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Form **990-EZ** 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$200,000 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

OMB No 1545-1150

Open to Public Inspection

7a Gross sales of inventory, less returns and allowances b Less cost stroppes and UT c Gress-profit or (less) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	A	\ F	or th	e 2010 calendar year, or tax year beginning	and ending												
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Website: Name A Tax-exempt status (check only one) Solitic)(3) Solitic)(7) (Insert no.) 4947(a)(1) or 527 (Form 1990, 990-EZ, or 1900-PT)	_	<u></u>															
Tax-exempt status (check only one)	G				·	_											
K. Check Image: Interpretation is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-I(e-postard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L. Add lines 55, 6c, and 70, to line 9 to determine gross receipts fight on the complete return. L. Add lines 55, 6c, and 70, to line 9 to determine gross receipts the gross receipts are \$200,000 or more, or if total assets (Part II). Inter 25, column (8) below are \$500,000 or more, the Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I). Check (the organization used Schedule 0 to respond to any question in this Part I 2, 3663. 2 Program service revenue including bovernment lines and white part 2, 3663. 3 Membership dues and assessments 2 2 3 3 3 3 3 3 3 3	!					•											
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Check if the organization used Schedule O to respond to any question	ın this Part II			X										
		(A) Beginning of year		(B) End of year										
22 Cash, savings, and investments	51,386		50,672.											
23 Land and buildings														
24 Other assets (describe in Schedule O)														
25 Total assets		224,679.												
26 Total liabilities (describe in Schedule 0) See Schedule C	- 26	541.												
Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	224,138.												
Part III Statement of Program Service Accomplishme	(Baar	Expenses ured for section												
Check if the organization used Schedule 0 to respond to any question what is the organization's primary exempt purpose? See Schedule 0		c)(3) and 501(c)(4)												
		eizations and section												
Describe what was achieved in carrying out the organization's exempt put the services provided, the number of persons benefited, and other relevan	for ot	(a)(1) trusts, optional hers)												
	Donations to Knights of Columbus 5390 for Council Projects													
20 DOMESTOND CO MITGHED OF COTUMBUS 35	770 TOT COUNT	orr Froject:	<u>-</u>											
														
(Grants \$) If this amount includes foreign of	grante check here		282	24,464.										
29	grants, check fiere		200	21/101.										
			-											
(Grants \$) If this amount includes foreign of	grants, check here		29a											
30														
			-											
(Grants \$) If this amount includes foreign of	grants, check here	>	30a											
31 Other program services (describe in Schedule O)														
(Grants \$) If this amount includes foreign of	grants, check here	▶	31a											
32 Total program service expenses (add lines 28a through 31a)			▶ 32	24,464.										
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each on	ne even if not compensated (s	ee the instructi	ons for Part IV)										
Check if the organization used Schedule O to respond to any question	ın this Part IV													
	(b) Title and average hou	1 ' ' '	(d) Contribute to employee	(0)										
(a) Name and address	per week devoted to position	(If not paid, enter -0)	benefit plans deferred											
GENERAL 1606 WARTERSON PRIME	` <u></u>	-0,	compensation											
STEVE POWERS, 1606 MAPLEWOOD DRIVE	PRESIDENT													
NE, CEDAR RAPIDS, IA 52402	1.00	0.	_	0. 0.										
DALE KUETER, 7116 CHELSEA DRIVE NE,	SECRETARY													
CEDAR RAPIDS, IA 52402	1.00	0.	-	0. 0.										
LEON HARTOGH 1930 25TH AVENUE, MARION, IA 52302	TREASURER	0.		0. 0.										
Lynne Strabala, 930 Dorchester Pl	1.50 VICE PRESIDE			0. 0.										
NE, CEDAR RAPIDS, IA 52402	1.00	0.		0. 0.										
FRANK LOCHNER	DIRECTOR			0.										
2385 10TH AVENUE, MARION, IA 52302	1.00	0.		o. o.										
	DIRECTOR	 		<u> </u>										
1364 RAINBOW BLVD, HIAWATHA, IA 52233		0.		o. o.										
	DIRECTOR			 										
CEDAR RAPIDS, IA 52402	1.00	0.		o. o.										
	DIRECTOR	 		•										
4794 ROCKCRESS CT, MARION, IA 52302	1.00	0.		o. o.										
	DIRECTOR	+ +		-										
DRIVE, MARION, IA 52302		0. 0.												
DATABLE INFORMATION AND AND AND AND AND AND AND AND AND AN	1.00	0.												
	1													
				ı										
				orm 990-EZ (2010)										

