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Form 990-EZ

## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

2013

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

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its Instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2013 calendar year, or tax year beginning</b>		, 2013, and ending	
<b>B Check if applicable</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		48-1092849	
<input type="checkbox"/> Name change		<b>E Telephone number</b>	
<input type="checkbox"/> Initial return		316-729-9086	
<input type="checkbox"/> Terminated		<b>F Group Exemption Number</b>	
<input type="checkbox"/> Amended return		► (GEN) 0188	
<input type="checkbox"/> Application pending			
<b>C Name of organization</b>			
Knights of Columbus Council 10483			
Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	
2610 N. Lake Ridge St.			
City or town, state or province, country, and ZIP or foreign postal code			
Wichita, KS 67205			

<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			
<b>I Website:</b> ►			
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) ▲ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			

**K Form of organization:**  Corporation  Trust  Association  Other **Fraternal Benefit**

**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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.** ► \$ 96631

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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"/>			
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	11580
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	10817
	4 Investment income	4	6018
	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	6d	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	10631
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	57585	
c Less: direct expenses from gaming and fundraising events	6c	21874	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46342	
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		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74757	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	51474
	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	551
	16 Other expenses (describe in Schedule O)	16	5952
	17 Total expenses. Add lines 10 through 16	17	57977
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16780
	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	138539
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	884
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	159203

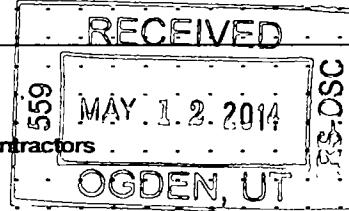
For Paperwork Reduction Act Notice, see the separate instructions.

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**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 . . . . .	139641	22 157510
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .	2799	24 1888
25	<b>Total assets</b> . . . . .	142440	25 159399
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	3901	26 3196
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	138539	27 153203

**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.

28	_____		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
29	_____		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
30	_____		
(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	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

**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 

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 . . . . .

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)

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)?

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a NA

b Did the organization file Form 1120-POL for this year?

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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA

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 ► 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

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 40b 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 NA

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.

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: ►

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 NA

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 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 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.

<b>Sign Here</b>	 Signature of officer	 Date
	<b>Louis E. Perrier, Financial Secretary</b> Type or print name and title	

V - type or print name and title					
<b>Paid Preparer Use Only</b>	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

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**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 events 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>Golf Tournament</u> (event type)	(b) Event #2 <u>Fireworks Tent</u> (event type)	(c) Other Events <u>One Event</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	12,877	37,912	5,792	68,216
	2 Less Charitable contributions				-
	3 Gross Income (line 1 minus line 2)	12,877	37,912	5,792	68,216
Direct Expenses	4 Cash prizes . . . . .	-	-	2,075.00	2,075.00
	5 Noncash prizes . . . . .	2,314	-		2,314
	6 Rent/facility costs . . . . .	4,599	975		5,574
	7 Food and beverage . . . . .	580	797	261	1,638
	8 Entertainment . . . . .	-	-		-
	9 Other direct expenses . . . . .	355	1,348	768	2,469
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				11,995
	11 Net income summary. Combines line 3, column (d) and line 10 . . . . .				56,221

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10 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"/> Yes ____ %	<input type="checkbox"/> Yes ____ %	
		<input type="checkbox"/> No	<input type="checkbox"/> No	<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: \_\_\_\_\_