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## Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Internal Revenue Service

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

For the 2011 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Address change COLUMBIANS, 22-2872261 Name change INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number linitial return 2 FOREST AVENUE 973-623-7600 Terminated City or town, state or country, and ZIP + 4 F Group Exemption ORADELL, ŊJ Number > Application pending Accounting Method: X Cash Accrual H Check X if the organization is not Other (specify) required to attach Schedule B Website: ► WWW.THECOLUMBIANS.ORG Tax-exempt status (check only one) -  $\times$  501(c)(3) ) **◄**(insert no.) L \_\_ 4947(a)(1) or [ 527 \_\_ 501(c) ( (Form 990, 990-EZ, or 990-PF). Check Light organization is not a section 509(a)(3) supporting organization or a section 527 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 197,249. 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 X 7,80<u>0.</u> Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 20,400. 3 Membership dues and assessments 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such 168,060. gross income and contributions exceeds \$15,000) 6b 59,890. Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 108,170. 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 989. Other revenue (describe in Schedule O) SEE SCHEDULE O 8 137,359. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 68,500. 10 10 SCANNED SEP Expenses Benefits paid to or for members 11 11 19,992. 12 Salaries, other compensation, and employee benefits 12 0 860. 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 8,314. OGDEN UT 15 Printing, publications, postage, and shipping 15 <u>13,125</u>. SEE SCHEDULE O 16 Other expenses (describe in Schedule 0) 16 110,791. 17 Total expenses. Add lines 10 through 16 17 26,568. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 158.682. (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 21 185,250. Net assets or fund balances at end of year. Combine lines 18 through 20

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

Form **990-EZ** (2011)

