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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 \_\_\_\_\_, and ending \_\_\_\_\_

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

**C** Name of organization  
Sterling Council 1559 of The Knights of Columbus

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
PO Box 487

City or town state or country ZIP + 4  
Sterling CO 80751

**D** Employer identification number  
84-0385089

**E** Telephone number  
(970) 522-0857

**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: ▶ N/A

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 8 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ 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. ▶ \$ 175,149

**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 |                                                                                                                                                                                                                  | Expenses |        | Net Assets |                                                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Contributions, gifts, grants, and similar amounts received                                                                                                                                                       | 1        |        | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |
| 2       | Program service revenue including government fees and contracts                                                                                                                                                  | 2        |        | 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) |
| 3       | Membership dues and assessments                                                                                                                                                                                  | 3        | 3,851  | 20         | Other changes in net assets or fund balances (explain in Schedule O)                                                                             |
| 4       | Investment income                                                                                                                                                                                                | 4        | 964    | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          |
| 5a      | Gross amount from sale of assets other than inventory                                                                                                                                                            | 5a       | 17,605 |            |                                                                                                                                                  |
| 5b      | Less: cost or other basis and sales expenses                                                                                                                                                                     | 5b       | 15,453 |            |                                                                                                                                                  |
| 5c      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                          | 5c       | 2,152  |            |                                                                                                                                                  |
| 6       | Gaming and fundraising events                                                                                                                                                                                    |          |        |            |                                                                                                                                                  |
| 6a      | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                            | 6a       | 77,456 |            |                                                                                                                                                  |
| 6b      | 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       | 59,712 |            |                                                                                                                                                  |
| 6c      | Less: direct expenses from gaming and fundraising events                                                                                                                                                         | 6c       | 96,729 |            |                                                                                                                                                  |
| 6d      | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               | 6d       | 40,439 |            |                                                                                                                                                  |
| 7a      | Gross sales of inventory, less returns and allowances                                                                                                                                                            | 7a       |        |            |                                                                                                                                                  |
| 7b      | Less: cost of goods sold                                                                                                                                                                                         | 7b       |        |            |                                                                                                                                                  |
| 7c      | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                                   | 7c       | 0      |            |                                                                                                                                                  |
| 8       | Other revenue (describe in Schedule O)                                                                                                                                                                           | 8        | 15,561 |            |                                                                                                                                                  |
| 9       | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                    | 9        | 62,967 |            |                                                                                                                                                  |
| 10      | Grants and similar amounts paid (list in Schedule O)                                                                                                                                                             | 10       | 18,230 |            |                                                                                                                                                  |
| 11      | Benefits paid to or for members                                                                                                                                                                                  | 11       | 630    |            |                                                                                                                                                  |
| 12      | Salaries, other compensation, and employee benefits                                                                                                                                                              | 12       | 500    |            |                                                                                                                                                  |
| 13      | Professional fees and other payments to independent contractors                                                                                                                                                  | 13       | 1,048  |            |                                                                                                                                                  |
| 14      | Occupancy, rent, utilities, and maintenance                                                                                                                                                                      | 14       | 14,412 |            |                                                                                                                                                  |
| 15      | Printing, publications, postage, and shipping                                                                                                                                                                    | 15       | 34,820 |            |                                                                                                                                                  |
| 16      | Other expenses (describe in Schedule O)                                                                                                                                                                          | 16       | 28,147 |            |                                                                                                                                                  |
| 17      | <b>Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | 17       | 83,857 |            |                                                                                                                                                  |

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2011)

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HOGDEN, UT

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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                                               | 32,306                | 22 | 43,499          |
| 23 Land and buildings                                                           | 23,080                | 23 | 21,016          |
| 24 Other assets (describe in Schedule O)                                        | 324                   | 24 | 19,342          |
| 25 Total assets                                                                 | 55,710                | 25 | 83,857          |
| 26 Total liabilities (describe in Schedule O)                                   |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21). | 55,710                | 27 | 83,857          |

