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# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2011

Open to Public  
Inspection

## A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

## B Check if applicable:

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

## C Name of organization

KNIGHTS OF COLUMBUS COUNCIL 10483

Number and street (or P.O. box, if mail is not delivered to street address)

2610 N. LAKE RIDGE ST.

## D Employer identification number

48-1092849

## E Telephone number

316-729-9086

City or town, state or country, and ZIP + 4

WICHITA, KS 67205-7662

## F Group Exemption

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  527

K 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 ► \$ 81122

## 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	8610
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	9572
4	Investment income	4	3708
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	10430
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	48802
c	Less: direct expenses from gaming and fundraising events	6c	21623
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	37609
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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59499
10	Grants and similar amounts paid (list in Schedule O)	10	39245
11	Benefits paid to or for members	11	2072
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	874
16	Other expenses (describe in Schedule O)	16	3655
17	<b>Total expenses.</b> Add lines 10 through 16	17	45846
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13653
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	104605
20	Other changes in net assets or fund balances (explain in Schedule O)	20	2920
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	121178

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	39245
11	Benefits paid to or for members	11	2072
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	874
16	Other expenses (describe in Schedule O)	16	3655
17	<b>Total expenses.</b> Add lines 10 through 16	17	45846
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13653
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	104605
20	Other changes in net assets or fund balances (explain in Schedule O)	20	2920
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	121178

Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13653
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	104605
20	Other changes in net assets or fund balances (explain in Schedule O)	20	2920
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	121178

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

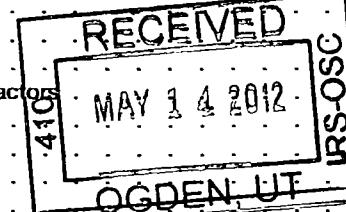
Form 990-EZ (2011)

SCANNED JUN 3 2012

Revenue

Expenses

Net Assets



18

**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 . . . . .	104528	22 120519
23 Land and buildings . . . . .		23 0
24 Other assets (describe in Schedule O) . . . . .	2434	24 3352
<b>25 Total assets</b> . . . . .	<b>106692</b>	<b>25 123871</b>
<b>26 Total liabilities (describe in Schedule O)</b> . . . . .	<b>2357</b>	<b>26 2693</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b> . . . . .	<b>104605</b>	<b>27 121178</b>

**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) . . . . .			30a
(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

(a) Name and address	(b) Title and 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
<b>Darren Silbernagel</b> <b>307 N. Covington St. Wichita, KS 67212</b>	<b>Grand Knight, 3</b>	0	0	0
<b>Louis E. Perrier</b> <b>2610 Lake Ridge St. Wichita, KS 67205</b>	<b>Financial Secretary, 5</b>	0	0	0
<b>Mark R. Stoltz</b> <b>176 S. Forestview St. Wichita, KS 67235</b>	<b>Trustee, 1</b>	0	0	0
<b>Thomas J. Schonlau</b> <b>402 N. Bay Country, Wichita, KS 67235</b>	<b>Trustee, 1</b>	0	0	0
<b>Dennis London</b> <b>1022 Cedar Downs Cir. Wichita, KS 67235</b>	<b>Trustee, 1</b>	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

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:

a Initiation fees and capital contributions included on line 9 39a  NA

b Gross receipts, included on line 9, for public use of club facilities 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.

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

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 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
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."

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.

true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.		5/8/12			
<b>Sign Here</b>	 Signature of officer				
	Date				
	 <b>Louis E. Perrier, Financial Secretary</b>				
 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

Form 990-EZ (2011)

**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" 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.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**KNIGHTS OF COLUMBUS COUNCIL 10483**

Employer identification number

**48-1092849**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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.

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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>Four Events</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	13,263	28,881	17,088	59,232
	2 Less: Charitable contributions				-
	3 Gross Income (line 1 minus line 2)	13,263	28,881	17,088	59,232
Direct Expenses	4 Cash prizes . . .	-	-	-	-
	5 Noncash prizes . . .	2,200	-	-	2,200
	6 Rent/facility costs . . .	4,507	-	-	4,507
	7 Food and beverage . . .	1,286	802	1,687	3,775
	8 Entertainment . . .	-	-	-	-
	9 Other direct expenses . . .	717	2,590	7,834	11,141
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				21,623
	11 Net income summary. Combines line 3, column (d) and line 10 . . . . .				37,609

**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 . . .				-
	2 Cash prizes . . .				-
	3 Noncash prizes . . .			-	-
Direct Expenses	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: \_\_\_\_\_

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?  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 operated in:

a The organization's facility . . . . .  13a %

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 ► \_\_\_\_\_

Address ► \_\_\_\_\_

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  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.** 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**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	<b>Knights of Columbus Council 10483</b>	Employer identification number 48-1092849
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**Line 10 - GRANTS AND ALLOCATIONS**

St. Elizabeth Ann Seton Catholic Church	645 N. 119 <sup>th</sup> W, Wichita, KS 67235	\$ 3,218
KS State Council, Knights of Columbus	PO Box 4890, Liberal, KS; Donation for persons with disabilities program	\$ 4,576
Donations to Other Catholic Parishes		\$ 3,800
Donation to Catholic Diocese of Wichita		\$ 1,000
KS State Council, Knights of Columbus, Dues Assesment		\$ 1,740
Supreme Council, Knights of Columbus, New Haven, CT, Dues assesment		\$ 1,132
Supreme Council, Knights of Columbus, New Haven, CT, Catholic Advertising & Culture of Life Funds		\$ 1,018
KS State Council, Knights of Columbus, Disaster Aid Fund (For members)		\$ 400
Holy Family Camp, Wichita, KS, Children with Disabilities		\$ 390
Religious Vocations Poster Contest		\$ 347
Pro-Life Organizations		\$ 5,022
Support of Parish Priests, Catholic Churches		\$ 285
Seminarian Support and Vocations Donations		\$ 7,524
Boy Scouts, Girl Scout, and other Youth Donations		\$ 2,654
Scholarship Awards to Members and Dependents		\$ 1,600
Support of Red Cross Blood Drive		\$ 293
Care Packages for Member of Military		\$ 1,420
Miscellaneous Other Donations		\$ 2,827
<b>Total Grants and Allocations</b>		<b>\$ 39,245</b>

**Line 11 - BENEFITS PAID TO OR FOR MEMBERS**

Softball Tournament Entry Fees	\$ 180
Council Social Events	\$ 1,892
<b>Total Paid to or for Members</b>	<b>\$ 2,072</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Cat. No. 51056K Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	<b>Knights of Columbus Council 10483</b>	Employer Identification number
		<b>48-1092849</b>

<b>Line 16 - OTHER EXPENSES:</b>	Accounting Fees	\$ 690
Supplies		\$ 881
Member Awards		\$ 390
Insurance Expense		\$ 624
Other Expenses		\$ 1,070
<b>Total Other Expenses</b>		<b>\$ 3,655</b>

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

Delete Dues Payable (non-cash)	\$ (216)
Add Furniture and Computer Assets	\$ 3,136
<b>Total Changes in Assets</b>	<b>\$ 2,920</b>

**Line 24 - OTHER ASSETS**

Dues Receivable	\$ 216	Furniture	\$ 2,664	Laptop Computer	\$ 472	\$ 3,352
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<b>Line 26 - LIABILITIES</b>	<b>Prepaid Dues</b>	<b>\$ 2,693</b>
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Schedule O (Form 990 or 990-EZ) (2011)