

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KNIGHTS OF COLUMBUS
ALEX SEMEL COUNCIL 12989
Number and street (or P O box, if mail is not delivered to street address) Room/suite
821 BREWSTER RD
City or town, state or province, country, and ZIP or foreign postal code
MADISONVILLE, LA 70447

D Employer identification number
91-2170635
E Telephone number
(985) 630-4345
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) **H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: STJOHNKC.ORG
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(8) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ 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 **\$ 60,129**

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	1	5,148
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,974
	4	Investment income	4	7
	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 9,043		
	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 41,642		
Expenses	c	Less direct expenses from gaming and fundraising events 6c 16,715		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 33,970		
	7a	Gross sales of inventory, less returns and allowances 7a 315		
	b	Less cost of goods sold 7b 292		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 23		
	8	Other revenue (describe in Schedule O) 8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 43,122		
	10	Grants and similar amounts paid (list in Schedule O) 10 26,936		
	11	Benefits paid to or for members 11 2,529		
	12	Salaries, other compensation, and employee benefits 12		
Net Assets	13	Professional fees and other payments to independent contractors 13 735		
	14	Occupancy, rent, utilities, and maintenance 14 1,181		
	15	Printing, publications, postage, and shipping 15 998		
	16	Other expenses (describe in Schedule O) 16 6,417		
	17	Total expenses. Add lines 10 through 16 17 38,796		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,326		
	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 37,972		
	20	Other changes in net assets or fund balances (explain in Schedule O) 20 0		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 21 42,298		

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	37,972	22 42,298
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	37,972	25 42,298
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)	37,972	27 42,298

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?
TO RENDER AID TO THOSE IN NEED THROUGHOUT OUR COMMUNITY, NATION AND WORLD, BY FUNDRAISING FOR DONATIONS AND PHYSICAL LABOR THROUGH OUR MEMBERSHIP

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
See Additional Data Table

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

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

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

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

28a

29a

30a

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
THOMAS PAPA	1 50	0	0	0
GRAND KNIGHT				
SALVADOR SHEPHERD	3 50	0	0	0
DEPUTY GRAND KNIGHT				
RICHARD ROBERTS	1 50	0	0	0
CHANCELLOR				
ROGER BOUCHE III	2 00	0	0	0
FINANCIAL SECRETARY				
MARK MOODY	1 00	0	0	0
RECORDER				
DARRYL O'MEALLIE	2 50	0	0	0
TREASURER				
ROGER BOUCHE JR	0 50	0	0	0
ADVOCATE				
KEN ROBERTS	1 00	0	0	0
LECTURER				
JOHN ALMON	1 00	0	0	0
INSIDE GUARD				
MICHAEL BARDIN	0 50	0	0	0
OUTSIDE GUARD				
MICHAEL BANNON	2 50	0	0	0
3RD YEAR TRUSTEE				
MICHAEL DAVIS	3 00	0	0	0
2ND YEAR TRUSTEE				

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	No
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	No
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	No
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	No
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	No
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>DARRYL O'MEALLIE</u> Telephone no ▶ <u>(985) 630-4345</u> Located at ▶ <u>821 BREWSTER RD MADISONVILLE, LA</u> ZIP + 4 ▶ <u>70447</u>		
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	No
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 ▶	42c	No
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		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45b 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	No

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

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	2019-12-05 Date
	THOMAS PAPA GRAND KNIGHT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DENNIS W DILLON CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00840185
	Firm's name ► DUPLANTIER HRAPMANN HOGAN & MAHER LLP			Firm's EIN ► 72-0567396	
	Firm's address ► 1290 SEVENTH STREET SLIDELL, LA 70458			Phone no. (985) 641-1272	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 91-2170635
Name: KNIGHTS OF COLUMBUS
ALEX SEMEL COUNCIL 12989

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

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 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 SUPPORTED CHAHTA-IMA ELEMENTARY SCHOOL STUDENTS BY PURCHASING 3RD GRADE PLANNERS, UNIFORMS AND SUPPLIES FOR LACOMBE CHILDREN AND DONATED MONEY TO A SCHOLARSHIP FUND FOR GRADUATING SENIORS AT TWO SLIDELL AREA HIGH SCHOOLS WE SUPPORTED DRUG AND ALCOHOL AWARENESS CONTESTS AT LOCAL MIDDLE SCHOOLS BY PROVIDING FUNDS USED TO BUY PRIZES FOR STUDENTS WE DONATED TO COMPASSION THAT COMPELS AND HOLY TRINITY TRIPLE NEGATIVE BREAST CANCER AWARENESS WHICH BOTH SUPPORT THOSE UNDERGOING BREAST CANCER TREATMENTS WE SUPPORTED RSDSA, AN ORGANIZATION THAT SUPPORTS PEOPLE IN SEVERE PAIN WE SUPPORTED THE NEW ORLEANS CHILDREN'S HOSPITAL BY DONATING FUNDS TO A FISHING RODEO THAT BENEFITS THE HOSPITAL WE DONATED TO OTHER NON-PROFIT ORGANIZATIONS SUPPORTING MULTIPLE HURRICANE RELIEF EFFORTS WE SUPPORTED VARIOUS VETERANS IN NEED GROUPS WE DONATED TO THE SPECIAL OLYMPICS OF LOUISIANA, THE MAGNOLIA SPECIAL SCHOOL FOR THE MENTALLY CHALLENGED, ST JUDE HOSPITAL, SAFE HAVEN, A FACILITY THAT RENDERS AID TO ABUSED WOMEN, THE RONALD MCDONALD HOUSE, LEUKEMIA & LYMPHOMA SOCIETY AND THE ST VINCENT WALK FOR THE POOR WE COLLECTED AND PURCHASED FOOD AS WELL AS DELIVERED THE THANKSGIVING BASKETS FOR NEEDY PEOPLE IN THE AREA WE FUNDED AND SUPPORTED A PERSON WITH DISABILITIES BY BUILDING RAMPS AT HER HOME (Grants \$ 0)	28a	0
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: KNIGHTS OF COLUMBUS
ALEX SEMEL COUNCIL 12989

EIN: 91-2170635

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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	(b) Event #2	(c) Other events	(d)
		GOLF TOURNAMENT (event type)	FISH FRIES (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	19,954	21,362	326	41,642
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	19,954	21,362	326	41,642
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	108			108
	6 Rent/facility costs	4,870			4,870
	7 Food and beverages	236	10,138		10,374
	8 Entertainment				
	9 Other direct expenses	872			872
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				16,224
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				25,418

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct 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 conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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 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 ►

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 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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
KNIGHTS OF COLUMBUS
ALEX SEMEL COUNCIL 12989

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

91-2170635

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 7

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 315 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 292 GROSS PROFIT 23 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 292 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 292

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TRAVEL AMOUNT 42 DESCRIPTION REFRESHMENTS AMOUNT 597 DESCRIPTION WEBSITE AMOUNT 174 DESCRIPTION CHURCH REFRESHMENTS AMOUNT 299 DESCRIPTION SOCIAL/MEETING MEALS AMOUNT 4,592 DESCRIPTION STATE EVENTS AMOUNT 231 DESCRIPTION INSURANCE AMOUNT 482 TOTAL TO FORM 990-EZ, LINE 16 6,417