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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning 7/01 , , 2011, and ending 6/30 , , 2012	
B Check if applicable. C Knights of Columbus Colorado St Council Address change Name change Initial return Terminated Amended return Application pending	
D Employer identification number 23-7004728	
E Telephone number	
F Group Exemption Number 0188	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____	
I Website: ► N/A	
J Tax-exempt status (ck only one) — 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) (insert no.) 4947(a)(1) or 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 ► \$ 131,722.	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)	
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>	
1 Contributions, gifts, grants, and similar amounts received 126,534. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events. 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 5,188. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 131,722.	
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) See Schedule O 157,188. 17 Total expenses. Add lines 10 through 16. 157,188.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) -25,466. 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 41,556. 21 16,090.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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	84,977.	22 16,090.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	84,977.	25 16,090.
26 Total liabilities (describe in Schedule O) See Schedule O	43,421.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,556.	27 16,090.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? See Schedule O

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.

Expenses

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

28 See Schedule O28a 18,812.

29

29a

30

30a

31

31a

32 Total program service expenses (add lines 28a through 31a) 18,812.**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 (Form 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
Christopher Foley 5906 Thurber Dr Colorado Springs, CO 80924	State Warden 0	0.	0.	0.
John Doherty 2560 Lumberjack Dr. Colorado Springs, CO 80920	State Advocate 0	0.	0.	0.
James Caffrey 4380 South Estes Street Littleton, CO 80123	State Treasurer 0	0.	0.	0.
Very Rev. Robert Fisher, V.F. 4950 South Logan Englewood, CO 80113	State Chaplin 0	0.	0.	0.
Foster Sauter 15050 Peoria Crossing Road Byers, CO 80103	Past St. Deputy 0	0.	0.	0.
Roger Muller 3800 West 5th Street Greely, CO 80634	State Deputy 0	0.	0.	0.
Charles Page 8402 Sutterfield Dr Colorado Springs, CO 80920	State Secretary 0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V...

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
33 X

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) Yes No
34 X

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)? Yes No
35a X

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 Yes No
35b X

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 Yes No
35c X

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 Yes No
36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. Yes No
b Did the organization file Form 1120-POL for this year? Yes No
37b X

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? Yes No
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b N/A

39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year:
section 4911 ► **40a** N/A ; section 4912 ► **40b** N/A ; section 4955 ► **40c** N/A
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. Yes No
40d 0.

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 ► **40e** 0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► **40f** 0.
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 Yes No
40e X

41 List the states with which a copy of this return is filed ► **41** None

42a The organization's books are in care of ► **42a** James Caffrey Telephone no. ► **42a** 719-473-7300
Located at ► **42a** 4380 S Estes St Littleton CO ZIP + 4 ► **42a** 80123

Yes No

42b X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No
If 'Yes,' enter the name of the foreign country: ► **42b** _____

42c X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes No
If 'Yes,' enter the name of the foreign country: ► **42c** _____

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

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** N/A N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a X

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 Yes No
44b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c X

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 Yes No
44d _____

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
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) Yes No
45b 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.

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.'		

e Total number of other employees paid over \$100,000 .. ►

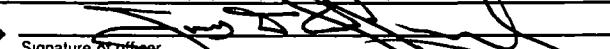
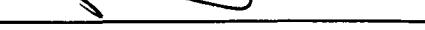
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here			Date <u>8/24/2012</u>		
	Signature of officer	James Caffrey			
	State Treasurer				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>W Robert Arnold</u>	Preparer's signature 	Date <u>8/27/12</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00341995</u>
	Firm's name ► <u>Roger Nittler & Co., Inc.</u>	Firm's EIN ► <u>84-0688180</u>			
	Firm's address ► <u>2250 S. Oneida St., Suite 102</u>				
	<u>Denver, CO 80224</u>				
	Phone no <u>(303) 321-8111</u>				

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

OMB No. 1545-0047

2011

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.

Name of the organization

Knights of Columbus Colorado St Council

Employer identification number

23-7004728

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

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

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

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

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

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

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

2011

Schedule O - Supplemental Information

Page 2

Client 09STATE

Knights of Columbus Colorado St Council

23-7004728

8/21/12

11:00AM

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

Miscellaneous income.....	\$ 5,188.
Total	<u>\$ 5,188.</u>

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

Advertising and Promotion.....	\$ 2,459.
Audit fees.....	1,600.
Conferences, Conventions, and Meetings.....	94,109.
Dues and donations.....	760.
Insurance.....	336.
Miscellaneous.....	1,075.
Office Expenses.....	5,594.
Program expenses.....	18,812.
State deputy account.....	2,384.
State membership.....	2,450.
State officer allocations.....	2,225.
State programs.....	9,174.
Stationery and supplies.....	5,584.
Supreme convention.....	7,373.
Telephone and postage.....	3,253.
Total	<u>\$ 157,188.</u>

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

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