

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2018

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning		, 2018, and ending	, 20																		
B Check if applicable <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Address change</td> <td style="width: 85%;">C Name of organization Fr. Francis Syriac Knights of Columbus Council 12567</td> <td style="width: 15%;">D Employer identification number 84-1523483</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P O box, if mail is not delivered to street address) 10316 W. Bowles Ave.</td> <td>E Telephone number 303-933-8479</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Address change	C Name of organization Fr. Francis Syriac Knights of Columbus Council 12567	D Employer identification number 84-1523483	<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) 10316 W. Bowles Ave.	E Telephone number 303-933-8479	<input type="checkbox"/> Initial return			<input type="checkbox"/> Final return/terminated			<input type="checkbox"/> Amended return			<input type="checkbox"/> Application pending			F Group Exemption Number ► 0188	
<input type="checkbox"/> Address change	C Name of organization Fr. Francis Syriac Knights of Columbus Council 12567	D Employer identification number 84-1523483																			
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) 10316 W. Bowles Ave.	E Telephone number 303-933-8479																			
<input type="checkbox"/> Initial return																					
<input type="checkbox"/> Final return/terminated																					
<input type="checkbox"/> Amended return																					
<input type="checkbox"/> Application pending																					
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).																			
I Website: ► www.kofc12567.org																					
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (8) ▲ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																					
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other																					
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,591																					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																					
Revenue 1 Contributions, gifts, grants, and similar amounts received 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 b Less: cost or other basis and sales expenses 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) 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) c Less: direct expenses from gaming and fundraising events 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 2019 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 22,763	1 1,847 2 0 3 6,390 4 0 5c 0 6a 0 6b 51,354 6c 28,591 6d 22,763 7a 0 7b 0 7c 0 8 0 9 31,000																				
Expenses 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) 17 Total expenses. Add lines 10 through 16 ► 42,042	10 36,597 11 0 12 0 13 0 14 0 15 2,882 16 2,563 17 42,042																				
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 ► 10,763	18 -11,042 19 21,805 20 21 10,763																				

SCANNED MAY 02 2019

20

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 <input type="checkbox"/>		
		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	21,805	22	10,763
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	Total assets	21,805	25	10,763
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,805	27	10,763

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 <input type="checkbox"/>		
What is the organization's primary exempt purpose? <u>Provide service to God, Church and Community</u>				
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	Provide 6 Parish Breakfasts and 6 Lenten Fisy Frys as fund raisers for various donations			
<u>Total Expenses \$7,373.55 - Income \$22,175.22</u>				
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
29	Provide a 5K Run/Walk Race with proceeds going to the Knights of Columbus Ultra Sound Program			
<u>Total Expenses \$4,191.45 - Income \$8,390.00</u>				
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
30	Provide a Tootsie Roll Program to raise funds for the Intellectually Disabled			
<u>Total Expenses \$601.01 - Income \$10,114.24</u>				
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
31	Other program services (describe in Schedule O)			
(Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here ► <input type="checkbox"/>				
32	Total program service expenses (add lines 28a through 31a)	► 32		

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)				
Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>				
(a) Name and title	(b) 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
Michael J McBride - Grand Knight	12	0	0	0
Matthew Traver - Deputy Grand Knight	6	0	0	0
Deris Wolff - Chancellor	3	0	0	0
Michael Worley - Recording Secretary	2	0	0	0
Joseph Snow - Treasurer	5	0	0	0
Daniel Fessler - Advocate	1	0	0	0
Patrick Garrison - Warden	1	0	0	0
Jason Coon - Inside Guard	1	0	0	0
Joe Francis - Outside Guard	1	0	0	0
Kenneth Vigil - Outside Guard	1	0	0	0
William Tellesco Sr - Trustee	1	0	0	0
Anthony Juarez - Trustee	1	0	0	0

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	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	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► , section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► Paul Patricca	Telephone no. ► 303-933-8479	
Located at ► 8320 West Calhoun Dr., Littleton, CO	ZIP + 4 ► 80123-3563	
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 ►	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42c	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	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	✓
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	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

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

		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"		

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 business address of each independent contractor	(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 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	3-20-19 Date
	Michael J McBride - Grand Knight <small>Type or print name and title</small>	

Type or print name and title					
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

Form 990-EZ (2018)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Fr. Francis Syrian Knights of Columbus Council 12567

Employer identification number

84-1523483

Response to 990 EZ Part I Line 10

Colorado Knights of Columbus Charities Fund Inc.

c/o Claude Trujillo, 505 Columbia Ave., Del Norte, CO 81132

Ultra Sound Program **\$11,579.39**

2018 Football Fund Crazr **\$ 1,512.00**

Tootsie Roll - Intellectual Disabilities **\$15,840.74**

Total **\$28,932.13**