**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.

☐**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 ATTACHED STATEMENT A

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 AWARDS TO SEVERAL GROUPS AT ST. ANTHONY PARISH, ST. ANTHONY CATHOLIC SCHOOL, HANDI- CAPPED CHILDREN IN STERLING AND COLORADO, COOPERATING MINISTRY AND SEMINARIES FOR CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES. SEE ATTACHED <u>STMT</u> | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |   |
| 29                                                                                                                                                                                                                                                 | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |   |
| 30                                                                                                                                                                                                                                                 | (Grants \$ ) 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  | 0 |

**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 |
|--------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|
| DALE WISE<br>PO BOX 487 STERLING CO 80751              | Title GRAND KNIGHT<br>Hr/WK 8 00                         | 0                                                                          |                                                                                        |                                            |
| DENNIS BOREN<br>14408 GREENWAY DRIVE STERLING CO 80751 | Title DEP GR KNIGHT<br>Hr/WK 8.00                        | 0                                                                          |                                                                                        |                                            |
| KEN KOESTER<br>15303 HWY 14 STERLING CO 80751          | Title FINANCIAL SECR<br>Hr/WK 16 00                      | 0                                                                          |                                                                                        | 540                                        |
| GERALD ATKIN<br>1518 WESTVIEW DRVIE STERLING CO 80751  | Title TREASURER<br>Hr/WK 8 00                            | 0                                                                          |                                                                                        | 45                                         |
| TOM LEDERHOS<br>15509 DEERFIELE STERLING CO 80751      | Title RECORDER<br>Hr/WK 8 00                             | 0                                                                          |                                                                                        | 45                                         |
|                                                        | Title<br>Hr/WK 00                                        | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK 00                                        | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK 00                                        | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK 00                                        | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK .00                                       | 0                                                                          |                                                                                        |                                            |
|                                                        | Title<br>Hr/WK 00                                        | 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. ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> 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.                                                                                                                                                                                                                                                                    |     | X  |
| <b>34</b> 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).                                                                                                                                                                             |     | X  |
| <b>35 a</b> 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)?                                                                                                                                                                                                                                                  |     | X  |
| <b>b</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                                                                                                                                                                                                                                                                                                               |     | X  |
| <b>c</b> 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.                                                                                                                                                                                                                        |     | X  |
| <b>36</b> 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.                                                                                                                                                                                                                                                      |     | X  |
| <b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>38 a</b> 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?                                                                                                                                                                                                          |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter.                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40b</b> , section 4955 <b>40c</b>                                                                                                                                                                                                                                                    |     |    |
| <b>b</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                                                                                                                    |     |    |
| <b>c</b> 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 <b>40c</b>                                                                                                                                                                                                                                                |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>                                                                                                                                                                                                                                                                                                                 |     |    |
| <b>e</b> 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 <b>40e</b>                                                                                                                                                                                                                                                                      |     | X  |
| <b>41</b> List the states with which a copy of this return is filed.                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>42 a</b> The organization's books are in care of <b>STERLING COUNCIL 1559 OF THE KNIGHTS</b> Telephone no <b>(970) 522-0857</b><br>Located at <b>PO BOX 487</b> City <b>STERLING</b> ST <b>CO</b> ZIP + 4 <b>80751</b>                                                                                                                                                                                                                         |     |    |
| <b>b</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 <b>42b</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| <b>c</b> 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 <b>42c</b>                                                                                                                                                                                                                                                                               |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>                                                                                                                                                                                                             |     |    |
| <b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.                                                                                                                                                                                                                                                                                                   |     | X  |
| <b>b</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                                                                                                                                                                                                                                                                                                |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                   |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>                                                                                                                                                                                                                                                                                           |     |    |
| <b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>                                                                                                                                                                                                                                                                                                                                    |     | X  |
| <b>b</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) <b>45b</b>                                                                                                                                                                            |     | 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.

|           | Yes | No |
|-----------|-----|----|
| <b>46</b> |     | 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 ☐

