



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Short Form

OMB No 1545-1150

## Return of Organization Exempt From Income Tax

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

2014

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 2014 calendar year, or tax year beginning</b>		January 1	, 2014, and ending	December 31	, 2014
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input checked="" type="checkbox"/> Address change		Knights of Columbus Council #10408		481087183	
<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		12626 East 21st Street North		316 260 4866	
<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		Wichita KS 67206		0188	
<input type="checkbox"/> Application pending					
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►			
<b>I Website:</b> ► <a href="http://www.magdalenwichita.com/knights-of-columbus/home">http://www.magdalenwichita.com/knights-of-columbus/home</a>				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>J Tax-exempt status (check only one)</b> — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>Fraternal Lodge</b>					
<b>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</b>				► \$ 100587	

**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 

		1	2329
		2	0
		3	3348
		4	0
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	2329
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	3348
	4 Investment income	4	0
5a	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	d Gaming and fundraising events	5c	0
6	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	38058
	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	56851
	c Less direct expenses from gaming and fundraising events	6c	47651
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	47258
7a	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	d Other revenue (describe in Schedule O)	7c	0
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52935	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	31332
	11 Benefits paid to or for members	11	0
	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	1612	
16 Other expenses (describe in Schedule O)	16	6754	
<b>17 Total expenses.</b> Add lines 10 through 16	17	39698	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13237
	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	28306
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b>	21	41543

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2014)

P  
24

**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	28306	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	<b>Total assets</b>	28306	25
26	<b>Total liabilities (describe in Schedule O)</b>	0	26
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	28306	27
			41543
			0
			0
			0
			41543

**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? **Raise funds for charities, those in need, and church**

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	Support of community organizations, particularly the needy, mentally challenged, those in crisis pregnancies, disaster relief, and those with disabling illness such as ALS and cancer		
	(Grants \$ 12671) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	12671
29	Support of church programs and organizations, including support of religious and ordained, seminarians, vocations, and FOCUS (a college outreach organization)		
	(Grants \$ 9686) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	9686
30	Support of parish and organizations, including the needy, youth group, and school		
	(Grants \$ 8975) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	8975
31	Other program services (describe in Schedule O)		
	(Grants \$ 0) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)		► 32 31332

**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
Brian Brooks	6	0	0	0
Grand Knight	6	0	0	0
Gary Mazurek	10	0	0	0
Financial Partner	10	0	0	0
Pat Searle	6	0	0	0
Treasure	6	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

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

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 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40a , section 4955 ► 40a

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 40b

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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c

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 ► none

42a The organization's books are in care of ► Pat Searle Telephone no ► 316 260 4866  
Located at ► 8321 East Old Mill Court, Wichita KS ZIP + 4 ► 67226-4236

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)

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

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
33	✓	
34	✓	
35a	✓	
35b		
35c	✓	
36	✓	
37b	✓	
38a	✓	
38b		
39a		
39b		
40a		
40b		
40c		
40e	✓	
42a		
42b	✓	
42c	✓	
43		
44a	✓	
44b	✓	
44c	✓	
44d		
45a	✓	
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.

<b>Sign Here</b>	 Signature of officer	 Date
	 Pat Searle, Treasurer 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

►  Yes  No

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

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

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2014

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

► Attach to Form 990 or Form 990-EZ.

---

Name of the organization

**Employer identification number**

481087183

Knights of Columbus Council # 10408

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**Fundraising Activities** Complete if the organization answers "Yes" to the question above.  
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

2b If "Yes," list the ten 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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total

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" 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 Raffle (event type)	(b) Event #2 Christmas Tree Sale (event type)	(c) Other events 3 events>\$5k (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	37720	11780	20947
	2 Less: Contributions	0	0	0
	3 Gross income (line 1 minus line 2) . . .	37720	11780	20947
Direct Expenses	4 Cash prizes . . .	7210	0	0
	5 Noncash prizes . . .	0	0	0
	6 Rent/facility costs	0	0	0
	7 Food and beverages	0	0	0
	8 Entertainment	0	0	0
	9 Other direct expenses	9940	7135	11665
	10 Direct expense summary. Add lines 4 through 9 in column (d)			35950
	11 Net income summary. Subtract line 10 from line 3, column (d)			34497

**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			38058
Direct Expenses	2 Cash prizes			7210
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			9940
	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
	7 Direct expense summary. Add lines 2 through 5 in column (d)			17150
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			20908

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

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
b If "No," explain: **In Kansas, raffles by non-profit organizations are not required to be licensed**

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 conduct gaming activities with nonmembers?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	10 %
b An outside facility	13b	90 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► Pat Searle

Address ► 8321 E Old Mill Ct, Wichita KS 67226

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 ► \$ 10220 and the amount of gaming revenue retained by the third party ► \$ 5408

c If "Yes," enter name and address of the third party.

Name ► Knights of Columbus Council #9767

Address ► 3205 E Grand, Wichita, KS 67218-2922

16 Gaming manager information.

Name ► John Meyer

Gaming manager compensation ► \$ 0

Description of services provided ► Overall volunteer and 3rd party coordination and data management for the raffle

Director/officer  Employee  Independent contractor

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 ► \$ 0

**Part IV Supplemental Information.** 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 provide any additional information (see instructions).

**Note for Part III line 11: Gaming with non-members consisted of purchasing raffle tickets**

**Note for Part III line 13: Percentages are estimated. We don't have a facility, but have indicated work done in meetings vs. outside meetings**

**Note for Part III lines 15b: These amounts are third party's gross and net for the raffle, regardless of whether it came through our books**

**Note for Part III line 15c: Organization is a fellow 501(c)(8) who joined us for this fundraiser, selling tickets and splitting costs**

**Note for Part III line 17: Gaming manager is a member of the organization - we have no employees or contractors. He is not technically a officer or director, but that is the closest box provided**

**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.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**Knights of Columbus Council # 10408**

Employer identification number

**481087183**

**Part 1 Line 16 - Other expenses include national and state organization assessments, meeting expenses, convention and initiation expenses, and equipment costs.**

**Part V Line 33 - This is the first year that we ran a raffle as a fundraiser. It is included in Schedule G**