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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

2014**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 2014 calendar year, or tax year beginning , 2014, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KNIGHTS OF COLUMBUS HOLY FAMILY COUNCIL 4879 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 1611 N BRISTOL STREET City or town, state or province, country, and ZIP or foreign postal code SUN PRAIRIE WI 53590-1262
D Employer identification number 23-7211118	
E Telephone number 608-825-9195	
F Group Exemption Number ▶ 0188	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶	
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ 99,674	

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	1 Contributions, gifts, grants, and similar amounts received	1	715
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	3,300
	4 Investment income	4	0
	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		0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		73,673
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		41,015	
c Less: direct expenses from gaming and fundraising events 6c		95,674	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		19,014	
7a Gross sales of inventory, less returns and allowances 7a			
b Less: cost of goods sold 7b			
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			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		23,029	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		11,008
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		497
	13 Professional fees and other payments to independent contractors 13		
	14 Occupancy, rent, utilities, and maintenance 14		2,610
	15 Printing, publications, postage, and shipping 15		2,641
	16 Other expenses (describe in Schedule O) 16		919
	17 Total expenses. Add lines 10 through 16 ▶ 17		17,675
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		5,354	
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		16,965	
20 Other changes in net assets or fund balances (explain in Schedule O) 20			
21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		22,319	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

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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	15,915	22 18,642
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	1,730	24 4,730
25 Total assets	17,645	25 23,372
26 Total liabilities (describe in Schedule O)	680	26 1,053
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,965	27 22,319

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? Education, charitable, religious, and social welfare.

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>Our Council holds and works pancake breakfasts and fish fries with the net proceeds going to the following charitable groups: Pregnancy Help-Line, Cub & Boy Scouts, Spinal Bifida, American Legion and others.</u> <u>Our Council's estimated man-hours for these events exceeded 1,500 hours.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>We support "mentally challenged" children by joining all Wisconsin Councils in this fund raiser "Tootsie Roll" campaign. Our Council's estimated man-hours for this event exceeded 1,200 hours.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>We provide cash donations to local churches and provide membership labor for their annual Fall Festivals, Rummage Sales, and other local Pastor requested labor. The estimated man-hours for these events exceeds 200 hours.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
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)	32

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
MICHAEL D. TOMSYCK GRAND KNIGHT	2-10	-0-	-0-	-0-
EDWARD P. MURPHY DEPUTY GRAND KNIGHT	2-5	-0-	-0-	-0-
DAVID FOLKER CHANCELLOR	2-5	-0-	-0-	-0-
RONALD J. BETZ RECORDER	2-5	-0-	-0-	-0-
BRET L. CLOSTERMERY FINANCIAL SECRETARY	2-10	\$497	-0-	-0-
KENNETH FRASSETO TREASURER	3-10	-0-	-0-	-0-
MARK SHINGER WARDEN	<2	-0-	-0-	-0-
RALPH WEITZMAN INSIDE GUARD	<2	-0-	-0-	-0-
ROBERT D. HAUFCHILD OUTSIDE GUARD	<2	-0-	-0-	-0-
GARY T. ST LOUIS TRUSTEE	<2	-0-	-0-	-0-
LEE W. KOPTIC TRUSTEE	<2	-0-	-0-	-0-
MICHAEL L. PERTZBORN TRUSTEE	<2	-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	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 -0-		
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 NA	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a NA	
b Gross receipts, included on line 9, for public use of club facilities	39b NA	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA		
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	NA	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	NA	
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 ▶ NONE		
42a The organization's books are in care of ▶ KENNETH FRASSETTO Telephone no. ▶ 608-825-9195 Located at ▶ 1611 N. BRISTOL STREET, SUN PRAIRIE WI (ORGANIZATION) ZIP + 4 ▶ 53590-1262		
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	✓
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: ▶ NA	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 NA		
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	✓
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	✓

		Yes	No
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	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 ☐

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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
NA				

f Total number of other employees paid over \$100,000 ▶

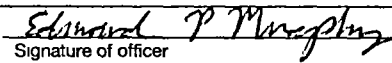
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	7/14/2015 Date
	Edward P. Murphy, 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
	NA				
	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

2014

Open to Public
Inspection

Name of the organization

KNIGHTS OF COLUMBUSHOLY FAMILY COUNCIL 4879

Employer identification number

23-7211118

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 MISSION FISH FRY (event type)	(b) Event #2 CORN FESTIVAL (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	17,039	9,213	14,763	41,015
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	17,039	92,13	14,763	41,015
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	375		3,125	3,500
	7 Food and beverages	15,198	423	7,534	23,155
	8 Entertainment			979	979
	9 Other direct expenses			1,435	1,435
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				29,069
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				11,946

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	54,977	14,609	4,087	73,673
	2 Cash prizes	36,780	10,613		47,393
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs	11,500			11,500
	5 Other direct expenses	7,713			7,713
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 % <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) ▶				66,606
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				7,067

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

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 | 100 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEVEN F. BREUNIGAddress ▶ ORGANIZATION

- 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 ▶ STEVEN F. BREUNIGGaming manager compensation ▶ \$ -0-Description of services provided ▶ SUPERVISION OF NON-PROFIT GAMES☐ 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).

NA

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.

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Employer identification number

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PART 1. 10 GRANTS & SIMILAR AMOUNTS PAID:

AREA CHURCH DONATIONS FOR FESTIVALS 600

SEMINIARIAN & COLLAGE SCHOLARSHIPS 2,600

ILL MEMBER DONATION 500

PREGNANCY HELPLINE 395

JESUIT RETREAT HOUSE 250

JOHN PAUL II STEM CELL RESEARCH 250

DONATIONS 100 DOLLARS OR LESS 240

ST ALBERTS MISSION TRIP 2,714

SPINAL BIFIDA CHARITY 814

SUN PRAIRIE LITTLE LEAGUE 500

4 H SHOOTERS 749

COLUMBUS CORPORATION 354

CUB & BOY SCOUTS 308

AMERICAN LEGION 371

SACRED HEARTS SCHOOL 363

TOTAL LINE 10 PART I 11,008

PART I LINE 16, OTHER EXPENSES

TRAVEL & REGISTRATION FEE 100

(PKD) EDUCATION EXPENSE 133

ADVERTISING 75

MEMBERSHIP DEGREE EXPENSE 111

SPONSORED EVENTS 370

BANK SERVICE CHARGE 130

TOTAL 919

Name of the organization

Employer identification number

KNIGHTS OF COLUMBUS HOLY FAMILY COUNCIL 4879

23-7211118

PART II LINE 24, BALANCE SHEET, OTHER ASSETS

COLUMBUS CORPORATION LOAN 4,000

FURNITURE AND EQUIPMENT 730

TOTAL OTHER ASSETS 4,730

PART II LINE 26, BALANCE SHEET, LIABILITIES

PKD FUND EDUCATION STATE FUND PAYABLE 700

CULTURE OF LIFE SUPREME FUND PAYABLE 353

TOTAL LIABILITIES 1,053

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