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Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2012

Open to Public
InspectionDepartment 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 , 20

B Check if applicable:

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

C Name of organization D Employer identification number
KNIGHTS OF COLUMBUS COUNCIL 10483 48-1092849
Number and street (or P O. box, if mail is not delivered to street address) E Telephone number
2610 N. LAKE RIDGE ST. 316-729-8086
City or town, state or country, and ZIP + 4 F Group Exemption
WICHITA, KS 67205-1662 Number ► (GEN) 0188

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) (insert no.) 4947(a)(1) or 527K 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 ► \$ 92563

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 12361
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 7721
	4 Investment income	4 4796
	5a Gross amount from sale of assets other than inventory	5a 0
	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 10683
Expenses	b Gross income from fundraising events (not including \$ 0 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 57002
	c Less: direct expenses from gaming and fundraising events	6c 21178
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 46507
	7a Gross sales of inventory, less returns and allowances	7a 0
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 71385
	10 Grants and similar amounts paid (list in Schedule O)	10 42221
Net Assets	11 Benefits paid to or for members	11 1406
	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 1020
	16 Other expenses (describe in Schedule O)	16 4592
	17 Total expenses. Add lines 10 through 16 ►	17 49239
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 22146
	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 121178
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 -4785
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 138539

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2012)

19

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	120519	139641
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	3352	2799
25 Total assets	123871	142440
26 Total liabilities (describe in Schedule O)	2693	3901
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121178	138539

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? Charitable, Religious and Social Welfare Works

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.)

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.

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	
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	NA
39 Section 501(c)(7) organizations. Enter:	39a	NA
a Initiation fees and capital contributions included on line 9	39b	NA
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► NA ; section 4912 ► NA ; section 4955 ► NA		
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 ► NA		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► NA		
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 ► Louis E. Perrier Telephone no. ► 316-729-9086 Located at ► 2610 N. Lake Ridge St., Wichita, KS ZIP + 4 ► 67205-1662		
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 and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ► <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	✓
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

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 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	 Date			
	Louis E. Perrier, Financial Secretary Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<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** (2012)

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 Golf Tournament (event type)	(b) Event #2 Fireworks Tent (event type)	(c) Other events Four Events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	15444	32853	8705	57002
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	15444	32853	8705	57002
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	2358	0	0	2358
	6 Rent/facility costs	4477	0	0	4477
	7 Food and beverages	424	670	3074	4168
	8 Entertainment	0	0	0	0
	9 Other direct expenses	463	703	162	1328
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(12331)
	11 Net income summary. Combine line 3, column (d), and line 10				44671

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				
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 type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: Kansas
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: License not required

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ► Louis E. Perrier

Address ► 2610 N. Lake Ridge St, Wichita, KS 67205

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 ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee

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 ► \$

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).

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

2012

Open to Public
Inspection

Name of the organization

Knights of Columbus Council 10483

Employer identification number
48-1092849

Line 10 - GRANTS AND ALLOCATIONS

St. Elizabeth Ann Seton Catholic Church or For Benefit Of	645 N. 119 th W, Wichita, KS 67	\$ 3,577
Donations to Other Catholic Parishes		\$ 3,800
KS State Council, Knights of Columbus	514 E. 33rd St. South, Wellington, KS; Donation for persons with disabilities program	\$ 4,947
Persons with Disabilities, Holy Family Camp		\$ 390
KS State Council, Knights of Columbus, Dues Assesment		\$ 1,730
Supreme Council, Knights of Columbus, New Haven, CT, Dues assesment		\$ 1,110
Supreme Council, Knights of Columbus, New Haven, CT, Catholic Advertising & Culture of Life Funds		\$ 1,024
KS State Council, Knights of Columbus, Disaster Aid Fund		\$ 519
KS State Council, Knights of Columbus, Religious Education		\$ 500
Religious Vocations Poster Contest		\$ 314
Pro-Life Organizations and Promotions		\$ 4,419
Support of Parish Priests, Catholic Churches		\$ 100
Seminarian Support and Vocations Donations		\$ 5,766
Boy Scouts, Girl Scout, and other Youth Donations		\$ 6,647
Scholarship Awards to Members and Dependents		\$ 2,400
Support of Red Cross Blood Drive		\$ 149
Support of Public Health Organizations		\$ 500
Support for Homeless, Shelter and Food		\$ 2,875
Care Packages for Member of Military		\$ 904
Miscellaneous Other Donations		\$ 550
Total Grants and Allocations		\$ 42,221

Line 11 - BENEFITS PAID TO OR FOR MEMBERS

Softball Tournament Entry Fees	\$ 180
Council Social Events	\$ 877
Convention Delagate Expenses	\$ 349
Total Paid to or for Members	\$ 1,406

Name of the organization	Knights of Columbus Council 10483	Employer identification number
		48-1092849

Line 16 - OTHER EXPENSES:

Accounting Fees	\$ 718
Supplies	\$ 970
Member Awards	\$ 257
Insurance Expense	\$ 612
Other Miscellaneous Expenses	\$ 2,035
Total Other Expenses	\$ 4,592

Line 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Delete Dues Payable	\$ (216)
Delete Current Liabilities	\$ (3,901)
Delete Depreciation recorded	\$ (668)
Total Changes in Assets	\$ (4,785)

Line 24 - OTHER ASSETS

Dues Receivable \$ 216	Furniture \$ 2,209	Laptop Computer \$ 375	\$ 2,799
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Line 26 - LIABILITIES

Prepaid Dues	\$ 3,901
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