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Form 990-EZ

2009

OMB No 1545-1150

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	Α	For the 2009 ca	lendar	year, or tax year beginning			2009, and	d end	ling			,	
	В	Check if applicable		C Name of organization		<u></u>				D Er	nployer	identification number	
		Address change	Please use IRS	Elkhart Columbus Club				١,,	35-1999885				
		Name change	label or	Number and street (or P O box, if mail		street ad	dress)	Room	/suite	+=	Telephone number		
		Initial return	print or type.	,		Ju cot ac	u. 033)		, 30110	I	•		
		Termination	See Specific	112 E. Lexington Ave.				<u> </u>		(574	293-0341	
		Amended return	Instruc-	City or town, state or country, and ZIP +	- 4					le G	oun F	xemption	
	\sqcup	Application pending	tions.	Elkhart			IN	465	16		ımber	>	
		• Section !	501(c)(3) organizations and 4947(a)(1) non	exempt charit	able tr	usts	0	Accounting		d X	Cash Accrual	
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶												
	ı									if the organization is not ch Schedule B (Form 990,			
	ı	J Tax-exempt status (check only one) — X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527								990-P	F)	aaio 2 (0.111 330,	
	ĸ	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than											
		\$25,000 A Forr	25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return										
	L	Add lines 5b, 6b	dd lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990							26 272			
		Instead of Form			Not Assets	F.	d D1.		(0 4	4 -	► \$	36,273.	
	Га	' -		Expenses, and Changes in		orFu	ing Bai	ance	s (See the	ınstr	uctio	ns for Part I.)	
				ts, grants, and similar amounts rec							1	06.050	
		_		revenue including government fees	and contracts						2	36,273.	
			•	and assessments							3		
		4 Investmer					1 -	. 1			4		
				m sale of assets other than invento	ry		5	_					
	_			er basis and sales expenses		• • •	5	b					
	E	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)								5с			
	CZM <m< td=""><td colspan="6">6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here</td><td></td><td></td><td></td></m<>	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here											
	N	a Gross rev	enue (n	ot including \$	of contribu	utions							
	Ĕ	reported of	on line 1)			6	а					
9		b Less dire	ct expe	nses other than fundraising expens	es		6	b					
2010		c Net income of	or (loss) f	rom special events and activities (Subtract I	ine 6b from line 6a	a)					6c		
TC)		7a Gross sale	es of in	ventory, less returns and allowance	:S		7	a					
 4		b Less cost	t of goo	ds sold			7	ь					
		c Gross pro	fit or (lo	ss) from sales of inventory (Subtra	ict line 7b from	line 7	a)				7с		
=		8 Other revenu	ue (descri	be ►	[DEC)	8		
=			•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1		MEU	SIV		_′ ▶	9	36,273.	
				ir amounts paid (attach schedule)					8		10	7,366.	
السيا الافا				r for members		88	MAY 2	4 6	2010		11	7,300.	
7	E X P			empensation, and employee benefit		8	,,,,	_			12	· · · · · · · · · · · · · · · · · · ·	
7	Ê			and other payments to independer		L					13	 	
A	Ň			utilities, and maintenance	it contractors		OGD						
S	E		-	ons, postage, and shipping		L		للا إلا حجا	,		14		
SCANNED	S				ont					,		21 621	
•				ibe <a> See Other Expenses Statem Add lines 10 through 16	<u>= </u>					' ▶	16	31,621.	
,											17	38,987.	
	٨		-) for the year (Subtract line 17 from	•						18		
	N S E E T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year					ear						
	N S E E	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)					ļ	19	47,253.				
	s		_	· · · · · · · · · · · · · · · · · · ·							20	44 520	
1	<u> </u>			d balances at end of year. Combine							21	44,539.	
	Pa	rt II Balaı	nce Si	neets. If Total assets on line 25, c		\$1,250	0,000 or n	nore,					
		(See the instructions for Part II) (A) Beginning of years (A) Beginning of years (B)								(B) End of year			
	22			vestments				-		<u>, 595</u>		3,639.	
	23		-					L		028		40,591.	
	24	`	(describ	e Marie Inventory)			Ļ		630		1,630.	
	25							L	47,	253		45,860.	
	26			be ► See L-26 Stmt)			L		0		1,321.	
	27	Net assets or	<u>fund</u> ba	lances (line 27 of column (B) mus	t agree with lin	ne 21)			47,	253	. 27	44,539.	