- 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

|           | Yes | No |
|-----------|-----|----|
| <b>47</b> |     |    |

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

|           |  |  |
|-----------|--|--|
| <b>48</b> |  |  |
|-----------|--|--|

- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?

|            |  |  |
|------------|--|--|
| <b>49a</b> |  |  |
|------------|--|--|

- b** If "Yes," was the related organization a section 527 organization?

|            |  |  |
|------------|--|--|
| <b>49b</b> |  |  |
|------------|--|--|

- 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 |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Name None Str<br>City ST ZIP                                   | Title<br>Hr/WK 00                                        |                                                   |                                                                                         |                                            |
| Name Str<br>City ST ZIP                                        | Title<br>Hr/WK 00                                        |                                                   |                                                                                         |                                            |
| Name Str<br>City ST ZIP                                        | Title<br>Hr/WK 00                                        |                                                   |                                                                                         |                                            |
| Name Str<br>City ST ZIP                                        | Title<br>Hr/WK 00                                        |                                                   |                                                                                         |                                            |
| Name Str<br>City ST ZIP                                        | Title<br>Hr/WK .00                                       |                                                   |                                                                                         |                                            |

- 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."

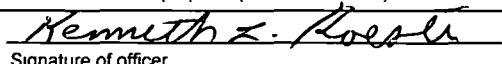
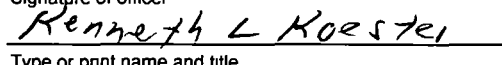
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| Name None Str<br>City ST ZIP                                                 |                     |                  |
| Name Str<br>City ST ZIP                                                      |                     |                  |
| Name Str<br>City ST ZIP                                                      |                     |                  |
| Name Str<br>City ST ZIP                                                      |                     |                  |
| Name Str<br>City ST ZIP                                                      |                     |                  |

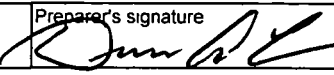
- d** Total number of other independent contractors each receiving over \$100,000 **0**

- 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**  Financial Sec  
Signature of officer Date 8/21/12  
  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Duane A Lambrecht Preparer's signature  Date 8/21/2012 Check ☐ if self-employed PTIN P00117197  
Firm's name LAMBRECHT and CO., CPAs PC Firm's EIN 26-4430731  
Firm's address 304 CEDAR ST, STERLING, CO 80751 Phone no (970) 522-7162

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

☒ Yes ☐ No

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

Sterling Council 1559 of The Knights of Columbus

Employer identification number

84-0385089

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to 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 checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" 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? ☐ 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 |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
| 1                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 2                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 3                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 4                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 5                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 6                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 7                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 8                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 9                                                         |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| 10                                                        |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |
| Total                                                     |               |                                                                |    | 0                                 | 0                                                                | 0                                                 |

- 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

co

**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<br>Beer Garden<br>(event type) | (b) Event #2<br>Miscellaneous<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add col (a) through<br>col (c)) |
|-----------------|--------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|--------------------------------------------|------------------------------------------------------|
|                 |                                                                          |                                             |                                               |                                            |                                                      |
| Revenue         | 1 Gross receipts . . . . .                                               | 54,160                                      | 5,552                                         | 0                                          | 59,712                                               |
|                 | 2 Less: Charitable contributions . . . . .                               | 0                                           | 0                                             | 0                                          | 0                                                    |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                           | 54,160                                      | 5,552                                         | 0                                          | 59,712                                               |
| Direct Expenses | 4 Cash prizes . . . . .                                                  | 0                                           | 0                                             | 0                                          | 0                                                    |
|                 | 5 Noncash prizes . . . . .                                               | 0                                           | 0                                             | 0                                          | 0                                                    |
|                 | 6 Rent/facility costs . . . . .                                          | 10,224                                      | 0                                             | 0                                          | 10,224                                               |
|                 | 7 Food and beverages . . . . .                                           | 0                                           | 0                                             | 0                                          | 0                                                    |
|                 | 8 Entertainment . . . . .                                                | 0                                           | 0                                             | 0                                          | 0                                                    |
|                 | 9 Other direct expenses . . . . .                                        | 18,043                                      | 2,780                                         | 0                                          | 20,823                                               |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |                                             |                                               |                                            | ( 31,047 )                                           |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 . . . . . |                                             |                                               |                                            | 28,665                                               |