orm	99U-EZ	Z (2011)	COLUMBIANS,	INC.					22-	-2872	261	Page 2
Pa	rt II	Balance	Sheets. (see the i	nstructions for Part II.)								
		Check if	the organization u	sed Schedule O to res	pond	to any que	estio	n in this Part	: 11			
	•						(A	) Beginning of ye		(B)	End of yea	
22	Cash,	savings, and	investments					158,68	32. 22		185,	250.
23	Land	and buildings							23	<u> </u>		
24	Other	assets (descr	rbe in Schedule O)						24			
25	Total	assets						158,68	32. 25		<u>185,</u>	<u>250.</u>
26	Total	liabilities (de	escribe in Schedule 0)						0. 26		_	0.
27	Net a	ssets or fund	balances (line 27 of colun	nn (B) must agree with line 21)				158,68	32. 27		<u> 185,</u>	250.
Pa	rt III	•	_	rvice Accomplishmer	•				•		xpenses	
				sed Schedule O to res	_	d to any qu	estio	n in this Part	: III[ <u>X</u> ]		d for section () and 501(	
What	is the c	organization's	primary exempt purpose?	SEE SCHEDULE O	)					organiza	tions and s	section
				s for each of its three largest program s				In a clear and conc	se	for other	1) trusts;	optional
				ns benefited, and other relevant inform						TOT OTTICE	<i>3.)</i>	
28 [	ro e	PROVIDI	E EDUCATIONA	<u>L ASSISTANCE T</u>	HRO	UGH SCH	OLA	<u>RSHIPS</u>		1 1		
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	Grants			nis amount includes foreign g	rants,	check here				30a		
31 (	Other p	program sen	vices (describe in Sche	•								
(	Grants	3.\$	) If th	nis amount includes foreign g	rants,	check here			<u> </u>	31a		
ვე :	Total c	orogram sei	rvice expenses (add lin	es 28a through 31a)						32	68,	500.
<u> </u>				- 112 -						1 1		200.
Pa	rt IV	List of C	Officers, Directors	, Trustees, and Key E	mplo	oyees. List each	h one ev	ven if not compensate	ed (see the	nstructions	for Part IV)	
Pa	rt IV	List of C	Officers, Directors	, <b>Trustees, and Key E</b> sed Schedule O to res	mplc pond	<b>yees.</b> List each	n one ex estion	ven if not compensation in this Part	ed (see the	nstructions	for Part IV)	X
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AN' 48 AU DR 54 AV DR 70 VI 12 VI 1C CH 24 AN' 48	THOME THOME IN THOME	List of C Check if  NY J. ( AIN ST) F SODOD TETER FORE CC E, NUT ICHARD AIN ST) ND CELD ICT A. SSAIC S NT M. S 15TH S' NT BRAD ACKENS ES PEDD ADISON NY W. ( AIN ST)	CRACEFFO JR.  CRACEFFO JR.  REET, HACKEN RA JR., 100 BORO, NJ 076 ORVINO, 111 LEY, NJ 0711 SANTUCCI REET, HACKEN ENTANO, 18 G ER SADDLE RI FOCARINO ST, GARFIELD SPINA TREET, FORT NA, 58 MAIN ACK, NJ 0760 RANI AVENUE, WYO GRACEFFO REET, HACKEN	SACK, NJ 07601 RANDVIEW RYER, NJ 07458 D, NJ 07026 LEE, NJ 07024 STREET, SUITE CKOFF, NJ 07481	EX EX PAS EX TRU PRE EXE	d to any quentite and average reweek devoted position  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  STEE 0.00  CUTIVE 20.00  STEE 0.00  STEE 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00	DIR	n in this Part  (c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter-I  USTEE  USTEE  (USTEE	(d) H Con emp plans cor	ealth benefit: tributions to loyee benefit, and deferre inpensation  0  0  0  0  0  0  0  0 0	es, (e) Es amount compe	trimated of other ensation  0.  0.  0.  0.  0.  0.
AN' 48 AU 54 AV DR 54 AV 112 VII 112 CH 24 AN' 48 AL	THOME	List of C Check if  NY J. ( AIN STI F SODOI TETERI FORE CC E, NUT ICHARD AIN STI ND CELI E, UPP ICT A. SSAIC ( NT M. ( STI NT BRAI ACKENS ES PEDI ADISON NY W. ( AIN STI D URBAI	CRACEFFO JR.  CRACEFFO JR.  REET, HACKEN RA JR., 100 BORO, NJ 076 ORVINO, 111 LEY, NJ 0711 SANTUCCI REET, HACKEN ENTANO, 18 G ER SADDLE RI FOCARINO ST, GARFIELD SPINA TREET, FORT NA, 58 MAIN ACK, NJ 0760 RANI AVENUE, WYO GRACEFFO REET, HACKEN NO, 3411 SII	SACK, NJ 07601 HOLLISTER OBBROOKFIELD OUTSACK, NJ 07601 RANDVIEW EVER, NJ 07458 D, NJ 07026 LEE, NJ 07024 STREET, SUITE OTHER	EX EX PAS EX TRU PRE EXE	d to any questite and average er week devoted position  OFFICIO 0.00	DIR	n in this Part  (c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter-fill USTEE  USTEE  USTEE  (USTEE	(d) Horizon Con enable plans cor	ealth benefit: tributions to loyee benefit, and deferre npensation  0  0  0  0  0  0  0  0  0  0 0 0 0 0	s, (e) Es amount compe	X   timated of other ensation   0 .
AN' 48 AU DR 54 RA VI 12 VI 1C CH 24 AN' 48 AL WI	THOME	List of C Check if  NY J. ( AIN STI F SODOI TETERI FORE CO E, NUTI ICHARD AIN STI ND CELI E, UPPI ICT A. SSAIC ( NT M. ( STAIC STI NT BRAI ACKENS ES PEDI ADISON NY W. ( AIN STI D URBAI NGTON,	CRACEFFO JR. REET, HACKEN RA JR., 100 BORO, NJ 076 ORVINO, 111 LEY, NJ 0711 SANTUCCI REET, HACKEN ENTANO, 18 GER SADDLE RI FOCARINO ST, GARFIELD SPINA TREET, FORT NA, 58 MAIN ACK, NJ 0760 RANI AVENUE, WYO GRACEFFO REET, HACKEN O, 3411 SII DE 19810	SACK, NJ 07601 HOLLISTER 08 BROOKFIELD 0 ISACK, NJ 07601 RANDVIEW VER, NJ 07458 0, NJ 07026 LEE, NJ 07024 STREET, SUITE 1 EKOFF, NJ 07481 USACK, NJ 07601 USACK, NJ 07601 UVERSIDE ROAD,	EX EX PAS EX TRU PRE TRU EXE	d to any questite and average er week devoted position  OFFICIO 0.00  OFFICIO 0.00  T PRESI 0.00  OFFICIO 0.00  STEE 0.00  STEE 0.00  STEE 0.00  STEE 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00  OFFICIO 0.00	DIR	n in this Part  (c) Reportable compensation (For W-2/1099-MISC) (If not paid, enter-fill USTEE  USTEE  USTEE  (USTEE	(d) H Con emp plans cor	ealth benefit: tributions to loyee benefit, and deferre mpensation  0  0  0  0  0  0  0  0  0  0  0	s, (e) Es amount compe	timated to other ensation  0.  0.  0.  0.  0.  0.  0.  0.  0.
AN' 48 AU 54 AV 54 CH 12 VII 1C CH 24 AN' 48 AU JO	THOME	List of C Check if  Check if  Y J. ( AIN STI F SODOI TETERI FORE CO E, NUTI ICHARD AIN STI ND CELI E, UPPI ICT A. SSAIC S NT M. S ISTH STI ACKENS ES PEDI ADISON NY W. ( AIN STI D URBAI NGTON, H TORR	CRACEFFO JR.  CRACEFFO JR.  REET, HACKEN RA JR., 100 BORO, NJ 076 ORVINO, 111 LEY, NJ 0711 SANTUCCI REET, HACKEN ENTANO, 18 G ER SADDLE RI FOCARINO ST, GARFIELD SPINA TREET, FORT NA, 58 MAIN ACK, NJ 0760 RANI AVENUE, WYO GRACEFFO REET, HACKEN NO, 3411 SII	SACK, NJ 07601 HOLLISTER 08 BROOKFIELD 0 ISACK, NJ 07601 RANDVIEW VER, NJ 07458 0, NJ 07026 LEE, NJ 07024 STREET, SUITE 1 EKOFF, NJ 07481 ISACK, NJ 07601 VERSIDE ROAD,	EX EX PAS EX TRU PRE TRU EXE	d to any questite and average er week devoted position  OFFICIO 0.00	DIR	n in this Part  (c) Reportable compensation (For W-2/1099-MISC) (if not paid, enter -1  USTEE  USTEE  (USTEE	(d) Horizon Con enable plans cor	ealth benefit: tributions to loyee benefit, and deferre npensation  0  0  0  0  0  0  0  0  0  0 0 0 0 0	s, (e) Es amount comps	X   timated of other ensation   0 .

