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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)

2013

OMB No 1545-1150

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.

Internal Revenue Service			O012 and and inc					
_		1	ar year, or tax year beginning , 2013, and ending C Name of organization	D Sma	, 20			
B Check if applicable			-	D Emp	Employer identification number			
Address change			Knights of Columbus Archbishop Noll Council 4511  Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	23-7109803 E Telephone number				
H	Name cha Initial retu	-	Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Tele	onone n	umper		
Ħ	Terminate		P O Box 871	Ļ		4-269-9202		
	Amended	l return	City or town, state or province, country, and ZIP or foreign postal code		•	mption		
	Application	on pending	Warsaw, IN 46581-0871	Nur	nber I	0188		
G	Accoun	iting Method	✓ Cash	Check	<b>▶</b> □	f the organization is <b>not</b>		
	Website			required	d to att	ach Schedule B		
<u>J 1</u>	Tax-exer	mpt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 99	0-EZ, or 990-PF)		
			☐ Corporation ☐ Trust ☐ Association ☐ Other					
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets	}			
(Pa	ırt II, col	lumn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	ınstru	ctions	for Part I)		
		Check If	the organizațion used Schedule O to respond to any question in this Part			🗆		
	1	Contributio	ns, gifts, grants, and similar amounts received		1	2,000		
	2	Program se	ervice revenue including government fees and contracts		2	18,437		
	3	Membersh	p dues and assessments		3	4,702		
	4	Investment			4	81		
	5a		unt from sale of assets other than inventory 5a	0	~, ~,			
	Ь		or other basis and sales expenses		1 1			
	C	Gain or flos	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					
	6	Gaming an	d fundralsing events		5c	<u></u>		
	а	Gross inco	ome from gaming (attach Schedule G if greater than					
ē	-	\$15,000) .	6a	0	7 3 1			
Revenue	ь	Gross inco	me from fundraising events (not including \$of contribution)	ns	* : à			
ě	-	from fundraising events reported on line 1) (attach Schedule G if the						
ш			h gross income and contributions exceeds \$15,000) .   6b		34 %// 2003/000			
	C		t expenses from gaming and fundraising events 6c	13967 8566	1			
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su		m the			
	-	line 6c)	or (1000) from garring and farial along overlae (222 miles ou and ob and ob	Diraci	6d	F 404		
	7a	•	s of inventory, less returns and allowances	•		5,401		
	b				7, 400			
	1				70			
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
	8		nue (describe in Schedule O)		8	2,500		
_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	33,120		
	11			•	11	21,310		
10	1	•	her compensation, and employee benefits		<del></del>			
Expenses	12 13	•	al fees and other payments to independent contractors		12 13	0		
	13					<u></u> <u>0</u>		
	14		r, rent, utilities, and maintenance		14	9,069		
		•	iblications, postage, and shipping		15	953		
	16		nses (describe in Schedule O)		16	957		
_	17		nses. Add lines 10 through 16		17	33,154		
Net Assets	18		deficit) for the year (Subtract line 17 from line 9)		18	(34)		
	19		or fund balances at beginning of year (from line 27, column (A)) (must agre	e with	<u></u>			
		-	r figure reported on prior year's return)		19	8,070 37		
	20		ges in net assets or fund balances (explain in Schedule O)	•	20	0		
	21		or fund balances at end of year. Combine lines 18 through 20	<u>. ▶</u>	21	(34)		
For	Papen	work Reducti	on Act Notice, see the separate instructions. Cat No 106421			Form <b>990-EZ</b> (2013)		

