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Short Form
Return of Organization Exempt From Income Tax

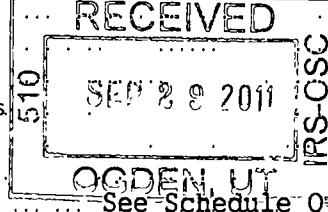
OMB No. 1545-1150

2010

- 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, 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

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A For the 2010 calendar year, or tax year beginning 7/01 , 2010, and ending 6/30 , 2011		B Check if applicable	C Knights of Columbus Colorado St Council 8402 Sutterfield DR Colorado Springs, CO 80290	D Employer identification number 23-7004728	
				E Telephone number	
				F Group Exemption Number ► 0188	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: ► N/A					
J Tax-exempt status (ck 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 Check ► <input type="checkbox"/> 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 ► \$ 119,987.					
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 <input checked="" type="checkbox"/>					
REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	119,635.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events	6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b	Gross income from fundraising events (not including \$ _____ 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		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8	352.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,987.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10		
	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		
	16	Other expenses (describe in Schedule O)	16	125,263.	
	17	Total expenses. Add lines 10 through 16	17	125,263.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,276.	
	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	46,832.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	41,556.	
ASSETS					
BAA For Paperwork Reduction Act Notice, see the separate instructions.					



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.

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	46,832	84,977
23 Land and buildings	22	
24 Other assets (describe in Schedule O)	23	
25 Total assets	24	
26 Total liabilities (describe in Schedule O) See Schedule O	46,832	84,977
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	43,421
	46,832	41,556

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

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

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

What is the organization's primary exempt purpose? See Schedule O

What is the organization's primary exempt purpose? SEE SCHEDULE 6
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.

28	See Schedule O			
29				
30				
31	Other program services (describe in Schedule O)			
32	Total program service expenses (add lines 28a through 31a)			

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Rev. Robert L. Wedow	State Chaplin	0.	0.	0.
326 South 3rd Street	0			
Sterling, CO 80751				
John Doherty	State Warden	0.	0.	0.
2560 Lumberjack Dr.	0			
Colorado Springs, CO 80920				
James Caffrey	State Advocate	0.	0.	0.
4380 South Estes Street	0			
Littleton, CO 80123				
Claude Trujillo	Past St. Deputy	0.	0.	0.
505 Columbia Avenue	0			
Del Norte, CO 81132				
Foster Sauter	State Deputy	0.	0.	0.
15050 Peoria Crossing Road	0			
Byers, CO 80103				
Roger Muller	State Secretary	0.	0.	0.
3800 West 5th Street	0			
Greely, CO 80634				
Charles Page	State Treasurer	0.	0.	0.
8402 Sutterfield Dr	0			
Colorado Springs, CO 80920				
	</			

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule OCheck if the organization used Schedule O to respond to any question in this Part V. **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 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) 33 34**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. 35a 35b**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? 36 37a**b** If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)? 37b 38a**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 38b 39a**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0 38b**b** Did the organization file Form 1120-POL for this year? 39b 40a**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? 39a 39b**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved 40b 40c**39** Section 501(c)(7) organizations. Enter: 40d 40e**a** Initiation fees and capital contributions included on line 9 N/A 40e**b** Gross receipts, included on line 9, for public use of club facilities. N/A 40e**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A 40esection 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A 40e**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 40e**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 0 40e**d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 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 40e**41** List the states with which a copy of this return is filed ► **None** 42a**42a** The organization's books are in care of ► **Charles Page** Telephone no. ► **719-473-7300**
Located at ► **8402 Sutterfield Dr Colorado Springs CO** ZIP + 4 ► **80920** 42b 42c**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)? 42c 43If 'Yes,' enter the name of the foreign country: ► 43

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 43If 'Yes,' enter the name of the foreign country: ► 43**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 N/A 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 44b**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 44c**c** Did the organization receive any payments for indoor tanning services during the year? 44c 44d**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

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? . . .	45	X
	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 inst.)	45a	X
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	X

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.	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 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.

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		Date			
	Signature of officer	9/27/11			
	► Charles Page	State Treasurer			
	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
	W Robert Arnold		8/11/11		N/A
	Firm's name ► Roger Nittler & Co., Inc.	Firm's EIN ► N/A			
Firm's address ► 2250 S. Oneida St., Suite 102					
Denver, CO 80224				Phone no. (303) 321-8111	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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Name of the organization

Knights of Columbus Colorado St Council

Employer identification number

23-7004728**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

The primary function of the State Council is to ensure that local level Knights of Columbus organizations are following the established bylaws and guidelines of the Colorado State Council and Supreme Council.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The primary function of the State Council is to ensure that local level Knights of Columbus organizations are following the established bylaws and guidelines of the Colorado State Council and Supreme Council.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

2010

Schedule O - Supplemental Information

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Client 09STATE

Knights of Columbus Colorado St Council

23-7004728

7/29/11

02:20PM

Form 990-EZ, Part I, Line 8
Other Revenue

Miscellaneous income	..	..	..	\$ 352.
				Total \$ <u>352.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	..	..	..	\$ 60.
Audit fees	..	..	..	1,350.
Conferences, Conventions, and Meetings	..	..	..	72,200.
Dues and donations	..	..	..	520.
Insurance	..	..	..	229.
Miscellaneous	..	..	..	659.
Office Expenses	..	..	..	2,440.
Program expenses	..	..	..	18,671.
State deputy account	..	..	..	3,189.
State membership	..	..	..	5,303.
State officer allocations	..	..	..	2,225.
State programs	..	..	..	11,904.
Stationery and supplies	..	..	..	2,249.
Telephone and postage	..	..	..	4,264.
				Total \$ <u>125,263.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

		Beginning	Ending
Supreme convention payable	..	\$ 0.	\$ 43,421.
		Total \$ <u>0.</u>	<u>\$ 43,421.</u>