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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)

OMB No 1545-1150

2013**Open to Public Inspection**Department 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.**A** For the 2013 calendar year, or tax year beginning , 2013, and ending , 20**B** Check if applicable

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

C Name of organization

Fr. Baumgartner Knights of Columbus Council No. 5452

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

Room/suite

P. O. Box 81195

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

Rochester, MI 48308-1195

D Employer identification number

23-7109703

E Telephone number

(586) 752-5375

F Group Exemption

Number ▶ 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**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** 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 ☐

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	13,726.80
4	Investment income	4	
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	15,454.00
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	46,691.00
c	Less: direct expenses from gaming and fundraising events	6c	23,567.57
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,577.43
7a	Gross sales of inventory, less returns and allowances	7a	291.00
b	Less: cost of goods sold	7b	1,061.50
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(770.50)
8	Other revenue (describe in Schedule O)	8	3,775.36
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,309.09
10	Grants and similar amounts paid (list in Schedule O)	10	44,314.73
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	572.10
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	14,808.89
17	Total expenses. Add lines 10 through 16	17	59,695.72
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,386.63)
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	19,900.94
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,514.31

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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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 ☐

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	19,900.94	22 15,514.31
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	19,900.94	25 15,514.31
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,900.94	27 15,514.31

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	<input checked="checked" type="checkbox"/>	Expenses (Required for section 501(c)(3) organizations)
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Check if the organization used Schedule O to respond to any question in this Part III ☒ **Expenses**
(Required for section

What is the organization's primary exempt purpose?	Charitable, educational, and social welfare works	(Required for section 501(c)(3) and 501(c)(4)
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Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Elementary school and high school and college scholarship program. Each year the Council awards at least two \$1,000.00 scholarships to elementary school children and at least two \$1,500.00 scholarships to high school and college students who will be attending a Catholic school in the following school year. (Grants \$ 5,000.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,000.00
29	Charitable grants are made to various charities and need-based requests received by the Council. These grants vary in amounts. Grants to organizations helping mentally-challenged persons totaled \$ 17,700.00 and other broadly based charitable donations totaled \$ 5,041.00. (Grants \$ 22,741.00) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22,741.00
30	Charitable donations are collected by the Council for religious vocations support (\$1,500.00), for State wide support of Boysville quota (\$1,483.75), Fr. McGivney Chair for vocations (\$1,850.00) Soup Kitchens and Food Banks (\$8,500.00), and Take Five (\$815.00), the Respect For Life Dinner (\$500.00) (Grants \$ 16,573.73) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	16,573.73
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	44,314.73

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 ☐

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

[illegible]

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
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	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 ▶		
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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 ▶ <u>David Grupenhoff</u> Telephone no. ▶ <u>(248) 608-6160</u> Located at ▶ <u>1663 Yale Ct., Rochester Hills, MI</u> ZIP + 4 ▶ <u>48309-2524</u>		
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 .	42b	✓
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: ▶	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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

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

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

48		<input checked="" type="checkbox"/>
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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- b** If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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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."

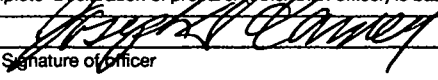
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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.

Sign Here	Signature of officer 	Date <u>4/14/14</u>
	Joseph Carney, Grand Knight Type or print name and title	

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

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Fr. Baumgartner Knights of Columbus Council No. 5452

Employer identification number

23-7109703

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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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.

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 event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MI Drive (event type)	Fish Fries (event type)	Golf Outing (total number)	
Revenue	1 Gross receipts	20,364.90	20,561.10	5,765.00	46,691.00
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	20,364.90	20,561.10	5,765.00	46,691.00
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			3,552.40	3,552.40
	7 Food and beverages	170.42	10,330.25		10,500.67
	8 Entertainment				
	9 Other direct expenses	743.50			743.50
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,796.57
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31,894.43

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, 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		6,002.00	9,452.00	15,454.00
	2 Cash prizes		3,001.00		3,001.00
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs			4,770.00	4,770.00
	5 Other direct expenses			1,100.00	1,100.00
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				8,771.00
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				6,583.00

9 Enter the state(s) in which the organization operates gaming activities: Michigan

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? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility | 13a | 0 % |
| b | An outside facility | 13b | 100 % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ► David Grupenhoff, Financial Secretary

Address ► 1899 Burning Bush CT, Rochester Hills, MI 48309-3322

- 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 ▶ John Dunlap, Trustee

Gaming manager compensation ▶	\$	0.00
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Description of services provided ► John Dunlap is the contact person who files paperwork with the MI Gaming Board

☒ 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.** 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Fr. Baumgartner Knights of Columbus Council No. 5452

Employer identification number

23-7109703

Twice each year, Fr. Baumgartner Knights of Columbus Council No. 5452, in conjunction with Knights of Columbus Councils across the State of Michigan conduct fund raising (the MI or Tootsie Roll Drives) to raise funds to assist mentally impaired persons. The only expense of this fund raiser is the cost of the Tootsie rolls. In 2013, the spring and fall drives raised a gross amount of (\$20,364.90). The cost of the Tootsie rolls was \$743.50. The amount of \$19,315.98 was donated to various organizations that assist mentally impaired individuals. The gross amount of income and expenses from this event are reported on Schedule G.

Other fund raising activities by the Fr. Baumgartner Knights of Columbus Council No. 5452 included the following:

Texas Holdem' charity events	(included on Schedule G 9,452.00)
Lenten Fish Fries	(included on Schedule G 20,561.10)
Annual Golf Outing	(included on Schedule G 5,765.00)
Lenten Raffle & 50-50 drawings	(included on Schedule G 6,002.00)
Special events, including Detroit Tiger game, bowling & euchre night, and annual picnic	2,288.26
Donations and raffle sales rebate	1,315.00
Miscellaneous	172.10
Total Receipts	3,775.36

Expenses for charitable fund raising include the following:

Supreme and State of Michigan Knights of Columbus per capita taxes and other related payments	4,861.75
Lenten Fish Fry expenses	(included on Schedule G 10,630.25)
Annual Golf Outing expenses	(included on Schedule G 3,552.40)
Texas Hold 'Em charity poker licensing and rental expenses	(included on Schedule G 5,870.00)
Lenten Raffle prizes	(included on Schedule G 2,000.00)
State Convention delegate expenses	1,500.00
Special Events (Christmas Parade and Party, Appreciation Dinner, Council Picnic, etc)	3,704.03
General Council operation expenses (awards, hospitality, newsletters, advertising, etc)	4,343.11
Miscellaneous expenses (attendance drawing prizes)	400.00
Total Expenses	14,808.89

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Employer identification number

Fr. Baumgartner Knights of Columbus Council No. 5452

23-7109703

Grants and similar amounts paid out include the following:

Total program service contributions donated to various organizations that assist mental mentally impaired individuals,

scholarships, for religious vocations support, annual Boysville quota, miscellaneous charities, including Capuchin Soup

Kitchen, Gleaners Food Bank, homeless shelters, Older Persons Commission of Rochester, Michigan, Crittenton Hospital,

Baldwin Center Soup Kitchen, etc, that are included on Form 990EZ, Part III, line 32

44,314.73

Total grants and contributions

44,314.73