(,					
Check if the organization used Schedule	O to respond to ar	ny question in this			
Oash savinas and investments			<u> </u>		(B) End of year
. •					10,361 36 0
· ·					
Total assets					10,361 36
Total liabilities (describe in Schedule O)		[			0
Net assets or fund balances (line 27 of column				27	10,361.36
•	•		•	}	Expenses
	O to respond to ar	ny question in this	Part III		uired for section
-			<del></del>	(	c)(3) and 501(c)(4) nizations and section
neasured by expenses. In a clear and concise m	nanner, describe the	f its three largest pe services provided	orogram services, d, the number of	4947	(a)(1) trusts, optional thers)
Bay Drive, Warsaw, IN 46580 and to Special Olympic	•••				
	ıncludes foreign gra	ints, check here .	▶ □	28a	
·					
	••••				
				29a	
Scholarship for graduating senoir; Breakfast for Cat	holic School Week; Fi	sh Fry for Youth Gro	oup		
(Grante \$ 946.37) If this amount	includes foreign gra	ints check here	▶ □	30a	
	inolades foreign gra	anto, oncor noro			
	includes foreign gra	ints, check here	. ▶□	31a	
				32	
				nstruc	tions for Part IV)
Check if the organization used Schedule	O to respond to ar			<u> </u>	🛚
(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
d T Nelson	- Grand Knight				
Court Circle, Winona Lake, IN 46590	5 HR	0.00	0.0	00	0.00
Hogan	Deputy Grand				
	Knight 2 HR	0.00	0.0	00	0 00
	Financial Secretary				
	(6 Hr)	0.00	0 (	טו	0.00
	Treasurer (2 Hr)	0.00	0.0	10	0.00
, <u>.=</u>	Treasurer (2 Til)		9		
	Trustee (1 Hr)	0.00	0 (	00	0.00
M Armacost					
South Walnut Drive, Warsaw, IN 46580	Trustee (1 Hr)	0.00	0.0	0	0 00
1 Smolen					
S 175W, Warsaw, IN 46580	Trustee (1 Hr)	0.00	0.0	00	0.00
	-				
	-			+	
	1				
· · · · · · · · · · · · · · · · · · ·					
			i	- 1	
				+	
	Cash, savings, and investments  Land and buildings  Other assets (describe in Schedule O)  Total assets  Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column till)  Statement of Program Service Accommender of the organization of	Check if the organization used Schedule O to respond to are  Cash, savings, and investments Land and buildings Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with till Statement of Program Service Accomplishments (see the Check if the organization used Schedule O to respond to are it is the organization's primary exempt purpose? The the organization's program service accomplishments for each one assured by expenses in a clear and concise manner, describe the ons benefited, and other relevant information for each program title.  Funds from Charity Drive benefited Special needs citizens. Funds sent to Bay Drive, Warsaw, IN 46580 and to Special Olympics of Kosciusko Count IN 46580.  (Grants \$ 16,294.94) If this amount includes foreign grages are support to Seminarians (including one member of Council) who is straigled from Council dinners, and from voluntary contributions that were in Grants as a service accomplishment includes foreign grages are support to Seminarians (including one member of Council) who is straigled from Council dinners, and from voluntary contributions that were in Grants \$ 850.00) If this amount includes foreign grages funds raised to benefit students attending Sacred Heart Church and Sche Scholarship for graduating senoir; Breakfast for Catholic School Week; Fill (Grants \$ 846.27) If this amount includes foreign grages of the program services (describe in Schedule O) (Grants \$ 2,537.33) If this amount includes foreign grages of the program service expenses (add lines 28a through 31a).  List of Officers, Directors, Trustees, and Key Employees (list each Check if the organization used Schedule O to respond to the position of the program service expenses (add lines 28a through 31a).  List of Officers, Directors, Trustees, and Key Employees (list each Check if the organization used Schedule O to respond to the pourse per week devoted to position and the population of the population of the	Check if the organization used Schedule O to respond to any question in this  Cash, savings, and investments Land and buildings. Other assets (describe in Schedule O) Total assets Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21)  Itali Statement of Program Service Accomplishments (see the instructions for Check if the organization used Schedule O to respond to any question in this it is the organization's primary exempt purpose? The the organization of the primary exempt purpose? The the organization (Special needs citizens Funds sent to Cardinal Services, 1849 Drive, Warsaw, IN 46580 The Accounts of the primary exempt purpose? The the organization used Schedule O to respond to any question for the Primary exempt purpose (a) Name and title The primary exempt purpose?  The the organization used Schedule O to respond to any question of the primary exempt purpose? The the organization used Schedule O to respond to any question (find paid, enter-0) (Ad T. Nelson  Court Circle, Winona Lake, IN 46580 The samount includes foreign grants, check here Court Circle, Winona Lake, IN 46580 The primary exempt purpose?  The primary exempt pu	Cash, savings, and investments	Check if the organization used Schedule O to respond to any questron in this Part II  Cash, savings, and investments  Land and buildings.  Other assets (describe in Schedule O)  Net assets (describe in Schedule O)  Net assets or fund balances (line 27 of column (8) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any questron in this Part III  Check if the organization spring service accomplishments for each of its three largest program services researched by expenses in a clear and concise manner, describe the services provided, the number of ons benefited, and other relevant information for each program title.  Funds from Charity Drive benefited Special needs citizens. Funds sent to Cardinal Services, Inc., 504 North  Funds from Charity Drive benefited Special needs citizens. Funds sent to Cardinal Services, Inc., 504 North  Funds from Charity Drive benefited Special one member of Council) who is studying for the Priesthood, Funds  rasied from Council dimers, and from voluniary contributions that were made by members.  (Grants \$ 16,294.94) If this amount includes foreign grants, check here   29a  Gave support to Seminarians (including one member of Council) who is studying for the Priesthood, Funds  rasied from Council dimers, and from voluniary contributions that were made by members.  (Grants \$ 880.00) If this amount includes foreign grants, check here   29a  Funds rased to benefit students attending Sacred Heart Church and School; Activities included:  Scholarship for gradualing senoir; Breakfast for Catholic School Week; Fish Fry for Youth Group  (Grants \$ 846.27) if this amount includes foreign grants, check here   29a  Total program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instruct Check if the organization used Schedule Ot respond to any question in this Part IV  (Grants \$ 2.53.73)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rari	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	163	√
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		1
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 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		<b>/</b>
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?  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?	37b 38a		1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
ь	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		1
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	, ,	3	• ,3 .,,
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		<b>✓</b>
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>.</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			
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:	42b	Yes	No ✓
	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: ▶	42c	<u> </u>	✓
43	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>\Delta 43</b>	· ·	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	res	No ✓
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		, ,
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1

