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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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 \$500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

MARION COLUMBUS CLUB

Number and street (or P O box, if mail is not delivered to street address)

5650 KACENA AVENUE

Room/suite

City or town, state or country, and ZIP + 4

MARION, IA 52302

D Employer identification number

42-1459441

E Telephone number

319-373-9834

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ n/a

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization 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-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 71,353.

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,363.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	11,755.
	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	
	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 exceed \$15,000)	6b	9,425.
c	Less direct expenses from gaming and fundraising events	6c	863.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	8,562.	
7a	Gross sales of inventory, less returns and allowances	7a	47,182.	
b	Less cost of goods sold	7b	22,709.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	24,473.	
8	Other revenue (describe in Schedule O) See Schedule O	8	628.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,781.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) See Schedule O	10	24,464.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	15,659.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Schedule O	16	19,395.
	17	Total expenses. Add lines 10 through 16	17	59,518.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,737.
	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	234,766.
	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	20	1,109.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	224,138.

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

Form 990-EZ (2010)

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	51,386.	22	50,672.
23 Land and buildings	184,312.	23	174,007.
24 Other assets (describe in Schedule O)		24	
25 Total assets	235,698.	25	224,679.
26 Total liabilities (describe in Schedule O) See Schedule O	932.	26	541.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	234,766.	27	224,138.

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 what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts, optional for others)

28 Donations to Knights of Columbus 5390 for Council Projects

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

28a 24,464.

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign 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 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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEVE POWERS, 1606 MAPLEWOOD DRIVE NE, CEDAR RAPIDS, IA 52402	PRESIDENT	0.	0.	0.
DALE KUETER, 7116 CHELSEA DRIVE NE, CEDAR RAPIDS, IA 52402	SECRETARY	0.	0.	0.
LEON HARTOGH 1930 25TH AVENUE, MARION, IA 52302	TREASURER	0.	0.	0.
Lynne Strabala, 930 Dorchester Pl NE, CEDAR RAPIDS, IA 52402	VICE PRESIDENT	0.	0.	0.
FRANK LOCHNER 2385 10TH AVENUE, MARION, IA 52302	DIRECTOR	0.	0.	0.
CHUCK LUSTER 1364 RAINBOW BLVD, HIAWATHA, IA 52233	DIRECTOR	0.	0.	0.
BOB LANGE, 4424 TWIN PINES DRIVE NE, CEDAR RAPIDS, IA 52402	DIRECTOR	0.	0.	0.
RAY BANOWETZ 4794 ROCKCRESS CT, MARION, IA 52302	DIRECTOR	0.	0.	0.
DICK CONRAD, 1945 COUNTRY CLUB DRIVE, MARION, IA 52302	DIRECTOR	0.	0.	0.

Part V Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		X
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		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?	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?	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	39a	0.
a Initiation fees and capital contributions included on line 9	39b	0.
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	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	N/A
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		N/A
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
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	X
41 List the states with which a copy of this return is filed	None	
42a The organization's books are in care of	Leon Hartogh	
Located at	1990 Country Club Drive, Marion, IA	
Telephone no	319-373-2529	
ZIP + 4	52302	
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)?	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.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country		
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	43	N/A
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	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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	

Form 990-EZ (2010)

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a 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 must be completed instead of Form 990-EZ

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
45		X
45a		
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

organizations and section 4947(a)(1) nonexempt charitable trusts 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? 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"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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" N/A

(a) Name and address of each independent contractor paid more than \$100,000	(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

LEON HARTOGH, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

☒ Yes ☐ No

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.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

MARION COLUMBUS CLUB

Employer identification number
42-1459441

Form 990-EZ, Part I, Line 4, Rental Income:

Kind and Location of Property:

Amount:

Meeting hall, Marion, IA

11,431.

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 of 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.

12. Inventory at End of Year

0.

13. Cost of Goods Sold (line 11 less line 12)

22,709.

Form 990-EZ, Part I, Line 8, Other Revenue:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-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.

OMB No 1545-0047

2010

Open to Public
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.

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.

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Open to Public
Inspection

Name of the organization

MARION COLUMBUS CLUB

Employer identification number
42-1459441

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, 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.