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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 black lung benefit trust or private foundation)

2012

OMB No 1545-1150

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.

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Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization B Check if applicable D Employer identification number Address change Knights of Columbus Archbishop Noll Council 4511 23-7109803 Boom/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 574-269-9202 P.O. Box 871 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Warsaw, IN 46581-0871 0188 Application pending G Accounting Method Other (specify) H Check ▶ ☐ if the organization is not I Website: ▶ required to attach Schedule B) ◀ (insert no) ☐ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) - 501(c)(3) 501(c) (527 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received 4,520.00 2 Program service revenue including government fees and contracts 18,304.00 3 Membership dues and assessments . . . 3 4,666.00 4 4 Investment income 130 00 5a 0.00b 0.00C 5c 0.00 Gross income from gaming (attach same Gross income gaming g Revenue 6a 0 00 Gross income from fundraising events (not including \$\)
from fundraising events reported in the sum of such gross income and countrilled exceeds \$15,000).

Less. direct expenses from gaming and fundraising events of contributions 13,262,00 6c 9,113.00 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 4.149 00 Gross sales of inventory, less returns and allowances 7a 7a 0.00 7b h Less. cost of goods sold 0.00 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 0 00 C 8 Other revenue (describe in Schedule O) 8 3,500.00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 35,269 00 10 Grants and similar amounts paid (list in Schedule O) 10 25,592.00 Benefits paid to or for members 11 11 886.00 12 Salaries, other compensation, and employee benefits . . . 12 0.00 13 13 Professional fees and other payments to independent contractors 0.00 14 Occupancy, rent, utilities, and maintenance 14 7,833.00 15 15 Printing, publications, postage, and shipping. 1,383.00 Other expenses (describe in Schedule O) 16 16 945.00 17 17 Total expenses. Add lines 10 through 16. 35,639 00 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 (370.00)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 10,618 00 20 20 Other changes in net assets or fund balances (explain in Schedule O). 0.00

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Cat No 106421

Form 990-EZ (2012)

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Net assets or fund balances at end of year. Combine lines 18 through 20

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Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar	ny question in this		<u></u>	<u> </u>
				(A) Beginning of year	۰.	(B) End of year
22	Cash, savings, and investments			10,618 00		8,070.37
23	Land and buildings		• • •	0.00		0 00
24 25	Other assets (describe in Schedule O) Total assets			10,618 00		0.00 8,070.37
26	Total liabilities (describe in Schedule O)			0 00		0 00
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21) .	10,618 00		8,070 37
Par						Expenses
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🗸	(Regi	uired for section
Wha	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest per services provide	orogram services, d, the number of	4947	nizations and section (a)(1) trusts, optional thers)
28	Funds from Charity Drive benefited Special needs cit					
	Bay Drive, Warsaw, IN 46580 and to Special Olympics	of Kosciusko Count	y, 102 East Market	Street, Warsaw,		
	IN 46580 (Grants \$ 17,245.26) If this amount	includes foreign gra	nte check here		28a	
29	Gave support to Seminarians (including one member				200	
23	rasied from Council dinners, and from voluntary cont			strioou, r urius		
	Tusted from Courton annies s, and from Volumes 1 con-					
	(Grants \$ 866 50) If this amount	ıncludes foreign gra	nts, check here .	🕨 🔲	29a	
30	Funds raised to benefit students attending Sacred He	eart Church and Scho	ol; Activities includ	led:		
	Scholarship for graduating senoir; Breakfast for Cath	oup				
		::				
	(Grants \$ 1,812.90) If this amount			▶ ⊔	30a	
31	Other program services (describe in Schedule O) (Grants \$ 4667 28) If this amount			▶ □	31a	
32	Total program service expenses (add lines 28a t				32	-
	t IV List of Officers, Directors, Trustees, and Key					ions for Part IV)
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	0	Estimated amount of their compensation
Davi	d Smolen					
3057	S 175W, Warsaw, IN 46580	Grand Knight (5 Hr)	0.0	0 00	00	0 00
	ld T Nelson	Deputy Grand	1			
	Court Circle, Winona Lake, IN 46590	Knìght (2 Hr)	0.0	0.0	00	0 00
	les E Whitcraft, Jr	Financial Secretary	0.0	0		0.00
	E Lynnwood Dr N, Warsaw, IN 46580 am J Harltey	(6 Hr)	0.0	0.0	-	0.00
	Meadow Lane, Warsaw, IN 46580	Treasurer (2 Hr)	0.0	0 00	00	0.00
	ley T Durcholz	,				
	West Smith Street, Warsaw, IN 46580	Trustee (1 Hr)	0.0	0.0	0	0 00
Johr	M Armacost					
1692	South Walnut Drive, Warsaw, IN 46580	Trustee (1 Hr)	0.0	0.0	0	0 00
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this				
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Fart		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		<u>√</u>	
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		✓	
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter: Initiation fees and capital contributions included on line 9				
b 40a	Gross receipts, included on line 9, for public use of club facilities				
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	- الشميك	√	
С	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				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	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	Ĕ_Ž	✓	
41	List the states with which a copy of this return is filed ▶				
42a	The organization's books are in care of ▶ Telephone no. ▶				
b	Located at ► ZIP + 4 ► 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)?	42b	-	No	
	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.				
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c	<u> </u>	<u>√</u>	
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	· ·	Yes	► □ No	
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		\(\frac{10}{\lambda}\)	
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		<u>~~</u>	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c () 44d	٠ ا	√ √ √	
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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-F7 (see instructions)	45a		√	

