

Form 990-EZ

OMB No. 1545-0047

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 private foundations)

2019

Open to Public  
Inspection

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization 

Knights of Columbus 1498

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

Room/suite

9905 Foothills Canyon Blvd

City or town, state or province, country, and ZIP or foreign postal code

08

Highlands Ranch, CO 80129

D Employer identification number 

26-0092629

E Telephone number

720-284-2653

F Group Exemption

Number ►  0188

08

09

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: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 8 ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  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.

► \$

**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 12833
	2 Program service revenue including government fees and contracts . . . . .	2 0
	3 Membership dues and assessments . . . . .	3 6088
	4 Investment income . . . . .	4 2
	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) . . . . .	5c 0
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	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 62885
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 12806
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 50079
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 7879
	b Less: cost of goods sold . . . . .	7b 4868
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c 3011
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 72012
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 62964
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .	12
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15 2008
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .	16 34462
	17 Total expenses. Add lines 10 through 16 ►	17 99434
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 -27422
	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 83147
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 55725

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule Q to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	83147	22 55725
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	83147	25 55725
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	83147	27 55725

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

**Check if the organization used Schedule O to respond to any question in this Part III**

What is the organization's primary exempt purpose? **Service and support of community needy causes**

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, optional for others.)

28		Fraternal Benefits - Inducted several new members into organization, promoted advancement in responsibilities of members, promoted insurance membership and fellowship amongst local council members		
28a		(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29		Charitable service, Members provided over 5420 hours of volunteer services to the community at large, grants for religious & service organizations and a service mission to an eastern Colorado church, fellowship in church and civic events, welfare assistance and educational awards.		
29a		(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30				
30a		(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31		Other program services (describe in Schedule O) . . . . .		
31a		(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32		Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	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

Check if the organization used Schedule C to respond to any question in this Part IV				
<input checked="" 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
Chet Elder	10	0	0	0
Grand Knight		0	0	0
Chris Harden	10	0	0	0
Deputy Grand Knight		0	0	0
Gurney Thompson	20	0	0	0
Financial Secretary		0	0	0
Dan Ziellnski	10	0	0	0
Treasurer		0	0	0
Tim Mosholder	2	0	0	0
Trustee		0	0	0
Bernie Kuta	2	0	0	0
Trustee		0	0	0
Robert Wilson	2	0	0	0
Trustee		0	0	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
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 ► <b>37a</b>	37b	
b Did the organization file <b>Form 1120-POL</b> for this year?	38a	✓
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?	38b	
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ► <b>Colorado</b>		
42a The organization's books are in care of ► <b>Dan Ziellinski</b>	Telephone no. ► 206-251-2520	
Located at ► <b>1989 Fox Fire Street, Highlands Ranch, CO</b>	ZIP + 4 ► 80129	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country ► _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	✓
If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <input type="checkbox"/>		
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	✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<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

		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	<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"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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	(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 business address of each independent contractor	(b) Type of service	(c) Compensation

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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 <input checked="" type="checkbox"/>	Signature of officer F Gurney Thompson Jr	Date 8-16-2020
	Type or print name and title	

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

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No