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2013

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceShort 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.

A	For the 2013 calendar year, or tax year beginning	7/01	, 2013, and ending	6/30	, 2014
B	Check if applicable	C			D
<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		Knights of Columbus Alex Semel Council 12989 27259 Cloverland Drive Lacombe, LA 70445			Employer identification number
					91-2170635
					Telephone number
					985-768-0435
					F Group Exemption Number
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____					
I Website: ► stjohnkc.org					
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 KC Council					
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"/>					
REVENUE	1	Contributions, gifts, grants, and similar amounts received	2,834.		
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments	4,426.		
	4	Investment income			
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
	6	Gaming and fundraising events			
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6,637.		
6b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	45,753.			
6c	Less: direct expenses from gaming and fundraising events	21,615.			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	30,775.			
7a	Gross sales of inventory, less returns and allowances	482.			
7b	Less: cost of goods sold	687.			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	-205.			
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	37,830.			
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	16,650.		
	11	Benefits paid to or for members	258.		
	12	Salaries, other compensation, and employee benefits			
	13	Professional fees and other payments to independent contractors	1,634.		
	14	Occupancy, rent, utilities, and maintenance	1,754.		
	15	Printing, publications, postage, and shipping	816.		
	16	Other expenses (describe in Schedule O)	6,248.		
	17	Total expenses. Add lines 10 through 16	27,360.		
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	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)	30,734.		
	20	Other changes in net assets or fund balances (explain in Schedule O)			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	41,204.		
	See Schedule O				

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. 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>			
29				
30				
31	Other program services (describe in Schedule O)			
32	Total program service expenses (add lines 28a through 31a)	32		6,208.
	(Grants \$ 16,650.) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	6,208.
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	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 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
<u>Merlin J. Schwab</u> -----				
Grand Knight	4	0.	0.	0.
<u>Raymond C. Hollingsworth</u> -----				
Fin. Secretary	3	0.	0.	0.
<u>Michael K. Davis</u> -----				
Dep Grnd Knight	2	0.	0.	0.
<u>Max J. Keller, Jr.</u> -----				
Chancellor	1	0.	0.	0.
<u>Erick M. Guttierrez</u> -----				
Recorder	0	0.	0.	0.
<u>Darryl P. O'Meallie</u> -----				
Treasurer	0	0.	0.	0.
<u>Roger C. Bouche, Jr.</u> -----				
Advocate	0	0.	0.	0.
<u>Edwin S. Hattier</u> -----				
Warden	0	0.	0.	0.
<u>John J. Almon</u> -----				
Inside Guard	0	0.	0.	0.
<u>Gary J. Songy</u> -----				
Outside Guard	0	0.	0.	0.
<u>F. Loring Bugbee, Jr.</u> -----				
1 Yr Trustee	0	0.	0.	0.
<u>David J. Guttierrez</u> -----				
2 Yr. Trustee	0	0.	0.	0.
<u>Salvador Shepherd</u> -----				
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

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	Yes	No
33		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)	Yes	No
34		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)?	Yes	No
35a		X	
35b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	Yes	No
35b			
35c	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	Yes	No
35c		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	Yes	No
36		X	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	0	
37b	If the organization file Form 1120-POL for this year?	Yes	No
37b		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?	Yes	No
38a		X	
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	N/A	
38b			
39	Section 501(c)(7) organizations Enter:	Yes	No
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	Yes	No
40b	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	Yes	No
40b			
40c	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	
40c			
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0	
40d			
40e	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 8866-T	0	
40e			X
41	List the states with which a copy of this return is filed ► None		

42a	The organization's books are in care of ► Raymond Hollingworth Located at ► 27259 Cloverland Drive Lacombe LA	Telephone no ► 985-882-7682 ZIP + 4 ► 70445	Yes	No
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)? If 'Yes,' enter the name of the foreign country:		X	

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

42c	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:	X
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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	► <input type="checkbox"/> N/A N/A	Yes	No
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	Yes	No	
44a		X		
44b	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	Yes	No	
44b		X		
44c	c Did the organization receive any payments for indoor tanning services during the year?	Yes	No	
44c		X		
44d	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	Yes	No	
44d				
45a	45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	Yes	No	
45a		X		
45b	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)	Yes	No	
45b		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

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

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

 b If 'Yes,' was the related organization a section 527 organization?

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.'

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

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 office		Date
	<u>Merlin J. Schwab</u> Grand Knight		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	<u>Joe DiGiovanni</u>	<u>Joe DiGiovanni</u>	<u>1-20-15</u>
	Firm's name ► <u>DiGiovanni & Associates, CPAs, LLC</u>		Firm's EIN ► <u>72-1286047</u>
Firm's address ► <u>1290 Seventh Street</u> <u>Slidell, LA 70458</u>			
	Phone no	<u>(985) 641-1272</u>	

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

Form 990-EZ (2013)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

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?

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.

Yes No

(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					

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 <u>Golf Tournamen</u> (event type)	(b) Event #2 <u>Fish Fries</u> (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (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))
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 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? 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 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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public
Inspection

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.

Name of the organization Knights of Columbus Alex Semel Council 12989	Employer identification number 91-2170635
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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>