Form	1990-EZ (2011) COLUMBIANS, INC. 22-2872	261		Page 3
Pa	irt V Other Information (Note the Schedule A and personal benefit contract statement requirement	ts in t	he _	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	nis Pa	rt V	$\mathbf{x}$
_			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		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	00		
34		34		x
۸۲.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		_♣_
30 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	05-		v
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
D	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	N/	A.
C				
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 [		
	complete applicable parts of Schedule N	36		<u> </u>
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u> ]		1
b	Did the organization file Form 1120-POL for this year?	37b		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:	] [		
a	37/3			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	7		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	7 1		(
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶			
ь	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?	1 1		
	If "Yes," complete Schedule L, Part I	40ъ		x
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		41
·	or disqualified persons during the year under sections 4912, 4955, and 4958	1 1		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u				
_			'	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1 40		₹.
	transaction? If "Yes," complete Form 8886-T	40e		_X
41	List the states with which a copy of this return is filed.   NJ		~~~	
42 a	The organization's books are in care of ▶ ADAM PASQUALE Telephone no. ▶ 201-59			
	Located at ► 2 FOREST AVENUE, ORADELL, NJ ZIP+4 ►	<u>) 764</u>	9	_
þ	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		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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> -x -</u>
	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	N/A		
			Yes	No
44 a	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
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 990-EZ	44b		х
_				X
	Did the organization receive any payments for indoor tanning services during the year?	44c		1
0	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	<b> </b>	}	
	In Schedule O	44d		+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del></del>	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1	1	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	<u> </u>
132	173	Form 9	90-EZ	(2011)