Page	4
rage	

								Yes	No		
		ne organization engage, directly or in			on behalf o	of or in opposit		423	<b>33</b>		
_		ndidates for public office? If "Yes," c Section 501(c)(3) organizations		, Ραπι		• • • •	·   46		✓		
Part V		Section 501(c)(3) organizations All section 501(c)(3) organizations	: <b>Only</b> s must answer due	stions 47–49h ar	nd 52, and	complete the	e tables	for lin	es		
		50 and 51.	o made anomor que	5110115 41 405 ai	10 02, and	i complete til	o tablee		.00		
		Check if the organization used Sch	nedule O to respond	I to any question i	n this Part	VI			. 🗆		
								Yes	No		
		ne organization engage in lobbying		section 501(h) elec	tion in effe	ect during the	tax				
-		If "Yes," complete Schedule C, Part					. 47		✓		
		organization a school as described in					<del></del>	<b>√</b>			
		ne organization make any transfers to			anization?				<b>↓ ✓</b>		
		s," was the related organization a se			 محطة بحطة		. 49b		<u> </u>		
		olete this table for the organization's oyees) who each received more than									
	лирк	yees, who each received more than	-		<del> </del>	ealth benefits,	5, 5,110, 1	10110.			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contribut	contributions to employee (e)			Estimated amount of		
			devoted to position			mpensation	ed other compensation				
			<del></del>		<del> </del> -						
f T	otal	number of other employees paid over	er \$100,000	. ▶					-		
<b>51</b> C	Comp	plete this table for the organization's	s five highest compe	ensated independe	ent contrac	- tors who each	received	d more	e than		
\$	100,	000 of compensation from the orga	nization. If there is no	one, enter "None."							
	(a)	Name and business address of each independ	dent contractor (b) Type of service			(c)	(c) Compensation				
							· · · ·				
				-							
				1							
			<del></del>								
	****		otom ocoh reselvis-	Over \$100,000							
_	Total number of other independent contractors each receiving over \$100,000 . ▶										
		rempt charitable trusts must attach a			, , , , ,	+/ (α)(1)	► ∏ Ye	s 🗆	No		
		of perjury, I declare that I have examined this re			ements, and to	o the best of my kr			, it is		
		complete Declaration of preparer (other than									
		I ful & Whit		5-13-14							
Sign	Signature of officer				Date						
Here		Charles E Whitcraft, Jr, Financial S									
		Type or print name and title	Preparer's signature	<u>γ</u>	Date		PTIN				
Paid		Pnnt/Type preparer's name	i reparer a signature	repaid 3 signature De			if				
Prepai		Firm's name	1		<del></del> -	self-emplo	,				
Use O	nly	Firm's name ► Firm's address ►		-		Phone no	<del></del>				
May the	IRS	discuss this return with the preparer	shown above? See i	nstructions .			► ☐ Ye	s 🗌	No		

# KNIGHTS OF COLUMBUS ARCHBISHOP NOLL COUNCIL #4511 EMPLOYER ID# 23-7109803 EXPLANATION OF AMOUNTS ON FORM 990-EZ

## LINE 1: Contributions, gifts, grants

Gibault raffle tickets; SOS contributions from members; RSVP refund from Supreme;

; Gibault suppers

### LINE 2: Program service revenue

Gross income from Tootsie Roll drive

#### LINE 3: Membership dues and assessments

Third Degree dues and initiation fees from new members

#### LINE 6b: Gross revenue from fundraising events

Income from fish fries, breakfasts, and bar sales

#### LINE 6c: Direct expenses

Expenses from fish fries, tenderloin dinners, breakfasts, spaghetti dinner; advertising expenses for these events; Tootsie Roll candy and postage expenses; silverware purchase

#### LINE 10: Grants and other amounts paid

Tootsie Roll distribution; seminarian support and SOS; scholarship winner; Catholic Schools Week breakfast; catechisms for RCIA; Gibault raffle tickets; Gibault-proceeds from meeting dinners; essay contest winners; spaghetti dinner and prizes for CRUSADES youth group; National Catholic Youth Conference; new KofC councils; KCRTL program booklet for banquet Also includes: Supreme and Indiana per capita; Supreme Catholic Advertising; Supreme Culture of Life fund; Indiana KofC degree fund; dues for Financial Secretaries Association; Our Fathers House

#### LINE 11: Benefits paid to or for members

Masses offered for deceased members and wives of members; food for council meetings

#### LINE 14: Occupancy, rent, utilities, and maintenance

Building repairs and supplies; hall insurance; electric; gas; phone; water (including salt); trash pickup; bar tax and hall rentals tax

#### LINE 15: Printing, publications, postage, shipping

Postage (not including Tootsie Roll letters); postage for vocations letters; post office box rental; ads in Sacred Heart Church bulletin

#### LINE 16: Other expenses

Supplies from Supreme; office supplies; convention registration fees