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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

▶ 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.

OMB No 1545-1150

2013**Open to Public
Inspection**

A For the 2013 calendar year, or tax year beginning <u>7/01</u> , 2013, and ending <u>6/30</u> , 2014	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Knights of Columbus Alex Semel Council 12989 27259 Cloverland Drive Lacombe, LA 70445
D Employer identification number 91-2170635	E Telephone number 985-768-0435
F Group Exemption Number ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ <u>stjohnkc.org</u>	
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 type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>KC Council</u>	
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 ▶ \$ 60,132.	

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 <input checked="" type="checkbox"/>	
1 Contributions, gifts, grants, and similar amounts received	1 2,834.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 4,426.
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 6,637.	
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 45,753.	
c Less: direct expenses from gaming and fundraising events 6c 21,615.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 30,775.	
7a Gross sales of inventory, less returns and allowances 7a 482.	
b Less: cost of goods sold 7b 687.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -205.	
8 Other revenue (describe in Schedule O) 8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 37,830.	
10 Grants and similar amounts paid (list in Schedule O) 10 16,650.	
11 Benefits paid to or for members 11 258.	
12 Salaries, other compensation, and employee benefits 12	
13 Professional fees and other payments to independent contractors 13 1,634.	
14 Occupancy, rent, utilities, and maintenance 14 1,754.	
15 Printing, publications, postage, and shipping 15 816.	
16 Other expenses (describe in Schedule O) 16 6,248.	
17 Total expenses. Add lines 10 through 16 ▶ 17 27,360.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 10,470.	
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 30,734.	
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 41,204.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

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	30,734.	22 41,204.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	30,734.	25 41,204.
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)	30,734.	27 41,204.

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 ☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

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.

28 <u>See Schedule O</u>		
(Grants \$ <u>16,650.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	6,208.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	6,208.

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
Merlin J. Schwab Grand Knight	4	0.	0.	0.
Raymond C. Hollingsworth Fin. Secretary	3	0.	0.	0.
Michael K. Davis Dep Grnd Knight	2	0.	0.	0.
Max J. Keller, Jr. Chancellor	1	0.	0.	0.
Erick M. Guttierrez Recorder	0	0.	0.	0.
Darryl P. O'Meallie Treasurer	0	0.	0.	0.
Roger C. Bouche, Jr. Advocate	0	0.	0.	0.
Edwin S. Hattier Warden	0	0.	0.	0.
John J. Almon Inside Guard	0	0.	0.	0.
Gary J. Songy Outside Guard	0	0.	0.	0.
F. Loring Bugbee, Jr. 1 Yr. Trustee	0	0.	0.	0.
David J. Guttierrez 2 Yr. Trustee	0	0.	0.	0.
Salvador Shepherd 3 Yr. Trustee	0	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒ **X**

	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"/> X
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"/> X
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"/> X
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"/> X
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"/> X
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"/> X
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"/> X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	0.	
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"/> X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ Raymond Hollingworth Telephone no ▶ 985-882-7682
Located at ▶ 27259 Cloverland Drive Lacombe LA ZIP + 4 ▶ 70445

	Yes	No
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"/> X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/> X

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 ▶ ☐ **N/A**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/> X
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"/> X
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/> X
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 of the organization within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/> X
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"/> X

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		X

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		
------------	--	--

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

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 and 4947(a)(1) nonexempt charitable trusts 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 <u>1/20/15</u>			
	Merlin J. Schwab Type or print name and title	Grand Knight			
Paid Preparer Use Only	Print/Type preparer's name Joe DiGiovanni	Preparer's signature 	Date <u>1-20-15</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01067274
	Firm's name ▶ DiGiovanni & Associates, CPAs, LLC				
	Firm's address ▶ 1290 Seventh Street Slidell, LA 70458				
		Firm's EIN ▶ 72-1286047	Phone no (985) 641-1272		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization **Knights of Columbus**
Alex Semel Council 12989

Employer identification number
91-2170635

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 column (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	(b) Event #2	(c) Other events	(d) Total events
		Golf Tournamen (event type)	Fish Fries (event type)	None (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	25,514.	19,810.		45,324.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2) . . .	25,514.	19,810.		45,324.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,375.			5,375.
	7 Food and beverages		10,635.		10,635.
	8 Entertainment				
	9 Other direct expenses	2,456.	2,159.		4,615.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,625.
	11 Net income summary. Subtract line 10 from line 3, column (d)				24,699.

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 column (a) through column (c))
		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 operates gaming activities: _____

a Is the organization licensed to operate 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 operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13 Indicate the percentage of gaming activity operated 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 ▶ _____

Address ▶

- 15a** Does the organization have a contact 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 ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ 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

Name of the organization

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.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Knights of Columbus
Alex Semel Council 12989

Employer identification number

91-2170635

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To render aid to those in need throughout our community, nation and world, by
fundraising for donations and physical labor through our membership.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Our exempt purpose is to render aid to those in need throughout our community,
nation and world, by fundraising for donations and physical labor through our
membership. We achieved this in the current year through many different means. We
sponsored a Special Olympics athlete to attend the National Games, gathered
groceries to help needy families have a Thanksgiving dinner, contributed toys to
the needy in our area, sent contributions to the Samaritan Center Food bank and
supported an organization that provided "Compassion Bags" to women undergoing
chemotherapy for breast cancer. We also supported various school students by
providing school planners, donating to the STAIR reading program and making
contributions to St. Mary's School for Autism and the Magnolia School for the
Mentally Challenged.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

Knights of Columbus
Alex Semel Council 12989

91-2170635

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	153.
Alter Servers Outing		323.
Call-em-all (phone tree)		90.
Catholic Adv Fund		132.
Church Improv/Maint		278.
Conferences, Conventions, and Meetings		175.
Culture of Life		263.
Extraordinary Minister Training		105.
Funeral Expenses		259.
Glorify		130.
Insurance		325.
Local Supplies		283.
Louisiana Financial Sec Assoc		35.
Memorials		25.
Propane		1,212.
Religious Dinners		1,402.
Supreme Supplies		531.
Travel		40.
Web Site		487.
Total	\$	<u>6,248.</u>