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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**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.

A For the 2012 calendar year, or tax year beginning **January 1**, 2012, and ending **December 31**, 20 **12****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

8035 S. Quebec Street

City or town, state or country, and ZIP + 4

Centennial CO 80122-35112**D** Employer identification number**84-1145133****E** Telephone number**303-779-5369****F** Group ExemptionNumber **0188****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____**I** Website: **http://www.council10205.org****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (**8**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 **\$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	14,571.86
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	21,334.64
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	50,984.90	
c	Less: direct expenses from gaming and fundraising events	6c	37,747.32	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	34,569.22	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,141.08	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	19,052.28
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	674.86
	16	Other expenses (describe in Schedule O)	16	12,862.92
17	Total expenses. Add lines 10 through 16	17	32,590.06	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,551.02
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,193.00
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,744.02

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2012)

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a _____	
b Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	
41 List the states with which a copy of this return is filed ▶ Colorado		
42a The organization's books are in care of ▶ Douglas J. Prechtel Telephone no ▶ 303-290-9907 Located at ▶ 7594 S. Cook Way, Centennial CO ZIP + 4 ▶ 80122-3511		
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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

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
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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
47		<input checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input type="checkbox"/>
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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 title of each employee paid more than \$100,000	(b) 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

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

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

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

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

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

▶ ☐ Yes ☒ No

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

Sign Here

Signature of officer

Douglas J Prechtel, Treasurer

Type or print name and title

Date

4/21/13

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Knights of Columbus - St. Thomas More #10205

Employer identification number

84-1145133

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 type="checkbox"/> Special fundraising events |
| d <input 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Tootsie Roll Drive</u> (event type)	(b) Event #2 <u>Fish Frys</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,636.05	23,651.25		33,287.30
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	9,636.05	23,651.25		33,287.30
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		16,840.23		16,840.23
	8 Entertainment				
	9 Other direct expenses	326.00	3,500.27		3,826.27
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(20,666.50)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				12,620.80

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			21,331.64	21,334.64
	2 Cash prizes			971.64	971.64
Direct Expenses	3 Noncash prizes			2,640	2,640.00
	4 Rent/facility costs			0	
	5 Other direct expenses			582	582.00
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(3,611.64)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				17,723.00

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

a Is the organization licensed to operate gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 100 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ Douglas J. Prechtel

Address ▶ 7594 S. Cook Way, Centennial, CO 80122

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ Douglas J Prechtel

Gaming manager compensation ▶ \$ 0.00

Description of services provided ▶ Licensing, Member Education, Event Monitoring, Bookkeeping, State Reporting

☒ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 16,717.70

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).

2012 990EZ	
Knights of Columbus - St. thomas More #10205	EIN
Schedule G	84-1145133

Gross Income from Gaming

Raffle - Bronco Tickets Annual Fund Raiser	17,160 00
Raffle - Support Auxiliary Charities	600.00
50/50 Soc Mtgs - Pennies from Heaven Raffle	31 00
50/50 St Pats Dinner	153 00
50/50 Fish Fry's (5)	772 00
Raffle - Support STM Youth Group ASB Raffle	2,600 00
Bank Charge In Error	15 64
Total	21,331.64

2012 990EZ

Knights of Columbus - St. thomas More #10205 Schedule G	EIN 84-1145133
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Gross income From Fundraising

Men's Camping Social	395.00
State Football Sweepstakes	40 00
Peaches @ 150 cases	4,465 75
Tootsie Roll Drive	9,636 05
Italian Family Feast	3,494 85
Christmas Food Box Drive	1,870 00
Keep Christ in Christmas Magnets	368 00
Fish Fry's (6 Frndays)	23,651.25
St Patrick's Day Celebration	2,604 85
Easter Food Box Drive	765 00
Catechism/Bible Sales	710 50
Petty Cash Return	1,100.00
Voided Check #3808	104 77
Kelly Dowell Memorial	1,779 00
Total	50,985.02

2012 990EZ	
Knights of Columbus - St. thomas More #10205 Schedule O	EIN 84-1145133

Grants Paid

Ladies Auxiliary Charities Donation	800 00
STM School Donation	500 00
STM Parish Donation	1,000.00
STM Catholic Scholarships	1,500 00
Queen of Apostles	500 00
Boy Scouts	200 00
STM American Heritage Girls	200 00
STM Youth (ASB Program)	2,600 00
Challenge Girls Club	750.00
Seminarians	3,000 00
Fr. Martin Whealen Retirement	100.00
Pennies from Heaven State KofC	956 00
Franciscan Foundation Holy Land	1,000.00
Regis University Pro Life Trip	200 00
Men's Camping Social	200.00
Sacred Heart Youth Christmas Party	350.00
Peaches @ 150 cases	100 00
Mathew Sanchez Special Needs	200 00
Discalaced Carmelite Friars	500.00
Emily Morgan Special Needs	200 00
KofC Denver Metro - Vocation Walk	50 00
STM Catholic School Golf Tournament	1,811 70
St Anthony Food Bank	232 13
STM Clergy Appreciation Night	463 20
Easter Food Box Drive - Cash / Cards	765 00
Ladies Auxiliary Donation	300.00
KofC State Monstrance	213 00
Kids Camp Catering	241.45
Sue Dowell - Kelly Dowell Memorial	120.00
Total	19,052.48

2012 990EZ	
Knights of Columbus - St. thomas More #10205	EIN
Schedule O	84-1145133

Other Expenses

Bounced check	50 00
Bounced check, Service Charge	22 67
1st Degree Ceremony Expense	29.50
Major Degree Expense	230 00
Knights to Christ Books	150.00
Blank Checks	21.00
Truck Banners	107 30
Office Supplies	936.05
Liability Insurance	400.00
Website URL Renewal (Go Daddy - 3yr)	54 05
E-mail Service	342.00
Installation of Council Officers	49 91
Marketing Materials (non project)	78.12
Centurion Prod. Costs (Signal Graphics)	162.04
Council Badges	293 75
Council Shirts / Clothing	1,347 00
Raffle Admin Fee	58 00
Raffle License Renewal	100.00
Printing (Council Directory / Training Materials)	726 89
Miscellaneous	110 00
Sate Registration Renewal Fee	10.00
Bounced Check / Ser. Charge	7 64
Social Meeting Expenses/Food & Bev	1,214.11
KC Metro Annual Dues	50 00
Catholic Register Ad - Clergy Appr	85 00
KC State Per Capita .	2,222 38
KC Advertising - State Convention	65 00
KC State Convention Lodging/Food	652.70
KC Supreme Per Capita	969.76
KC Supreme Supplies (Brochures etc)	1,540 55
Culture of Life	777 50
Total	12,862.92