**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<br>bingo/progressive bingo                               | (c) Other gaming                                                   | (d) Total gaming (add<br>col (a) through col (c)) |
|-----------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------|
|                 |                                                                             |                                                                                |                                                                                |                                                                    |                                                   |
| Revenue         | 1 Gross revenue . . . . .                                                   | 51,605                                                                         | 25,851                                                                         |                                                                    | 77,456                                            |
| Direct Expenses | 2 Cash prizes . . . . .                                                     | 36,205                                                                         | 25,006                                                                         |                                                                    | 61,211                                            |
|                 | 3 Noncash prizes . . . . .                                                  |                                                                                |                                                                                |                                                                    | 0                                                 |
|                 | 4 Rent/facility costs . . . . .                                             |                                                                                |                                                                                |                                                                    | 0                                                 |
|                 | 5 Other direct expenses . . . . .                                           | 2,124                                                                          | 2,347                                                                          |                                                                    | 4,471                                             |
|                 | 6 Volunteer labor . . . . .                                                 | <input checked="" type="checkbox"/> Yes 100.00%<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100.00%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No |                                                   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .     |                                                                                |                                                                                |                                                                    | ( 65,682 )                                        |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . |                                                                                |                                                                                |                                                                    | 11,774                                            |

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

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:
- |                               |     |        |
|-------------------------------|-----|--------|
| a The organization's facility | 13a | 99.00% |
| b An outside facility         | 13b | 1.00%  |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KEN KOESTER

Address ▶ 15303 HWY 14 STERLING, CO 80751

- 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party

Name ▶

Address ▶

## 16 Gaming manager information

Name ▶ KEN KOESTER

Gaming manager compensation ▶ \$ 540

Description of services provided ▶ BOOKKEEPING

☒ 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 ▶ \$ 0

**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).

**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

Employer identification number

Sterling Council 1559 of The Knights of Columbus

84-0385089

Form 990-EZ, Part I, Line 8, Other Revenue, Other- Reimbursements & Miscellaneous: 108

Form 990-EZ, Part I, Line 8, Other Revenue, Insurance Proceeds: 15,453

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: St. Anthony Parish

326 S 3rd St Sterling CO 80751, Cash Grant: 11,050, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Charitable, Grantee: K of C- Brush

Council 340 Stanford Brush CO 80723, Cash Grant: 320, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C- Wray Council

412 1/2 Dexter St Wray CO 80758, Cash Grant: 880, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C- Akron

Council 662 Birch Ave Akron CO 80720, Cash Grant: 400, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C - Yuma

Council 508 S Ash St Yuma CO 80759, Cash Grant: 880, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C- Sidney

Council PO Box 291 Sidney NE 69162, Cash Grant: 1,840, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C Squires-

Sterling Po Box 487 Sterling CO 80751, Cash Grant: 40, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Charitable, Grantee: Trinity Luthern

Church 732 Clark St Sterling CO 80751, Cash Grant: 320, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: K of C State Council

2701 W 84th Ave Westminster CO 80031, Cash Grant: 100, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: Sterling Hi Plains

Lions PO Box 295 Iliff CO 80736, Cash Grant: 1,700, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Charitable, Grantee: Northeastern Junior

College 100 College Ave Sterling CO 80751, Cash Grant: 500, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Charitable, Grantee: Jay Sheridan

Memorial 100 Civic Center Drive Limon CO 80828, Cash Grant: 100, Relationship:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(HTA)

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

Employer identification number

Sterling Council 1559 of The Knights of Columbus

84-0385089

Form 990-EZ, Part I, Line 10, Grants Paid, Activity, Charitable, Grantee, Blue Skies Riding

Center, 109 North Front St, Sterling, CO 80751, Cash Grant: 100, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses, Travel, 697

