43001
	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	21	45529

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2010)

SCANNED MAY 12 2011

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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	43001	22 45529
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	43001	25 45529
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	43001	27 45529

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? Charitable and Fraternal Organization

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	Tootsie Roll Drive for Mentally Handicapped		
	(Grants \$ 5890) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	Grants to 5 seminarians @ \$500 each		
	(Grants \$ 2500) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	St. Thomas More Girls Club		
	(Grants \$ 2000) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	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 ☐

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ <input type="checkbox"/>		
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		<input checked="" 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 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
None				

f Total number of other employees paid over \$100,000 **None**


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
None		

d Total number of other independent contractors each receiving over \$100,000 **None**

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		4-15-2011
	Signature of officer	Date
	Douglas J Prechtel, Treasurer, Knights of Columbus #10205 Centennial CO 80122	
	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

Change in Cash Flow for 2010

Net Asset Changes in Fund Balances		Operating Acct	Charity Acct	Music CD Acct	Pro-Life Acct	Total
Beginning Balance 1-1-2010		\$15,827	\$16,018	\$0	\$11,156	\$43,001
Ending Balance 12-31-10		16,326	15,607	2,244	11,352	45,529
Net Change in Fund Balances		499	(411)	2,244	196	\$2,528

1 Contributions	\$	-
3 Membership Dues and Assessments		7459
4 Investment Income		196
6a Gross Revenue	\$	60,817
6b Direct Expenses	\$	34,020
6c Net Income	\$	26,797
9 Total Revenue	\$	34,452
10 Grants	\$	20,989
15 Printing, Publications Postage & Shipping	\$	1,797
16 Other Expense (Admin Per Capita State & Supreme	\$	9,138
17 Total Expenses	\$	31,925
18 Excess or Deficit for the Year	\$	2,527

Recipients	Grants
Youth Group	\$ 200
Ladies Auxiliary	237
STM Jericho Jog	600
QAMA&Alexander House @ 500.00 each	1,000
Charitable Contributions (TBD)	1,200
Ultrasound Contribution @\$1,000	1,000
Assembly 2294 Reimbursement	750
STM Youth (ASB Program)	1,000
Challenge Girls Club	2,000
State Charity - Football Sweepstakes	256
Tootsie Roll Drive	5,890
Knights Rosaries - RCIA & STM Essay	132
Shanna Cook Youth Ministry	120
FOCUS Donation Greg Johnson	200
Ladies Auxiliarily Donation	300
Priest Golf Outing / Tourney	1,528
STM Clergy Appreciation Night	276
St. Thomas More Perpetual Adoration	200
Sared Heart Church Christmas Party	200
Eagle Scouts	400
Seminarians 5 @ \$500	3,500
Total	\$ 20,989

Special Events and Activities		Receipts		Expenses		Net
Broncos Ticket Raffle	\$	11,360		193	\$	11,167
Ladies Auxiliary Raffle		237				237
Youth Group Raffle						-
Sport Event Raffle African Trip		2325		2597		(272)
Christmas Music Compact Disc		2265		21		2,244
Badges and Shirts		213				213
Keep Christ in Christmas Magnets		519				519
Seminarian Program Refund		500				500
State Council Football Sweepstakes		320				320
Knights Helping Knights		34				34
Other Donations		1626				1,626
Peach Sale		4208		3238		970
Tootsie Roll Drive		6619		569		6,050
Western BBQ		2571		2307		264
Petty Cash Return		800		800		-
Wives Appreciation				137		(137)
Fall Family Dinner - Italian Night		4529		3681		848
Fish Fry		17456		15461		1,995
Spring Family Dinner		3030		2391		639
Christmas & Easter Food Drive		970		1027		(57)
Clothing Shirt Sales		940				940
Men's Retreat		295				295
Memorial Mass - Knights				324		(324)
Childrens Christmas Party				197		(197)
Youth Brunch				230		(230)
Summer Picnic				302		(302)
Bible Sales				205		(205)
Council Free Throw Contest				159		(159)
Bronco Social				181		(181)
						-
Total	\$	60,817	\$	34,020	\$	26,797

Administrative Expenses		Operating Acct	Charity Acct	Music CD Acct	Pro-Life Acct	Total
CO Secretary of State Raffle Fees		\$	57			\$ 57
Officer Installation	\$	117				117
Clothing / Shirts		1,123				1,123
Knights Rosaries for 1st Degrees		115				115
Liability Insurance		350				350
Meeting Expenses/Food & Bev		1,260				1,260
Social Speaker Fund		100				100
Office Supplies		533				533
Name Badges/Award Pins		213				213
Major Degrees		75				75
Men's Retreat Costs (men pay \$15)		899				899
Fr. John Welome Gift		56				56
KC Metro Annual Dues		50				50
Host a Metro Meeting at STM		200				200
KC State Per Capita		971				971
KC State Convention Lodging/Food		297				297
KC State Council Fee		879				879
KC Supreme Per Capita		1,656				1,656
KC Supreme Supplies		188				188
Total	\$	9,081	\$	57	\$	\$ 9,138

Print, Postage, Pubs, Print Expenses		Operating Acct	Charity Acct	Music CD Acct	Pro-Life Acct	Total
Birthday Cards - Members		48				48
Printing - Marketing Materials		418				418
Blank Checks		37				37
Wedding Anniversary Cards		54				54
Postage		656				656
Knights to Christ/ Other Books		150				150
Catholic Register Ad		170				170
Website URL Renewal		181				181
Website Maintenance		2				2
Misc.		82				82
Total	\$	1,797	\$	-	\$	\$ 1,797

PAYER: First National Bank - Arapahoe 7777 Arapahoe Road Centennial, CO 80112 <i>Joe Lyle CD</i> Corrected (if checked) <input type="checkbox"/>	Payer's Federal Identifying Number 46-0177437	1 Interest Income not included in Box 3 196.49
	Recipient's Identifying Number 84-1145133	2 Early withdrawal penalty
	Payer's RTN (Optional) 0914-00525	3 Interest on U S Savings Bonds and Treasury obligations

RECIPIENT: 1880

KNIGHTS OF COLUMBUS
 8035 S QUEBEC ST
 CENTENNIAL CO 80112

OMB No. 1545-0112 2010 Interest Income FORM 1099 Interest Substitute	Copy B For Recipient (Keep for your records)
	4 Federal income tax withheld
	5 Investment Expenses
	6 Foreign Tax Paid

Account Number (see instructions) 192129	7 Foreign country or U S possession	8 Tax-exempt interest	9 Specified private activity bond interest	10 Tax-exempt bond CUSIP
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This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

INTEREST STATEMENT FOR 2010				
TYPE	ACCOUNT NUMBER	INTEREST EARNED	FORFEITURE	FEDERAL TAX WITHHELD
COD - NONPERSONAL	126384	196.49	.00	.00