orm 990-EZ (2	COLUMBIANS, INC.			<u>22-2872</u>	<u> 261</u>		<sup>2</sup> age <b>4</b>
•						Yes	No
	ganization engage, directly or indirectly, in political campaign activit	ties on behalf of or in opposition	to candidates for pu	iblic office?			
	omplete Schedule C, Part I				46		X
	Section 501(c)(3) organizations and section 4			=			(c)(3)
	organizations and section 4947(a)(1) nonexempt charitable to	•	•	and complete	the ta	bles	$\overline{}$
	for lines 50 and 51 Check if the organization used Schedule	e O to respond to any quest	ion in this Part VI				<u> </u>
						Yes	
	ganization engage in lobbying activities or have a section 501(h) ele		ar? If "Yes," complete	Sch. C, Part II	47		X
	anization a school as described in section $170(b)(1)(A)(ii)$ ? If "Yes,"	·			48		<u> </u>
	ganization make any transfers to an exempt non-charitable related o	organization?			49a		Х
	ras the related organization a section 527 organization?				49b		
	this table for the organization's five highest compensated employee	•	, trustees and key er	nployees) who e	ach re	ceived i	nore
than \$100	0,000 of compensation from the organization. If there is none, enter			I. s	—		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefit contributions to	1	) Estim ount of	
	• • •	per week devoted to	W-2/1099-MISC)	employee benefi plans, and deferre	'' . I	mpens:	
_	NONE	poonon		compensation	<del>  •</del>		
					+		
		_					
		-					
					+		
(a) Name and	d address of each independent contractor paid more than \$100,000	(b) Type o	f service	(c)	Comp	ensatio	n
						<del></del>	
							•
d Total nun	nber of other independent contractors each receiving over \$100,000	)	<b>&gt;</b>				
2 Did the o	rganization complete Schedule A? Note: All section 501(c)(3) organ	iizations and 4947(a)(1) <sup>-</sup> nonexe	mpt — — —				
charitable	trusts must attach a completed Schedule A			▶ [	X Y	es 🗌	<u>No</u>
Declaration of pre	of perjury, I declare that I have examined this return, including accompanying sch parer (other than officer) is based on all information of which preparer has any ki	nequies and statements, and to the bi	est of my knowledge and	Dellet, it is true, co	mect, au	na comp	lete
Sign	De Film from						
Here	Signature of officer  Abun PASTONALE  Type or print name and title			Date 8 20	412	-	
	Print/Type preparer's name Preparer's signature	e Date	Check	ıf PTIN			
Paid	Trepaire 5 Signature	Vale Date	self- emplo	_			
_	DINO BIZZO	X/12 100/12		* I		050	
Preparer Use Only	DINO RIZZO	08/13				956	
OSE OILLY		FERT & CO., LI					000
	Firm's address TWO FOREST AVENUE		Phone no	. (201)	59	9-0	UUB
Any the IDC =	ORADELL, NJ 07649				₹	r	<del></del>
nay the IRS OI	scuss this return with the preparer shown above? See instructions				X Y		<u>No</u>
					rorm f	990-EZ	(2011

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

ame of t	he organization	on						E	mployer i	dentificati	on nun	nber
		COLUMBI	ANS, INC.						22	-2872	261	
Part I	Reason f	or Public Char	ity Status (All organiza	ations mus	st complet	e this part	) See inst	ructions				
	A church, con A school desc A hospital or a A medical resi city, and state An organizatio section 170(i A federal, stat An organizatio section 170(i A community An organizatio activities relations	private foundation in private foundation in private foundation in private foundation in the private for the interest of the in	ity Status (All organization can be a substantial part of every a substantial every a substantial part of every a substantial every a	through 1 ches described i described i with a hosp described described fits supp Complete /3% of its in exception	1, check on the control of the contr	nonly one bection 170(b)(1)(1)(b)(b)(1)(b)(1)(b)(1)(b)(1)(b)(1)(b)(1)(b)(1)(c)(b)(1)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)	ox.) (b)(1)(A)(i). A)(iii). ction 170( a governn )(A)(v). ntal unit o  buttions, m than 33 1	b)(1)(A)(ii nental unr r from the embershi /3% of its	i). Enter the describe general popers, and support f	ne hospital d in ublic descr d gross rec rom gross	's name nbed in ceipts fi investri	rom ment
10	An organization of the org	509(a)(2). (Complete on organized and op on organized and op our supported organized type of supporting bthis box, I certify that anagers and other to ation received a write organization, check the out of the state of the stat	e Part III ) perated exclusively to test perated exclusively for the ations described in section organization and complete Type II at the organization is not than one or more publicly titen determination from the programization accepted and directly controls, either also upported organization?	st for publicate benefit of the bene	c safety. S of, to perfo l) or sectio le through e III - Func directly or d organiza at it is a Ty ontribution	Gee section form the fur on 509(a)(2 of 11h. tionally inter indirectly titions desc pell, Type	n 509(a)(4 nctions of, i). See sec egrated by one or cribed in so II, or Type	or to carretion 509( more discection 509 III owing pers	y out the pa (3). Che d  qualified p (3)(1) or s	ourposes of the box Type III - Cersons oth	of one o that Other ner than	or
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% c	controlled entity of a	ı person described in (i) o	or (ii) above	?					11g(iii)	$oxed{oxed}$	
h	Provide the fo	ollowing information	about the supported org	ganızatıon(	(s).							
	me of supported (ii) EIN organization		nization (described on lines 1.0		rganization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz ——U:S	on in col.		nount of	:
			(see instructions))	Yes	No	Yes	No	Yes	No			
					]							
<u>Fotal</u> _HA For I	Paperwork Re	duction Act Notice	e, see the Instructions for	or				Schedul	le A (Form	990 or 99	 20-EZ)	2011

11300813 757127 05996

Form 990 or 990-EZ.