	Check if the organization used Schedule O to respond to any question in this Part V			X
22	Did the area material and a second se		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33	<u> </u>	X
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			,
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no t	34		X
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or			Ì
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			f
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	ĺ	X
38 a	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	·	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	1		
а	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 \blacktriangleright , section 4912 \blacktriangleright , section 4955 \blacktriangleright 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	1		
	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	N/	Α
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		ĺ	
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
6	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		<u> </u>
41	List the states with which a copy of this return is filed None			_
12 a	The organization's books are in care of ► Leon Hartogh Telephone no ► 319-37			
		230	2	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?	40.		Х
U	If "Yes," enter the name of the foreign country.	42c		Λ_
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
13	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		Ш
	and enter the amount of tax-exempt interest received of accided during the tax year	N/A	·	
		ſ	Yes	Na
14.0	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		168	140
14 a	Form 990-EZ	440	1	X
		44a		
U	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL	- 1	X
	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	-	$\frac{\Lambda}{X}$
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776		
U		أممأ	- 1	
	ın Schedule O	44d		

Farm 99	0-EZ (2	2010) MARION COLUMBUS	CLUB				42-	1459	141		Page 4
										Yes	No
		ated organization a controlled entity of the org						1	45	<u> </u>	X
		rganization receive any payment from or engag			ithin the m	eaning of section	512(b)(13)?			1
		orm 990 and Schedule R must be completed in							45a	,	ļ
		rganization engage, directly or indirectly, in pol omplete Schedule C, Part I	iticai campaign activiti	es on behalf of or in opi	position to	candidates for pu	iblic of	fice?			v
Part		Section 501(c)(3) organizations	and section 40	147(a)(1) noneyo	mnt ch	aritable tru	etc o	ply Alla	46	. 501/-	X
<u> </u>		organizations and section 4947(a)(1) nonexen	not charitable trusts m	ust answer questions 4	7-49h and	52 and complete	the to	hing. An s	401101 40 50	opiloci and 51	;)(3) I
		Check if the organization used Schedule O to re			7-43D allu	JZ, and complete	liic la	D162 101 IIII	62 20	anu 31	
				7 1 7 111 71						Yes	No
47 Did	the o	rganization engage in lobbying activities? If "Y	es," complete Sche	dule C, Part II				ſ	47		
48 Is t	the org	anization a school as described in section 170	(b)(1)(A)(II)? If "Yes,"	complete Schedule	Ę				48		
49a Did	49a Did the organization make any transfers to an exempt non-charitable related organization?										
		as the related organization a section 527 orga						L	49b		
		this table for the organization's five highest co			irectors, tri	ustees and key en	nploye	es) who ea	ch red	ceived i	more
tha	<u>in \$100</u>	0,000 of compensation from the organization	If there is none, enter "								
		(a) None and address of such assistance	.	(b) Title and average per week devoted) Compensation	(0) C	ontributions employee		e) Expe	
		(a) Name and address of each employee paid than \$100,000 N/A		position	"			fit plans & eferred		er allow	
	_	N/A	<u> </u>				com	pensation	+-	_	
				1							
							•		+		
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									$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		
									1		
51 Cor	mplete	ther of other employees paid over \$100,000 this table for the organization's five highest coin. If there is none, enter "None" N/A	·		h received						
		(a) Name and address of each independent of	contractor paid more th	iaii \$ 100,000		(b) Type of serv	rice	(6	Com	pensat	юп
			· · · · · · · · · · · · · · · · · · ·	 -							
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			· · · · · · · · · · · · · · · · · · ·			~~		1			
											