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	~ :							Yes	No
46		he organization engage, directly or in indidates for public office? If "Yes," o			n behalt of c	or in opposi	زرد (tion 46	<u> </u>	
Part	_	Section 501(c)(3) organizations		, , , , , , , , , , , , , , , , , , , ,			1 40		
		All section 501(c)(3) organization		stions 47-49b and	1 52, and co	omplete th	e tables f	for lin	es
		50 and 51							
		Check if the organization used Sci	nedule O to respond	to any question in	this Part VI		<u></u>	•	
							r	Yes	No
47		the organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) electi	ion in effect	during the	tax . 47		
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48		
49a	Did t	Did the organization make any transfers to an exempt non-charitable related organization?							
b		Yes," was the related organization a section 527 organization?							
50		omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key imployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."							
	emp	oyees) who each received more than	1 \$100,000 of comper	sation from the org			e, enter "n	vone.	
	(a) Name and title of each employee paid more than \$100,000		(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				
							-		
					ļ				
			· · · · · · · · · · · · · · · · · · ·				-		
f	Tota	number of other employees paid over	er \$100,000	. ▶					
51		plete this table for the organization'			t contractor	s who each	received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."				-	
(a)	Name a	and address of each independent contractor pa	nd more than \$100,000	(b) Type of service		(c) Compensation			
			······································	<u> </u>					
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d	Tota	number of other independent contra	ctors each receiving	over \$100,000 .	. •				
52		he organization complete Schedule A			ns and 4947(a)(1)			_
	none	xempt charitable trusts must attach	a completed Schedul	e A	• • • •	· · ·	► ∐ Yes		No
Under p	enaities	of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than	eturn, including accompan refficer) is based on all info	ying schedules and stater ormation of which prepare	ments, and to the r has any knowle	e best of my kr edge	nowledge and	d belief.	, it is
		Ofice Collins	12/			6/2	9/13		
Sign		Signature of officer			Da	te	7/1		
Here		Charles E Whitcraft, Jr, Financial S	Secretary						
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	1	Date	Check	if PTIN		
Prep						self-emplo	yed		
Use		Firm's name ▶				m's EIN ▶			
Mov	ha IDC	Firm's address ►	a phase ab O C		Ph	one no			
iviay ti	ne IHS	discuss this return with the preparer	snown above? See	instructions .	·		► U Yes	<u> </u>	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

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Employer identification number 23-7109803 **Knights of Columbus Archbishop Noll Council 4511** Line 8 - Other revenue: Hall Rentals Line 8 - Grants made in excess of \$5,000.00 From the proceeds of the Council's Annual Charity Drive benefiting Citizens with Special Needs, Archbishop Noll Council 4511 donated \$14,745 26 to Cardinal Services, Inc. Cardinal Services, Inc is located at 504 North Bay Drive, Warsaw, IN 46580, is an organization dedicated to assisting individuals of all ages who have disabilities Line 10 - Payments made to affiliated organizations - the total on line 10 includes \$2,952 22 pf payments to Affiliated Organizations consisting of the following: 797.22 to Knights of Columbus Supreme Council; 2,155 00 made to Indiana State Council Line 16 - Other Expenses: this consists of 219 97; 641.53 for convention fees; and 73 80 for office expenses Line 31 - Other Program services: In addition to the programs listed, Knights of Columbus Archbishop Noll Council 4511 made these Grants: 530.75 to Kosciusko County Right to Life; 430.46 Gifts for Seniors; 300.00 Gibault Inc.; 10 00 for New Knights of Columbus Council in Indiana