

**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

2017**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning , 2017, and ending , 20**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Er. 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**(248) 330-8161****F** Group ExemptionNumber ▶ **0188****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.kofc5452.org**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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**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 ▶ \$ **93,453****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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																2,210											
	2	Program service revenue including government fees and contracts																0											
	3	Membership dues and assessments																9,254											
	4	Investment income																0											
	5a	Gross amount from sale of assets other than inventory																0											
	5b	Less: cost or other basis and sales expenses																0											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																0											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																23,348											
	6b	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)																46,109											
6c	Less: direct expenses from gaming and fundraising events																31,351												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																38,106												
Expenses	7a	Gross sales of inventory, less returns and allowances																0											
	7b	Less: cost of goods sold																0											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																0											
	8	Other revenue (describe in Schedule O)																12,532											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																62,102											
	10	Grants and similar amounts paid (list in Schedule O)																39,946											
	11	Benefits paid to or for members																0											
	12	Salaries, other compensation, and employee benefits																0											
	13	Professional fees and other payments to independent contractors																0											
	14	Occupancy, rent, utilities, and maintenance																0											
Net Assets	15	Printing, publications, postage, and shipping																1,811											
	16	Other expenses (describe in Schedule O)																11,645											
	17	Total expenses. Add lines 10 through 16																53,402											
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																8,700											
Net Assets	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)																28,040											
	20	Other changes in net assets or fund balances (explain in Schedule O)																0											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																36,740											

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2017)

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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
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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), 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	40b	
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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ Mark Gardner Telephone no. ▶ (248) 330-8161 Located at ▶ 3627 Aynsley Drive, Rochester Hills MI ZIP + 4 ▶ 48306-3779		
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).	42b	<input checked="" type="checkbox"/>
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: ▶	42c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<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
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		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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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

Sign Here ▶ Mark G Gardner Signature of officer 5/12/2018 Date

▶ Mark G Gardner, Financial Secretary 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" on Form 990, Part IV, line 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.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

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" on 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 10 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" on 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
		MI Drive (event type)	Lenten Fish Fries (event type)	Golf Outing (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	18720	18108	9281	46109
	2 Less: Contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	18720	18108	9281	46109
Direct Expenses	4 Cash prizes	0	747	215	962
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	4818	4818
	7 Food and beverages	0	6946	0	6946
	8 Entertainment	0	0	0	0
	9 Other direct expenses	2543	3785	469	6797
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				19523
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26586	

Part III Gaming. Complete if the organization answered "Yes" on 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))
1 Gross revenue		6147	17201	23348
2 Cash prizes		3092		3092
3 Noncash prizes				
4 Rent/facility costs			8136	8136
5 Other direct expenses			600	600
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) ▶				11828
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				11520

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

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? ☒ **Yes** ☐ **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? ☐ **Yes** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted 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 ▶ James Cairnes, Treasurer

Address ▶ 2354 Regency Hills Dr, Shelby Twp MI 48316-2060

- 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

Gaming manager compensation ▶ \$ 0

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 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.
▶ Go to www.irs.gov/Form990 for the latest information.

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Name of the organization

Fr. Baumgartner Knights of Columbus Council No. 5452

Employer identification number

23-7109703

Line 6 Additional detail for Gaming and fundraising events reported on Schedule G:

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 Toostie Roll Drives) to raise funds to assist mentally impaired persons. The expenses of this fund raiser are the cost of the Tootsie Rolls and supplies. In 2017, the spring and fall drives raised a gross amount of (\$18,720). The cost of the Tootsie Rolls and supplies was (\$2,543). The remaining (\$16,177) was donated to organizations that assist mentally impaired individuals. The gross amount of income and expenses from this event are reported on Schedule G.

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

Texas Hold'em charity events (included on Schedule G \$ 17,201)

Lenten Fish Fries (included on Schedule G \$ 18,108)

Annual Golf Outing (included on Schedule G \$ 9,281)

Lenten Raffle and 50-50 Drawings (included on Schedule G \$ 6,147)

Line 8 Other Revenue

There was a special donation received from the Columbus Club Assn of Rochester Building Corp. (included on Schedule B \$ 10,000).

Desert Meals activities raised (\$1,455) to support Seminarians development, Knights of Columbus Michigan State Raffle rebates (\$754), and other miscellaneous income of (\$323).

Total Other Revenue **\$12,532**

Line 10 Grants and similar amounts paid out include the following:

Total program service contributions donated to various organizations that assist mentally impaired individuals, scholarships for Catholic education, religious vocations support, annual Boysville quota, miscellaneous charities including Capuchin Soup Kitchen, Gleaners Food Bank, homeless shelters, OCIMA, Right to Life organizations, Mary's Mantle,

Parish support, etc. **\$39,946**

Name of the organization

Employer identification number

Fr. Baumgartner Knights of Columbus Council No. 5452

23-7109703

Line 16 Expenses for charitable fund raising include the following:

Supreme and State of Michigan Knights of Columbus per capita taxes and other related payments	\$3,845
Lenten Fish Fry expenses	(included on Schedule G \$ 11,478)
Annual Golf Outing expenses	(included on Schedule G \$ 5,502)
Texas Hold'em charity poker licensing and rental expenses	(included on Schedule G \$ 8,736)
Lenten Raffle and 50/50 prizes	(included on Schedule G \$ 3,092)
MI Drive	(included on Schedule G \$ 2,543)
Special Events (Christmas parade and party, Appreciation Dinner, Council Baseball Outing, Deaconate Breakfast)	\$3,530
State Convention Expenses	\$1,500
General Council operation expenses (awards, hospitality, newsletters, advertising, web hosting, recruiting)	\$2,770
TOTAL Expenses less Schedule G reported items	\$11,645

Line 31 Other Program Services:

Hospital Outreach for children - Casey Bears (\$ 500), Flag installations at parishes (\$ 593),

Widowed assistance project supplies (\$ 376)

Total Other Program Services	\$1,469
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