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Form

**990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/form990).

OMB No. 1545-1150

**2015****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**A** For the 2015 calendar year, or tax year beginning

, 2015, and ending

, 20

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final 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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WICHITA, KS 67205-1662

**D** Employer identification number

48-1092849

**E** Telephone number

(316) 729-9086

**F** Group Exemption

Number ▶ 0188

**G** Accounting Method:☒ Cash ☐ Accrual Other (specify) ▶**H** Check ☐ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: ▶**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other

FRATERNAL BENEFIT CRS.

**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. ▶ \$ 128270

**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	11,636
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	12,210
	4	Investment income	4	8803
	5a	Gross amount from sale of assets other than inventory	5a	13,927
	b	Less: cost or other basis and sales expenses	5b	12,577
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,350
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	12,511
	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	70,183
c	Less: direct expenses from gaming and fundraising events	6c	21,866	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	60,828	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b		
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	93,827	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	61,530
	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	368
	16	Other expenses (describe in Schedule O)	16	9,137
	17	<b>Total expenses.</b> Add lines 10 through 16	17	71,035
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,792
	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	169,082
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(2,374)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	189,500

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2015)

SCANNED JUN 20 2016

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**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
<b>33</b> 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 . . . . .		<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 checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		
<b>c</b> 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 . . . . .		
<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 checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<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? . . . . .		
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ . . . . . ; section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .		
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<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 checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>LOUIS E PERRIER</u> Telephone no. ▶ <u>(316) 729-9086</u> Located at ▶ <u>2640 N LAKE RIDGE ST WICHITA, KS</u> ZIP + 4 ▶ <u>67205-1662</u>		
<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)? 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). . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
<b>c</b> 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: ▶ . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		<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 . . . . .	<b>44a</b>	<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 . . . . .	<b>44b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	<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 . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	<input checked="" type="checkbox"/>
<b>b</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>45b</b>	<input checked="" type="checkbox"/>

**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 . . . . .

	Yes	No
<b>46</b>		<input checked="" type="checkbox"/>

**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 . . . . .

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**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.

<b>Sign Here</b>	Signature of officer <u>L. E. Perrier</u>	Date <u>4/29/2016</u>
	Type or print name and title <u>LOUIS E. PERRIER, FINANCIAL SECRETARY</u>	

<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

**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 . . . . .	17,664	45,459	6,353	69,476
	2 Less: Contributions . . . . .				-
	3 Gross Income (line 1 minus line 2) . . . . .	17,664	45,459	6,353	69,476
Direct Expenses	4 Cash prizes . . . . .	-	-	-	-
	5 Noncash prizes . . . . .	2,100	-	-	2,100
	6 Rent/facility costs . . . . .	5,660	520	-	6,180
	7 Food and beverage . . . . .	1,080	697	2,296	4,073
	8 Entertainment . . . . .	-	-	-	-
	9 Other direct expenses . . . . .	617	720	120	1,457
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				13,810
	11 Net income summary. Combines line 3, column (d) and line 10 . . . . .				55,666

**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	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				-
	2 Cash prizes . . . . .				-
Direct Expenses	3 Noncash prizes . . . . .			-	-
	4 Rent/facility costs . . . . .			-	-
	5 Other direct expenses . . . . .				-
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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 organizations gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

**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

**2015**

Open to Public  
Inspection

Name of the organization

**Knights of Columbus Council 10483**

Employer identification number  
**48-1092849**

**Line 10 - GRANTS AND ALLOCATIONS**

Sisters of the Immaculate Heart of Mary	6,000
Other Grants & Allocations, no single item greater than \$5000	55,530
<b>Total Grants and Allocations</b>	<b>\$ 61,530</b>

**Line 16 - OTHER EXPENSES:**

Recognition Awards	\$ 603
Accounting Expense	\$ -
Social Functions	\$ 4,679
Insurance	\$ 705
Membership Expense	\$ 690
Supplies	\$ 731
Bank Charges	\$ 122
Misc Expense	\$ 1,069
Convention Delegate Expense	\$ 537
<b>Total Other Expenses</b>	<b>\$ 9,137</b>

**Line 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

Investment interest, dividends & gain on investment sale reinvested	
Depreciation recorded	\$ (267)
Change in Liabilities	\$ (2,107)
<b>Total Changes in Assets</b>	<b>\$ (2,374)</b>

**Line 24 - OTHER ASSETS**

Furniture & Equipment	\$ 1,384
Dues Payable	\$ 340
<b>Total Other Assets</b>	<b>\$ 1,724</b>

<b>Line 26 - LIABILITIES</b>	Prepaid Dues	\$ 3,477
	Accounts Payable	\$ 780
	<b>Total Liabilities</b>	<b>\$ 4,257</b>