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## 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
<b>22</b>	Cash, savings, and investments . . . . .	<b>85050</b>	<b>22 104528</b>
<b>23</b>	Land and buildings . . . . .	<b>0</b>	<b>23 0</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .	<b>2252</b>	<b>24 2434</b>
<b>25</b>	<b>Total assets</b> . . . . .	<b>87302</b>	<b>25 106962</b>
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>2291</b>	<b>26 2357</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	<b>85011</b>	<b>27 104605</b>

## Part III

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? **Fraternal/Charitable Organization for Catholic Men**  
Describe what was achieved in carrying out the organization's exempt purposes. 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	28a
29		
	(Grants \$ ) If this amount includes foreign grants, check here	29a
30		
	(Grants \$ ) If this amount includes foreign grants, check here	30a
31	Other program services (describe in Schedule O)	
	(Grants \$ ) If this amount includes foreign grants, check here	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

## Part IV

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**Part V Other Information** (Note the 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
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b> NA	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> NA	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> NA	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>NA</b> ; section 4912 <b>NA</b> ; section 4955 <b>NA</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 <b>NA</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>NA</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed.	<input type="checkbox"/>	<input type="checkbox"/>
<b>42a</b> The organization's books are in care of <b>Louis E. Perrier</b> Telephone no. <b>316-729-9086</b> Located at <b>2610 N. Lake Ridge St., Wichita, KS 67205</b> ZIP + 4 <b>67205-1662</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b> 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 <b>43</b> NA	<input type="checkbox"/>	<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	<input checked="" type="checkbox"/>
<b>a</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).	<b>45a</b>	<input checked="" type="checkbox"/>
<b>46</b> 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.	<b>46</b>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	<input type="checkbox"/>

**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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000 **NONE**

**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
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 **NONE**

**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 <i>L. E. Perrier</i>		Date <i>5/8/11</i>	
	Type or print name and title <i>Louis E. Perrier, Financial Secretary</i>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name	Firm's EIN		PTIN
	Firm's address	Phone no		

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

**Knights of Columbus Council 10483**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

**Employer identification number**  
**48-1092849**

**Line 10 - GRANTS AND ALLOCATIONS**

St Elizabeth Ann Seton Catholic Church	645 N. 119 <sup>th</sup> W, Wichita, KS 67235	\$	6,884
KS State Council, Knights of Columbus	PO Box 4890, Liberal, KS; Donation for persons with disabilities program	\$	5,292
Donations to Other Catholic Parishes		\$	4,800
KS State Council, Knights of Columbus, Dues Assesment		\$	1,655
Supreme Council, Knights of Columbus, New Haven, CT, Dues assesment		\$	1,051
Supreme Council, Knights of Columbus, New Haven, CT, Catholic Advertising & Culture of Life Funds		\$	958
KS State Council, Knights of Columbus, Disaster Aid Fund (For members)		\$	482
Holy Family Camp, Wichita, KS, Children with Disabilities		\$	390
Religious Vocations Poster Contest		\$	305
Pro-Life Organizations		\$	4,725
Support of Parish Priests, Catholic Churches		\$	2,525
Seminarian Support and Vocations Donations		\$	4,140
Boy Scouts, Girl Scout, and other Youth Donations		\$	2,825
Scholarship Awards to Members and Dependents		\$	1,250
Carl Hall Family	Paralized from neck down due to accident.	\$	2,000
Miscellaneous Other Donations		\$	4,005
Total Grants and Allocations		\$	43,287

<b>Line 16 - OTHER EXPENSES:</b>	<b>Accounting Fees</b>	\$	579
Supplies		\$	1,185
Member Awards		\$	112
Childrens Social Events		\$	50
Sporting Events		\$	170
Member Recognition and Social Events		\$	2,036
Other Expenses		\$	1,022
Total Other Expenses		\$	5,154

Name of the organization

**Knights of Columbus Council 10483**

Employer identification number

**48-1092849****Line 20 - OTHER CHANGES IN NET ASSETS**

COST BASIS OF INVESTMENTS AT BEGINNING OF YEAR	\$ 46,556
INVESTMENTS SOLD AT COST	\$ (20,664)
NEW INVESTMENTS PURCHASED AT COST	\$ 44,446
DIVIDENDS REINVESTED AT COST	\$ 184
DEPRECIATION RECORDED, LAPTOP COMPUTER	\$ (98)
BEGINNING OF YEAR VALUE PLUS INVESTMENT CHANGES	\$ 70,424
COST BASIS OF INVESTMENTS AT END OF YEAR, 12/31/2010	\$ 70,321
INCREASED TOTAL ASSETS, DEC. 31, 2010	\$ 23,765
NET ASSET CHANGES	\$ 103

**Line 24 - OTHER ASSETS**

Dues Receivable	\$ 382	Furniture	\$ 1,482	Laptop Computer	\$ 570	\$ 2,434
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<b>Line 26 - LIABILITIES</b>	Prepaid Dues	\$ 2,357
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