

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 1545-0047

2020**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. *WV***A** For the 2020 calendar year, or tax year beginning , 2020, and ending , 20**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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**(248) 330-8161****F** Group ExemptionNumber ▶ **188****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.kofc5452.org**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)) 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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	4,467	18	Excess or (deficit) for the year (subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	0	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)
3	Membership dues and assessments	3	7,977	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	8,214		
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	20,832		
c	Less: direct expenses from gaming and fundraising events	6c	17,259		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11,787		
7a	Gross sales of inventory, less returns and allowances	7a	0		
b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	11,680		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,911		
10	Grants and similar amounts paid (list in Schedule O)	10	41,513		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	0		
13	Professional fees and other payments to independent contractors	13	0		
14	Occupancy, rent, utilities, and maintenance	14	0		
15	Printing, publications, postage, and shipping	15	269		
16	Other expenses (describe in Schedule O)	16	4,255		
17	Total expenses. Add lines 10 through 16	17	46,037		
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-10,126		
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	36,823		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,697		

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Form **990-EZ** (2020)

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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 ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,823	22 26,697
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	36,823	25 26,697
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,823	27 26,697

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? **Charitable, educational, and social welfare works**

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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 <u>Scholarship program for elementary, high school and college students. Annually, the Council awards at least three scholarships to students who will be attending a Catholic elementary, high school or college the following year (\$4,800 Student Scholarships, religious vocations support including Desert Meals \$1,148).</u> (Grants \$ 5,948) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,948
29 <u>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 \$11,266 and other charitable community organizations totaled \$2,540.</u> (Grants \$ 13,806) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	13,806
30 <u>Support of pregnant women, and mother/childcare needs (\$4,195)</u> <u>State wide support of Boysville (\$1,381), Soup Kitchens and Food Banks (\$2,000), Other Homeless, Disadvantaged and Needy support (\$3,979)</u> (Grants \$ 11,555) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,555
31 <u>Other program services (describe in Schedule O)</u> (Grants \$ 10,204) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	10,204
32 <u>Total program service expenses (add lines 28a through 31a)</u>	32	41,513

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
Todd Trudell				
Trustee	1	0	0	0
Bruce Brandle				
Trustee	3	0	0	0
Joseph Carney				
Trustee	2	0	0	0
Tommy Gray				
Grand Knight	4	0	0	0
Mark Gardner				
Financial Secretary	6	0	0	0
Thomas Donoughe				
Treasurer	5	0	0	0
Robert Gillam				
Advocate	1	0	0	0
James Cairns				
Deputy Grand Knight	5	0	0	0

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		<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		<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)?		<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		
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		<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		<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?		<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?		<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 40a ; section 4912 40a ; section 4955 40a		
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		
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 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		
42a The organization's books are in care of Mark Gardner Telephone no. (248) 330-8161 Located at P. O. Box 81195, Rochester MI ZIP + 4 48308-1195		
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		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		<input type="checkbox"/>
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."

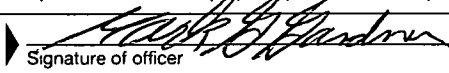
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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  **Signature of officer** Date 5/17/2021
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 ▶		Phone no ▶	
Firm's address ▶				

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 instructions and the latest information.

OMB No 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

Fr. Baumgartner Knights of Columbus Council No. 5452

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 MI Drive (event type)	(b) Event #2 Lenten Fish Fries (event type)	(c) Other events Spaghetti Dinners (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6267	8562	6003	20832
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes		270		270
	5 Noncash prizes				
	6 Rent/facility costs			380	380
	7 Food and beverages		4987	1530	6517
	8 Entertainment				
	9 Other direct expenses	710	1868	540	3118
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10285
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				10547

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	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. Subtract line 7 from line 1, column (d) ▶				

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

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: _____

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.

OMB No 1545-0047

2020

**Open to Public
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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, permits, and supplies. In 2020, the fall drive raised a gross amount of \$6,266 \$ 6,266 was donated to organizations that assist the mentally impaired. (The 2020 spring drive was not conducted due to Covid-19.) \$710 in expenses were covered by the council so the gross proceeds of the event were donated to charities.

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

Lenten Fish Fries (included on Schedule G \$8,562)

Spaghetti Dinners (included on Schedule G \$6,003)

Line 8: Other Revenue

K of C State Raffle and Vocations Support rebates \$631, "Desert Meal" charity dinner ticket sales \$648, and miscellaneous income \$401.

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

Total Other Revenue: \$11,680

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 and support, miscellaneous charities including Capuchin Soup

Kitchen, homeless shelters, and supporting Parish and community service to South Oakland Shelter for homeless individuals and families

to reenter the workforce. Organizations include Faith Works, Assistance League, Neighborhood House, Manna Community Meal, Forgotten

Harvest, Baldwin Center, and Catholic Community Response Team. Contributions were also made to Right to Life organizations, Crossroads

Care Center, OCIMA, Mary's Mantle, Care Net Pregnancy Center, ICU Birth Choice. Also other broad-based Michigan Charities,

Parish support, Covenant House, youth programs etc. \$38,443

Supreme and State of Michigan Knights of Columbus per capita taxes and other related payments \$3,070

TOTAL \$41,513

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Fr. Baumgartner Knights of Columbus Council No. 5452

Employer identification number

23-7109703**Line 16 Other Expenses include the following:****General Council Expenses (\$3,768)****Special Events (Christmas parade and party bills from 2019 event) (\$243)****Line 31 Other Program Services: (Included in Line 10)****Take Ten for Michigan Charities (\$2,030), Local Parish Support (\$754), Donation to Detroit Inner-City Parishes (\$3,000)****Guest House Clergy Alcohol Abuse Center (\$500)****Per Capita to Knights of Columbus Supreme and State Organizations (\$3,070)****Wreaths Across America, Rochester Community House, Children Spelling Bee Prize (\$850)**