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

Form	990-EZ	(2009) Elkhart Columb				<u>-199</u>	19885 Page 2	
Par	art III Statement of Program Service Accomplishments (See the Instructions.)							
	nat is the organization's primary exempt purpose? See attached						ured for section (3) and (4)	
Desc	ribe wha	at was achieved in carrying out the services provided, the number of	cise manner,	organ	nizations and section (a)(1) trusts, optional			
prog	ribe the ram title	services provided, the number of	for ot	hers)				
		attached						
						20.5		
	(Grants) if ti	nis amount includes foreign gr	ants, cneck nere		28 a	 	
29								
								
								
	(Grants	; \$) If ti	his amount includes foreign gr	ants, check here	▶ □	29 a		
30		-						
			- 					
	(Grants	S) If ti	nis amount includes foreign gr	ants, check here		30 a		
31		program services (attach schedule		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 1			
٠,	(Grants	•	nis amount includes foreign gr	ants, check here	▶ [31 a		
32		rogram service expenses (add li			<u> </u>	32		
Par		List of Officers, Directors		plovees. List each on	e even if not com		ted (See the instrs.)	
<u>. u</u>		Elst of Officers, Directors	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account	
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plan	ns and	and other allowances	
	`	· ·	to position		deferred compensal			
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Forn	n 990-EZ (2009) Elkhart Columbus Club, Inc. 35-1999885	5	Р	age <b>3</b>			
Pa	Part V Other Information (Note the statement requirements in the instrs for Part V.)						
	,		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х			
34	34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T						
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		x			
l	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b					
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		x			
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			ļl			
1	b Did the organization file Form 1120-POL for this year?	37 b		X			
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X			
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b						
39	Section 501(c)(7) organizations Enter						
i	a Initiation fees and capital contributions included on line 9						
	Gross receipts, included on line 9, for public use of club facilities			.			
40 a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			. 1			
	section 4911 ►, section 4912 ►, section 4955 ►						
ı	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b					
(	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						
(	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization						
•	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	40 e		X			
41	List the states with which a copy of this return is filed  Indiana						
	The organization's books are in care of T.J. Repaich  Located at 112 E. Lexington Ave.,  Blkhart,  IN ZIP + 4 46516  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		-034 Yes	1 NoX			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 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  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	42c		x			
	r		Yes	No			
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u>			
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		<u>x</u>			

BAA

Form **990-EZ** (2009)

Part VI	Section 501(c)(3) organization	s and section 4947	(a)(1) nonexemp	ot charitable trusts only	. All se	ction	)	
	501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) not s for lines 50 and 5	nexempt charita I	ble trusts must answer	questio	ns		
			· ·	<del>-</del>		·	T	
<b>46</b> Did t	he organization engage in direct or indirect	t political campaign activ	vities on behalf of or	n opposition to candidates	AC	Yes	No	
•	for public office? If 'Yes,' complete Schedule C, Part I  7 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II  46  47							
		· •		adula E	47	-	<del>                                     </del>	
	e organization a school as described in se-		· · · · ·	edule E	48 49 a	-	-	
49 a Did the organization make any transfers to an exempt non-charitable related organization?  b If 'Yes,' was the related organization a section 527 organization?								
	·	•			_49b			
50 Com	plete this table for the organization's five houses) who each received more than \$100	nighest compensated em 0 000 of compensation fr	ployees (other than om the organization	officers, directors, trustees at If there is none, enter 'None	nd key			
•		(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Ex	pense		
(a	) Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	accou other all	int and lowance:	s	
-								
				.				
f Total	number of other employees paid over \$10	00,000		_				
<b>51</b> Comi	alota this table for the organization's five h	wahast componented ind	anandant contractor	s who agah raggived mare the	n ¢100 (	100 of		
comp	plete this table for the organization's five hoensation from the organization. If there is	none, enter 'None '	ependent contractors	s who each received more tha	111 \$100,C	)OO 01		
	(a) Name and address of each independent contr	caster paid more than \$100,000		(b) Type of service	(c) Comp			
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of Service	- (c) comp	erisation	-	
-								
					-			
· <b>d</b> Total	number of other independent contractors	each receiving over \$10	0,000	<b>•</b>				
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (	ined this return, including accomplished than officer) is based on all	panying schedules and stand in the stand of the standard of th	atements, and to the best of my knowledge	edge and be	lief, it is	;	
		<u></u>						
Sign	1-200			5-B-W				
Here	Signature of officer	1		Date				
	<u> </u>	Androe Trust	<u></u>					
	Type or print name and title				<del></del>			
Paid	Preparer's		Date	Check if See (See	rer's Identif instructions)	ying Nui	mber —	
Pre-	Anthony P. Dibl		2/13/	employed	00/72	<u>625</u>		
parer's	Firm's name (or yours if self-		<u> </u>					
Use	employed), 3414 County Roa	d 6 E		EIN ►				
Only	ZIP+4 LIKNATT		IN 46514	Phone no ► (574)	262-			
May the IR	S discuss this return with the preparer sho	own above? See instructi	ons		X Yes	$\perp \perp \perp$	No	

