

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 1545-0047

2020

Department of the Treasury  
Internal Revenue Service

- 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.

Open to Public  
Inspection

**A For the 2020 calendar year, or tax year beginning**

, 2020, and ending

, 20

<b>B Check if applicable</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change	KNIGHTS OF COLUMBUS - ST THOMAS MORE COUNCIL 10205	841145133
<input type="checkbox"/> Name change	Number and street (or P O. box if mail is not delivered to street address)	<b>E Telephone number</b>
<input type="checkbox"/> Initial return	8035 EAST QUEBEC STREET	720-480-8259
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>F Group Exemption Number</b>
<input type="checkbox"/> Amended return	CENTENNIAL, CO 80112	OS
<input type="checkbox"/> Application pending		

**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) ( ) (insert no)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other **RELIGIOUS, CHARITABLE, FRATERNAAL ORG.**

**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

► \$ 37,835

**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

SCANNED FEB 16 2022  
Revenue

Expenses

Net Assets

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 4,734
4 Investment income	4
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
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 794
b Gross income from fundraising events (not including \$ 32,307 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 32,307
c Less: direct expenses from gaming and fundraising events	6c 30,102
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 2,999
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)	7c 7,733
8 Other revenue (describe in Schedule O)	8
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9
10 Grants and similar amounts paid (list in Schedule O)	10 7,322
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O)	16 15,798
17 <b>Total expenses.</b> Add lines 10 through 16	17 23,120
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -15,387
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 42,331
20 Other changes in net assets or fund balances (explain in Schedule O)	20 -341
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 26,604

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)

**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	42,331	22
23	Land and buildings		26,604
24	Other assets (describe in Schedule O)		23
25	<b>Total assets</b>	42,331	24
26	<b>Total liabilities (describe in Schedule O)</b>		25
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	42,331	26,604

**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? \_\_\_\_\_

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 TWO FOOD DRIVES**

Distribute truckloads of food, plus monetary contributions to three food banks

28	(Grants \$ 1,690) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	1,640
29	..... ..... .....		
30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
31	..... .....		
32	(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	<b>Total program service expenses (add lines 28a through 31a)</b>	► <input type="checkbox"/>	32

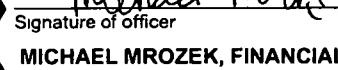
**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV 

(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
ERC GUZMAN - GRAND KNIGHT	20	0	0	0
ROBERT ROGERS - DEPUTY GRAND KNIGHT	20	0	0	0
MICHAEL MROZEK - FINANCIAL SECRETARY	15	0	0	0
WALDEN WALKER - TREASURER	10	0	0	0
EMIDIO PARZIALE	5	0	0	0
DARIN GILILAND	5	0	0	0
TOM REINHARD	5	0	0	0
.....				
.....				
.....				
.....				
.....				

GO

**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 0	37a	0
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	
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 8866-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 ► MICHAEL MROZEK	Telephone no. ► 720-480-8259	
Located at ► 8032 EAST PHILLIPS CIRCLE, CENTENNIAL, CO	ZIP + 4 ► 80112	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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		
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		<input type="checkbox"/> <input checked="" type="checkbox"/> <b>46</b> <input checked="" type="checkbox"/>		
<b>Part VI Section 501(c)(3) Organizations Only</b>				
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 <input type="checkbox"/>				
<b>47</b> 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		<input type="checkbox"/> <input checked="" type="checkbox"/> <b>47</b> <input type="checkbox"/>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input type="checkbox"/> <input checked="" type="checkbox"/> <b>48</b> <input type="checkbox"/>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<input type="checkbox"/> <input checked="" type="checkbox"/> <b>49a</b> <input type="checkbox"/>		
<b>b</b> If "Yes," was the related organization a section 527 organization?		<input type="checkbox"/> <input checked="" type="checkbox"/> <b>49b</b> <input type="checkbox"/>		
<b>50</b> 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
<b>f</b> Total number of other employees paid over \$100,000 ►			<input type="checkbox"/>	
<b>51</b> 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."			<input type="checkbox"/>	
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation		
		<input type="checkbox"/>		
<b>d</b> Total number of other independent contractors each receiving over \$100,000 ►			<input type="checkbox"/>	
<b>52</b> Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A			<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				
<b>Sign Here</b> <input type="checkbox"/>	 Signature of officer <b>MICHAEL MROZEK, FINANCIAL SECRETARY</b> Type or print name and title			Date <b>1/9/2021</b> <b>1/9/2021</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Firm's EIN ►	Date Phone no	PTIN Check <input type="checkbox"/> if self-employed
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

KNIGHTS OF COLUMBUS - ST THOMAS MORE COUNCIL 10205

OMB No. 1545-0047

2020

Open to Public  
Inspection

**Employer identification number**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  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 10 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						
<b>Total</b>						

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" on 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 <b>FISH FRY</b> (event type)	(b) Event #2 <b>PEACH DRIVE</b> (event type)	(c) Other events <b>OTHER</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	18,920	5,928	7,459	32,307
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	18,920	5,928	7,459	32,307
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .	18,310	4,360		22,670
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .			7,432	7,432
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				30,102
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				2,205

**Part III Gaming.** Complete if the organization answered "Yes" on 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 . . . . .			794	794
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	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	[REDACTED]
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				0
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				794

9 Enter the state(s) in which the organization conducts gaming activities: **COLORADO**

a Is the organization licensed to conduct 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: \_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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.**

OMB No 1545-0047

2020

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**KNIGHTS OF COLUMBUS - ST THOMAS MORE COUNCIL 10205**

**Employer identification number**

84-1145133

**PART I - LINE 10 - GRANTS PAID (SEE ATTACHED)**

**PART I - LINE 16 - OTHER EXPENSES (SEE ATTACHED)**

**PART I - LINE 20 - OTHER CHANGES IN NET ASSETS (SEE ATTACHED)**

Name of the organization

**KNIGHTS OF COLUMBUS - ST THOMAS MORE COUNCIL 10205**

Employer identification number

**84-1145133**