

## Return of Organization Exempt From Income Tax

2016

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

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).

## A For the 2016 calendar year, or tax year beginning

1 - 1

, 2016, and ending

12 - 31

, 2016

## 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)

Room/suite

13917 Remington Ct

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

67235

## D Employer identification number

48-1092849

## E Telephone number

## F Group Exemption

Number ► 501C8

G Accounting Method:  Cash  Accrual Other (specify) ►

## I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

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. ► \$

## 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 10,919
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 8,294
	4 Investment income . . . . .	4 5,547
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 5,747
Expenses	b Gross income from fundraising events (not including \$ 5,747) 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 6,914
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 2,126
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 52,633
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 77,393
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 68,183
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16 1,879
	17 Total expenses. Add lines 10 through 16 ►	17 70,062
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 7,331
	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) . . . . .	19 189,500
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 882
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 197,513

**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	192,033	204,636
23	Land and buildings		23
24	Other assets (describe in Schedule O)	1,724	405
25	<b>Total assets</b>	193,757	204,771
26	Total liabilities (describe in Schedule O)	4,257	2,526
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	189,501	202,245

**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?**

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 . . . . ▶ □**

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 Total program service expenses (add lines 28a through 31a)**

**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
Mark Stott Grad Knight	15	\$		\$
Darren Martin Finan Cial. Secretary	5	\$		600
Jeff Dahlgreen Deputy Grad Knight	5	\$		\$
Chris Lathem Treasurer	5	\$		\$

**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

39 Section 501(c)(7) organizations. Enter:

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 40f

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42a The organization's books are in care of ► \_\_\_\_\_ Telephone no. ► \_\_\_\_\_ Located at ► \_\_\_\_\_ ZIP + 4 ► 42b  Yes  No

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 United States? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_ 42d

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
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	X

**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	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	X
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	► <i>Darren J. Martin</i>	Date 5-15-17
	► Type or print name and title <i>Financial Secretary</i>	5-15-17

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

**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 . . . . .	15,315	47,371		62,686
	2 Less. Contributions				-
	3 Gross Income (line 1 minus line 2)	15,315	47,371		62,686
Direct Expenses	4 Cash prizes . . . . .	-	-		-
	5 Noncash prizes . . . . .	2,100	-		2,100
	6 Rent/facility costs . . . . .	5,359	500		5,859
	7 Food and beverage . . . . .	536	774		1,310
	8 Entertainment . . . . .	-	-		-
	9 Other direct expenses . . . . .	1,568	1,100		2,668
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				11,937
	11 Net income summary. Combines line 3, column (d) and line 10 . . . . .				50,749

**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 . . . . .				-
	3 Noncash prizes . . . . .			-	-
Direct Expenses	4 Rent/facility costs . . . . .			-	-
	5 Other direct expenses . . . . .			-	-
	6 Volunteer labor . . . . .	<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 organization's 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

**2016**

Open to Public  
Inspection

Name of the organization

**Knights of Columbus Council 10483**

Employer identification number  
**48-1092849**

**Line 10 - GRANTS AND ALLOCATIONS**

Other Grants & Allocations, no single item greater than \$5000	68,183
<b>Total Grants and Allocations</b>	<b>\$ 68,183</b>

**Line 16 - OTHER EXPENSES:**

Recognition Awards	
Accounting Expense	750.11
Social Functions	(1,084.07)
Insurance	709.00
Membership Expense	
Supplies	
Bank Charges	732.83
Misc Expense	667.50
Convention Delegate Expense	103.47
<b>Total Other Expenses</b>	<b>\$ 1,879</b>

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

Investment interest, dividends & gain on investment sale reinvested

Depreciation recorded	\$ (1,319)
Change in Liabilities	\$ 2,001
<b>Total Changes in Assets</b>	<b>\$ 682</b>

**Line 24 - OTHER ASSETS**

Furniture & Equipment	\$ -
Dues Payable	\$ 405
<b>Total Other Assets</b>	<b>\$ 405</b>

**Line 26 - LIABILITIES**

Prepaid Dues	\$ 2,256
Accounts Payable	\$ -
<b>Total Liabilities</b>	<b>\$ 2,256</b>