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Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

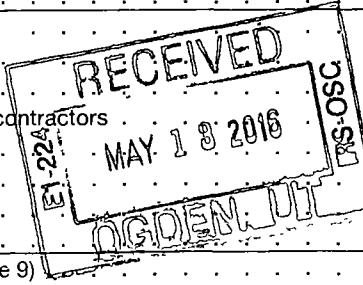
► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning January 1 , 2015, and ending December 31 , 2015		
B Check if applicable		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		
C Name of organization Knights of Columbus Council #10408 Number and street (or P O box, if mail is not delivered to street address)		
Room/suite		
12626 East 21st Street North City or town, state or province, country, and ZIP or foreign postal code		
Wichita, KS 67206		
D Employer identification number 481087183		
E Telephone number 316 260 4866		
F Group Exemption Number ► 0188		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
I Website: ► http://www.maggdalenechicago.com/knights-of-columbus/home		
J Tax-exempt status (check only one) — <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 <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other Fraternal Lodge		
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 ► \$ 94426		
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 ► <input checked="" type="checkbox"/>		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 2367
	2 Program service revenue including government fees and contracts	2 0
	3 Membership dues and assessments	3 4800
	4 Investment income	4 0
	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
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 20,908
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 66351	
c Less direct expenses from gaming and fundraising events	6c 40489	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 46770	
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	
8 Other revenue (describe in Schedule O)	8 0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 53937	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 47491
	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 1099
	16 Other expenses (describe in Schedule O)	16 8438
17 Total expenses. Add lines 10 through 16 ►	17 57028	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) ►	18 (3091)
	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 42043
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 38952

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642f

Form **990-EZ** (2015)SEARCHED **2015** INDEXED

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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	41543	22 38452
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	500	24 500
25	Total assets	42043	25 38952
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	42043	27 38952

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? **Basic 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.

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 \$ 26711) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	26711
29	Support of church programs and organizations, including support of religious and ordained, seminarians, vocations, college ministry, and Catholic radio		
	(Grants \$ 14467) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	14467
30	Support of parish organizations and activities		
	(Grants \$ 6313) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	6313
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)	► <input type="checkbox"/>	32 47491

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 Q 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	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	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 ► , 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	40c	
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 ►	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	
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. ► Located at ► 8321 E Old Mill Ct, Wichita KS ZIP + 4 ► 67226-4236	42b	✓
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).	42c	✓
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	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

46

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

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."

(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 ►

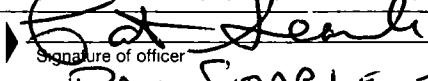
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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	►  ► 	Date
	Type or print name and title	05/08/16

Paid Preparer Use Only	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)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015Open to Public
Inspection

Name of the organization

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 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
		Yes	No			
1						
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" 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 Raffle (event type)	(b) Event #2 Christmas Tree Sale (event type)	(c) Other events 5 events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20410	17510	41784
	2 Less Contributions	0		0
	3 Gross income (line 1 minus line 2)	20410	17510	41784
Direct Expenses	4 Cash prizes	2328	0	2328
	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	981	10936	24325
	10 Direct expense summary. Add lines 4 through 9 in column (d)			38570
	11 Net income summary. Subtract line 10 from line 3, column (d)			41134

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	0	0	20908
Direct Expenses	2 Cash prizes	0	0	2328
	3 Noncash prizes	0	0	0
	4 Rent/facility costs	0	0	0
	5 Other direct expenses	0	0	1153
	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)			3481
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			17427

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: 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:

13a	10 %
13b	90 %

a The organization's facility

b An outside facility

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 ► \$ 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 ► John Meyer

Gaming manager compensation ► \$

Description of services provided ► Overall volunteer raffle coordinator, data management

 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 ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part III Line 11 - Gaming with non-members consisted of purchasing raffle tickets

Part III Line 13 - Percentages are estimated. We don't have a facility, but have indicated work done in meetings vs. outside meetings.

Part III Line 15a - Expenses for the raffle were shared with two other Knights of Columbus Councils.

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.

OMB No 1545-0047

2015**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, facility use fees, and member recognition.

Part 1 Line 10: A Better Choice 2500 ALS Association 1000 American Cancer Society 1000 Catholic Charities 3200 Dear Neighbor Ministries

1000 Discalced Carmelite Monastery 3000 FOCUS 200 FOCUS 200 FOCUS 333.33 FOCUS 200 FOCUS 200 FOCUS 333.33 FOCUS 333.33

FOCUS 333.33 FOCUS 333.33 FOCUS 333.33 FOCUS 333.33 Gerard House 500 Guadalupe Clinic 3200 K of C Charities

Christian Relief - Middle East 1000 K of C State - Religious Ed Fund \$300 collected and \$100 from 10408 400 Kansans for Life 250

KPHN Radio 250 KPHN Radio 250 KPHN Radio 250 KPHN Radio 250 KPHN Radio 250 KPHN Radio 250 KPHN Radio 250

Magdalen - Artesia 1100 Magdalen - O&M Fr Kapaun reception 270 Magdalen - O&M Sod for Rectory 182.12 Magdalen - O&M high chairs

Magdalen - O&M Sod for Rectory 1000 Magdalen - Parish Needy 2000 Magdalen - Parish Picnic 570 Magdalen - Parish Picnic 75

Magdalen - Parish Picnic Corporate Caterer's - chicken 1063.07 Magdalen - Parish Picnic beer 292.58 Magdalen - St. Vincent Society 2000

Magdalen - Youth Group Trunk or Treat 415.62 Magdalen - Youth Group 1250 Pennies from Heaven to KS K of C 338

Ronald McDonald House Golf Tourny Raffle 200 Seminarians J tolberd 500 Seminarians q greer 500 Seminarians e herzog 500

Seminarians J lopez 500 Seminarians A Bergkamp 500 Seminarians b bergkamp 500 Serra Club 500 Starkey Changing table 2500

Tootsie Roll KS K of C supplemental amount 1152.09 Tootsie Roll to KS K of C 3496.98 Warming Souls 374.26

Wichita Diocese-HfH other Commun. 1000 Wichita Diocese-Priest Retreat and other Priest/Seminarian Memorial for Estella Ruvalcaba 100

Grant Wichita Diocese-Priest Retreat and other Priest/Seminarian 2000

Part II Line 24 \$500 savings bond.