

Form 990-EZ

## Short Form

OMB No. 1545-0047

## Return of Organization Exempt From Income Tax

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public  
InspectionDepartment 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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 2019

B Check if applicable	C Name of organization <b>1</b> <b>Knights of Columbus Holy Family Council #4879</b>		D Employer identification number <b>2</b> <b>23-7211118</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <b>2</b>	Room/suite	E Telephone number <b>608-843-6166</b>
<input type="checkbox"/> Name change	1611 N. Bristol Street		F Group Exemption Number ► <b>2</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>08 Sun Prairie, WI, 53590</b>		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). <b>2</b>
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ▶ (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

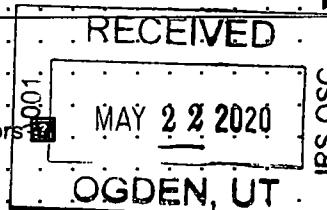
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(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) **2**

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	1 230
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 5,659
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 106,928
	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 82,854
c Less: direct expenses from gaming and fundraising events	6c 132,233	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 57,548	
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)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9 61,541	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 42,348
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits <b>2</b>	12
	13 Professional fees and other payments to independent contractors <b>2</b>	13
	14 Occupancy, rent, utilities, and maintenance	14 9,606
	15 Printing, publications, postage, and shipping	15 3,299
	16 Other expenses (describe in Schedule O) <b>2</b>	16 3,663
	17 Total expenses. Add lines 10 through 16	► 17 58,916
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 2,625
	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 46,501
	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 49,126



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2019)

18

**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	46,490	22 49,407
23	Land and buildings		23
24	Other assets (describe in Schedule O)	730	24 730
25	<b>Total assets</b>	47,220	25 50,137
26	<b>Total liabilities (describe in Schedule O)</b>	719	26 1,009
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	46,501	27 49,126

**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? \_\_\_\_\_

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	_____		
29	_____		
30	_____		
31	Other program services (describe in Schedule O)		
32	<b>Total program service expenses (add lines 28a through 31a)</b>		32

(Grants \$  ) If this amount includes foreign grants, check here  ►  28a

(Grants \$  ) If this amount includes foreign grants, check here  ►  29a

(Grants \$  ) If this amount includes foreign grants, check here  ►  30a

(Grants \$  ) If this amount includes foreign grants, check here  ►  31a

**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 <input checked="" type="checkbox"/> 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
	Paul Shepherd, Grand Knight	6			
	Paul Lang, Financial Secretary	6			
	Joe White, Trustee	2			
	Ed Murphy, Trustee	2			
	Mike Tomsyk, Trustee	2			
	Dave Foelker, Chancellor	1			
	Allan Bloczynski, Recorder	1			
	Tristan Weibel, Treasurer	4			
	Steve Breunig, Warden	2			

**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

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

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

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 ► 40b

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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40b

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 40b

41 List the states with which a copy of this return is filed ► 40e

42a The organization's books are in care of ► Tristan Weiebl Telephone no. ► 608-286-8154  
Located at ► 1611 N. Bristol St., Sun Prairie, WI ZIP + 4 ► 53590 42b

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)? 42c

If "Yes," enter the name of the foreign country ► 42c

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? 42c

If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ►   
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
<b>Part VI Section 501(c)(3) Organizations Only</b>		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		<input type="checkbox"/>																																														
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
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."	<table border="1"> <thead> <tr> <th colspan="2"></th> <th><b>Yes</b></th> <th><b>No</b></th> </tr> </thead> <tbody> <tr> <td>47</td> <td></td> <td></td> <td></td> </tr> <tr> <td>48</td> <td></td> <td></td> <td></td> </tr> <tr> <td>49a</td> <td></td> <td></td> <td></td> </tr> <tr> <td>49b</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<b>Yes</b>	<b>No</b>	47				48				49a				49b																												
		<b>Yes</b>	<b>No</b>																																													
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(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																																												
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."																																															
<table border="1"> <thead> <tr> <th>(a) Name and business address of each independent contractor</th> <th>(b) Type of service</th> <th>(c) Compensation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		(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 ►																						
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																														
52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A ► <input type="checkbox"/> Yes <input type="checkbox"/> 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.																																																
<b>Sign Here</b> <input checked="" type="checkbox"/>	Signature of officer Tristan Welbel, Treasurer, Knights of Columbus Council #4879		Date																																													
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date																																													
	Firm's name ►	Check <input type="checkbox"/> if self-employed																																														
	Firm's address ►	PTIN																																														
	Firm's EIN ►	Phone no.																																														
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No																																																

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Knights of Columbus Holy Family Council \$4879**

**Employer identification number**

23-7211118

**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**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Internet and email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  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

2b 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
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Total</b>					

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 <u>Corn Festival</u> (event type)	(b) Event #2 <u>Community Events</u> (event type)	(c) Other events <u>2 events (GHB &amp; FT</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	10972	65960	2212	78874
	2 Less: Contributions . . . . .			130.00	130
	3 Gross income (line 1 minus line 2) . . . . .	10972	65690	2082	78744
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .			240	240
	7 Food and beverages . . . . .		31963	190	32153
	8 Entertainment . . . . .			775	775
	9 Other direct expenses . . . . .	111			111
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				33279
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				45465

**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 . . . . .	78958	26537	874	106369
Direct Expenses	2 Cash prizes . . . . .	44048	17950		61998
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .	25000			25000
	5 Other direct expenses . . . . .	11955			11955
	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) . . . . .				98953
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				7416

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: \_\_\_\_\_

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	%
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 ► Tristan WeibelAddress ► 3055 Castleton Crossing, Sun Prairie, WI, 53590

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 ► Steve BruenigGaming manager compensation ► \$ 0Description of services provided ► Bingo Manager / Supervisor

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

Knights of Columbus Holy Family Council #4879

23-721118

**Turkey Bingo/Memorial mass; -\$1896 reimbursement to Grand Knight for this year's event and events in 2018 and 2017**

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**Name of the organization**

**Employer identification number**