Department of the Treasury Internal Revenue Service Name(s) shown on return

### Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Identifying number

Attachment Sequence No

Elkhart Columbus Club, Inc. 35-1999885 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 \$250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions) Section A 17 2,437. MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (a) Classification of property (b) Month and (d) (f) Method (g) Depreciation (business/investment use year placed in service Recovery period Convention deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27<u>.5 yrs</u> S/L h Residential rental MM property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property S/L MM Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L 40 <u>yrs</u> MM S/L c 40-year Part IV | Summary (See instructions ) 21 Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 2,437. the appropriate lines of your return Partnerships and S corporations — see instructions 22 For assets shown above and placed in service during the current year, enter

Form 4562 (2009) Elkhart Columbus Club, Inc. 35-1999885 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24b If 'Yes,' is the evidence written? No 24a Do you have evidence to support the business/investment use claimed? Yes (h) (b) (d) (e) (f) (i) (c) Business/ (q) Basis for depreciation (business/investment use only) Recovery period Elected section 179 cost Type of property (list vehicles first) Date placed in service Cost or other basis Method/ Depreciation deduction investment use percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (d) (c) (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes No Yes No Yes Yes No Yes No Yes No No Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles Part VI Amortization (a) (b) (c) (d) (e) **(f)** Amortization Amortizable Amortization Description of costs Date amortization Code section period or percentage for this year 42 Amortization of costs that begins during your 2009 tax year (see instructions) 43 Amortization of costs that began before your 2009 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

# Other Assets and Liabilities

2009

Name as Shown on Return Elkhart Columbus Club, Inc.	Employer Identification No 35-1999885			
Line 24 - Other Assets:	Beginnir of Year		End of Year	
		_ _		
Totals to Form 990-EZ, Part II, line 24				
Line 26 - Total Liabilities:	Beginnir of Year		End of Year	
Credit Card			1,321.	
Totals to Form 990-EZ, Part II, line 26			1,321.	

TEEW1801 SCR 02/11/10

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

Other expenses (describe)	4.5.05.5
Purchases	16,956.
<u>Janitorial</u>	
Travel & entertainment	2,572.
Bank charges	270.
Repairs & maintenance	1,132.
Supplies	657.
Misc. taxes & fees	2,432.
Miscellaneous	2,047.
Office supplies	261.
Dues & subscriptions	35.
Insurance	1,047.
Depreciation	2,437.
Promotion	95.
Telephone	963.
Total	31,621.

# Additional Information For Tax Return

Elkhart Columbus Club, Inc.

35-1999885

Form 990-EZ: Exempt purpose

Per the By-Laws the purpose of the corporation is to promote fraternal efforts, sponsor social affairs, maintain suitable quarters and sponsor entertainment, shows, exhibitions, lectures and other activities.