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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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, 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

OMB No 1545-1150

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning		Jan 1	, 2011, and ending	Dec 31	, 2011	
B Check if applicable	C Name of organization	D Employer identification number				
<input type="checkbox"/> Address change	Knights of Columbus 1498	26-0092629				
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number				
<input type="checkbox"/> Initial return	9905 Foothills Canyon Blvd	303-346-8830				
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	F Group Exemption Number ►				
<input type="checkbox"/> Amended return	Highlands Ranch CO 80129	0188				
<input type="checkbox"/> Application pending						
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: ► www.knights1498.org						
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 Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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	45693			
	2 Program service revenue including government fees and contracts	2	142			
	3 Membership dues and assessments	3	6120			
	4 Investment income	4	162			
	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	17720			
b Gross income from fundraising events (not including \$ 24290 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	6480				
c Less: direct expenses from gaming and fundraising events	6c	25127				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-927				
7a Gross sales of inventory, less returns and allowances	7a	20440				
b Less: cost of goods sold	7b	10972				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9468				
8 Other revenue (describe in Schedule O)	8					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	60658				
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	34365			
	11 Benefits paid to or for members	11	0			
	12 Salaries, other compensation, and employee benefits	12	212			
	13 Professional fees and other payments to independent contractors	13	0			
	14 Occupancy, rent, utilities, and maintenance	14	0			
	15 Printing, publications, postage, and shipping	15	480			
	16 Other expenses (describe in Schedule O)	16	8643			
	17 Total expenses. Add lines 10 through 16 ►	17	43700			
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16958			
	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	26868			
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	14735			
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	29091			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (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	26868	22 29091
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	26868	25 29091
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26868	27 29091

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 Benefit Society & Charitable Service org.**

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 Fraternal Benefit - inducted 20 new members into organization, promoted advancement of rank; promoted insurance membership (7 new members); promoted fellowship among local council members.

(Grants \$ 9,088) If this amount includes foreign grants, check here ► 28a

29 Charitable Service - members provided over hours of volunteer service; provided grants for religious and service missions; provided grants to religious and service organizations, promoted fellowship in church and civic community; provided one education scholarships; provided welfare assistance

(Grants \$ 40,404) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 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 address	(b) Title and 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
Jim Butler 379 Shoreham Circle Castle Pines CO 80108	Grand Knight, 6	0	0	0
Bernie Ktua 961 Englsih Sparrow Trail Highlands Ranch CO 80129	FinancialSecretary, 10	0	0	212
Rob MaCoy 9027 Stonecrest Way Highlands Ranch CO 80129	Treasurer, 2	0	0	0
Brian Rollins 9315 Desert Willow Trail Highlands Ranch CO 80129	Trustee, 1	0	0	
Chris O'Reilly 199 Morningdew Placde highlands Ranch CO 80126	Trustee, 1	0	0	0
John Whattam 983 Riddlewood Road Highlands Ranch CO 80129	Trustee, 1	0	0	0
Jon Herskovits 10987 Glengate Circle Highlands Ranch CO 80130	Past Grand Knight, 2	0	0	433
Marc Solome 8036 S Kalispell Way Englewood CO 80112	District Deputy, 15	0	0	273

Expenses

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

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

	Yes	No
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 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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) 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	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	40c	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40c	
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. ► Colorado		
42a The organization's books are in care of ► Bernie Kuta	Telephone no. 303-346-8830	
Located at ► 9905 Foothills Canyon Blvd Highlands Ranch CO	ZIP + 4 80129	
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)?	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 the U.S.? If "Yes," enter the name of the foreign country: ►	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		
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	✓
45b 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	✓

		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	✓

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 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."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and 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
NONE				

f Total number of other employees paid over \$100,000 ► 0

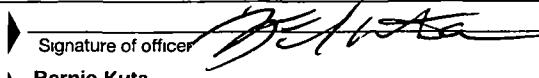
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 ► 0

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	Signature of officer 	Date <i>5/15/12</i>
	► Bernie Kuta Type or print name and title	

Paid Preparer Use Only	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 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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Knights of Columbus 1498

Employer identification number

26-0092629

✓ Line 1: Includes noncash contributions of \$14,735

✓ Line 10: (Grants & Similar) Sum of \$37,816 --- KofC supreme & state assessments (\$2740) Welfare Relief within community (\$14,011)

Donations to: St Mark Church (\$6,523) Sacred Heart Retreat House (\$500) 3T Ministries (\$2500) Archbishop Fulton Sheen Foundation
(\$700) KofC Colorado State Charities fund (\$2,744) Seminarian Support gifts (\$1000) Youth Scholarships (\$1000) Community Activity
for pro-life fund (\$350) Fellowship Activity (camping trip) (\$5,748)

✓ Line 16: (Other Expenses) Sum of \$5,192 --- Administrative expenses, supplies, & equipment (\$3,017) Awards (\$209) Insurance (\$394)

Informational Pamphlets (\$134) Officer Expenses (\$1363) Youth competition events (\$75)

✓ Line 20 : net assets noncash value of gifts distributed for silent auction fundraiser \$14,735 (zeros out line 1 addition of non-cash contrbs)

form 990-EZ - Schedule G: part II - multiple small fundraisers occurred in year that raised the OVERALL fundraiser income level

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. ► See separate instructions.

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

Knights of Columbus 1498

Employer identification number

26-0092629

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Part I 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 Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d 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
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" 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 Dinner & Auction (event type)	(b) Event #2 Peach Sales (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	18050	11550		29600
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	18050	11550		29600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	14335			14335
	6 Rent/facility costs				
	7 Food and beverages	5743			5743
	8 Entertainment	500			500
	9 Other direct expenses	2080	8191		10271
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				(30849)
	11 Net income summary. Combine line 3, column (d), and line 10 ►				-1249

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))
Revenue	1 Gross revenue			17720	17720
Direct Expenses	2 Cash prizes			4250	4250
	3 Noncash prizes			622	622
	4 Rent/facility costs			0	0
	5 Other direct expenses			411	411
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				(6087)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ►				11633

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

a Is the organization licensed to operate 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 operate 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 operated in:

13a	100 %
13b	0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Bernie Kuta, Financial Secretary

Address ► 961 English Sparrow Trail Highlands Ranch CO 80129

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 ► Mike Sieradski

Gaming manager compensation ► \$ none

Description of services provided ► Manages & oversees raffles conducted by the organization, maintains gaming license

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 ► \$ 16,050

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).