		the set of the section death and the set of the section death and the section death death and the section death death and the section death and the section death and the sectio									
		iber of other independent contractors each rec ganization complete Schedule A? Note : All sec	•	ations and 4047/a\/1\ r	nonevemnt		_			-	
	ntahla	trusts must attach a completed Schedule A	, ,, . •	, ,, ,	•			►F	☐ Ye	s 🗀	X No
Cita	11.	nder penalties of perjury, I declare that I have examined orrect, and complete Declaration of preparer (other than	this return, including acco	ompanying schedules and s	tatements, a	nd to the best of my	knowle	ge and beli	ef, it is	true,	
	TÑ	and complete becauteful or preparer concerns	Nation	Signation of which propagate	nos any knos		7-	-28-	-7	7	
Sign Here		Signature of officer	7				Date				
пеге		LEON HARTOGH, TREAS	URER								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date	ie.	Check]	PTIN			
Paid						self- employ	ed				
Prepa		Firm's name ► Firm's EIN ►									
Use O	nly										
		Firm's address -				Phone no					
		<u> </u>	.00	<u>-</u>				► TV	Ye	.	7
May the I	IRS dis	cuss this return with the preparer shown abov	e See instructions				_			<u>s </u>	<u> No</u>
10-06-10								r	/iiii 3 3	90-EZ (,2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

MARION COLUMBUS CLUB

Employer identification number 42-1459441

HARTON COLUMBUS CLUB	42-1459441
Form 990-EZ, Part I, Line 4, Rental Income:	
Kind and Location of Property:	Amount:
Meeting hall, Marion, IA	11,431.
	- <u> </u>
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
Interest	324.
Form 990-EZ, Part I, Line 7, Gross Profit from Sales o	f Inventory:
Income:	
1. Gross Receipts	47,182.
2. Returns and Allowances	0.
3. Line 1 less line 2	47,182.
4. Cost of Goods Sold (line 13)	22,709.
5. Gross Profit (line 3 less line 4)	24,473.
Cost of Goods Sold:	
6. Inventory at Beginning of Year	0.
7. Merchandise Purchased	22,709.
8. Cost of Labor	0.
9. Materials and Supplies	0.
10. Other Costs	0.
11. Add Lines 6 through 10	22,709.
	22,709.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Internal Revenue Service Attach to Porni 990 of 990 c.Z.	inspection
Name of the organization MARION COLUMBUS CLUB	Employer identification number 42-1459441
Description of Other Revenue:	Amount:
Sale of Supplies	243.
Miscellaneous	385.
Total to Form 990-EZ, line 8	628.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: Charitable	
Grantee Name: Knights of Columbus #5390	
Grantee Address: 5650 KACENA AVENUE Marion, IA 52302	
Date of Gift: 99/99/99	
Amount Given:	24,464.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
Administrative	2,256.
Mileage	300.
Depreciation	10,305.
Insurance	4,416.
Miscellaneous	914.
kitchen	1,204.
Total to Form 990-EZ, line 16	19,395.
Form 990-EZ, Part I, Line 21, Changes in Net Assets:	
Changes in Net Assets or Fund Balances:	Amount:
Prior period adjustment	1,109.
	hedule O (Form 990 or 990-EZ) (201

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2010 Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** 42-1459441 MARION COLUMBUS CLUB Form 990-EZ, Part II, Line 26, Other Liabilities: Description Beg. of Year End of Year Sales tax payable 644. 487. Accounts payable 288. 54. Total to Form 990-EZ, line 26 932. 541. Form 990-EZ, Part III, Primary Exempt Purpose - To manage property, payoff related debt and use profits therefrom for the benefit of Knights of Columbus Council #5390. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly,

The	e org	ganiza	atio	n,	did	d no	ot,	du	ring	, the	yea	ar,	pay	any	pre	miun	ns,	dir	ectly	γ,
or	indi	.rect]	Ly,	on	аŗ	pers	ona	al	bene	efit	cont	rac	t.							
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or indirectly, to pay premiums on a personal benefit contract.