Form 990-EZ, Part I, Line 16, Other Expenses, Depreciation: 5,343

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies, 5,618

Form 990-EZ, Part I, Line 16, Other Expenses, Licenses &amp; Permits, 175

Form 990-EZ, Part I, Line 16, Other Expenses, Per Capita Tax: 2,479

Form 990-EZ, Part I, Line 16, Other Expenses, Advertising: 100

Form 990-EZ, Part II, Line 24, Other Assets: EQUIPMENT, Beginning of year 324, End of year

19,342

## Elections

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### **Election to NOT claim first-year special depreciation - All Property**

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year

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**STATEMENT A: PRIMARY EXEMPT PURPOSE**

- |   |                                                                                                 |                                               |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1 | TO RENDER FINANCIAL AID TO MEMBERS AND THEIR FAMILIES                                           | MUTUAL AID AND ASSISTANCE ARE OFFERED TO      |
| 2 | SICK, DISABLED AND NEEDY MEMBERS AND THEIR FAMILIES                                             | SOCIAL AND INTELLECTIAL FELLOWSHIP IS PROMOTE |
| 3 | AMONG MEMBERS AND THEIR FAMILIES THROUGH EDUCATIONAL, CHARITABLE, RELIGIOUS, SOCIAL WELFARE AND |                                               |
| 4 | PUBLIC RELIEF CONTRIBUTIONS IN THE COMMUNITY                                                    |                                               |
| 5 |                                                                                                 |                                               |

**ADDITIONAL EXPLANATION:****Total:****0**

- |   |                                                                              |   |  |
|---|------------------------------------------------------------------------------|---|--|
| 1 | THE AWARDS WERE DISTRIBUTED BASED ON THE ORGANIZATION'S MISSION OF THEIR     | 1 |  |
| 2 | EXEMPT PURPOSE OF CONTRIBUTIONS TO THE CATHOLIC CHURCH, COMMUNITY, FAMILIES, | 2 |  |
| 3 | YOUNG PEOPLE AND BROTHER KNIGHTS                                             | 3 |  |
| 4 |                                                                              | 4 |  |
| 5 |                                                                              | 5 |  |

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

**2011**Attachment  
Sequence No **179**Department of the Treasury  
Internal Revenue Service

(99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Sterling Council 1559 of The Knights of Colum

990EZ

84-0385089

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

|   |                                                                                                                                         |   |           |
|---|-----------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 | Maximum amount (see instructions)                                                                                                       | 1 | 500,000   |
| 2 | Total cost of section 179 property placed in service (see instructions)                                                                 | 2 | 22,297    |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions)                                                | 3 | 2,000,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-                                                        | 4 | 0         |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000   |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|-----------------------------|------------------------------|------------------|
|   |                             |                              |                  |

|    |                                                                                                                    |    |   |
|----|--------------------------------------------------------------------------------------------------------------------|----|---|
| 7  | Listed property. Enter the amount from line 29                                                                     | 7  |   |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7                               | 8  | 0 |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8                                                         | 9  | 0 |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562                                              | 10 |   |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 |   |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11                              | 12 | 0 |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12                                        | 13 | 0 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |                                                                                                                                             |    |       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |       |
| 15 | Property subject to section 168(f)(1) election                                                                                              | 15 |       |
| 16 | Other depreciation (including ACRS)                                                                                                         | 16 | 2,064 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

|    |                                                                                                                                   |    |                          |
|----|-----------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011                                                  | 17 | 92                       |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    | <input type="checkbox"/> |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property           |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      | 22,297                                                                     | 7                   | HY             | 200DB      | 3,187                      |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 27.5 yrs            | MM             | S/L        |                            |
|                                |                                      |                                                                            | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                 |  |  |        |    |     |  |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life |  |  |        |    | S/L |  |
| b 12-year       |  |  | 12 yrs |    | S/L |  |
| c 40-year       |  |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |                                                                                                                                                                                                              |    |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 | Listed property. Enter amount from line 28                                                                                                                                                                   | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 5,343 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                      | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)