. 4	(Complete only if you checke	_					-	
	fails to qualify under the tests			•	on raneu to quality	unuei Fait III, II thi	o organization	
Sec	ction A. Public Support	, listed below, pies		,				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Gifts, grants, contributions, and	(a) 2001	(B) 2000	(6) 2003	(u) 2010	(6) 2011	(i) rotal	
·	membership fees received (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-	-						
_	zation's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities		<del>-</del>					
•	furnished by a governmental unit to							
	the organization without charge							
4	Total, Add lines 1 through 3			-				
5	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
_ 6	Public support. Subtract line 5 from line 4							
Sec	ction B. Total Support		1	1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4					<u> </u>		
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties			1				
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carned on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)	<u></u>			ļ			
	Total support. Add lines 7 through 10	L	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
	Gross receipts from related activities	•	•			12		
13	First five years. If the Form 990 is fo	•	s tirst, secona, thi	ra, tourtn, or tittn t	ax year as a section	on 50 I(c)(3)	- □	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage	·		·	· PL_	
	Public support percentage for 2011 (		<u>-</u>	column (fl)		14-	%-	
15	Public support percentage from 2010		11.1		•	15	%	
16a	33 1/3% support test - 2011. If the	organization did no			14 is 33 1/3% or i	more, check this be		
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□	
Ł	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and		% or more, check t	his box	
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			. ▶□	
17a	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art IV how the orga	nization	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		ightharpoons	
k	10% -facts-and-circumstances tes	t - 2010. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, o	heck this box and	stop here. Explai	n in Part IV how th	е	
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	. ▶□	
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns 📗 🗖	
	Schedule A (Form 990 or 990-EZ) 2011							

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	121,450.	20,300.	23,745.	28,320.	28,200.	222,015.	
2	Gross receipts from admissions,			•		<u> </u>		
	merchandise sold or services per-						:	
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	147,450.	144.297.	183.895.	149.780.	168.060.	793,482.	
3	Gross receipts from activities that							
-	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
•	ization's benefit and either paid to		'					
	or expended on its behalf							
5	The value of services or facilities							
J	furnished by a governmental unit to							
	the organization without charge							
e	Total, Add lines 1 through 5	268,900.	164,597.	207,640.	178,100.	196,260.	1015497.	
	a Amounts included on lines 1, 2, and	200,300.	104,337.	401,040.	1/0,100.	130,400.	TOTO#2/•	
7 6							_	
	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received			-			0.	
•	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year			-			0.	
	c Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6)						1015497.	
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
-	Amounts from line 6	268,900.	164,597.	207,640.	178,100.	196,260.	1015497.	
10	g Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties		4 600	2 724	1 440		10.010	
	and income from similar sources	2,404.	4,682.	3,724.	1,449.	989.	13,248.	
ı	Unrelated business taxable income							
	(less section 511 taxes) from businesses		,					
	acquired after June 30, 1975							
	c Add lines 10a and 10b	2,404.	4,682.	3,724.	1,449.	989.	13,248.	
11	Net income from unrelated business activities not included in line 10b.				]			
	whether or not the business is							
	regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
13	Total support (Add lines 9, 10c, 11, and 12)	271,304.	169,279.	211,364.	179,549.	197,249.	1028745.	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thu	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here	· · · · · · · · · · · · · · · · · · ·						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13, o	column (f))		15	98.71 %	
<u>16</u>	Public support percentage from 2010	) Schedule A, Part	III, line 15			16	98.12 %	
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage					
17	Investment income percentage for 20	<b>)11</b> (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	1.29 %	
18			<del>-</del>			18	1.88 %	
19:	a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than 3			
	more than 33 1/3%, check this box a	_		*		·	<b>▶</b> X	
١	b 33 1/3% support tests - 2010. If the							
	line 18 is not more than 33 1/3%, che	•			·			
_20				•		•	<b>▶</b> □	
	0 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### **SCHEDULE 0**

(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.

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

COLUMBIANS, INC.	22-28/2201
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST	989.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES LICENSES AND FEES	1,112.
PHILANTHROPY	8,600.
INSURANCE	481.
PRESS	489.
REIMBURSED EXPENSES	2,443.
TOTAL TO FORM 990-EZ, LINE 16	13,125.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROV  INDIVIDUALS ASSISTANCE THROUGH BUSINESS COUNSELING, ADV	
GUIDANCE, SCHOLARSHIPS, GRANTS AND HARDSHIP RELIEF.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BEN	EFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY	FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CO	NTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PRE	MIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Name of the organization  COLUMBIANS, INC.		E	mployer identific	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensate	(see the instructions f	or Part IV )
(a) Name and address	(b) Title and average hours per week devoted to position	(C) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other compensation
CHARLES VOLPE, 142 ROYAL PALM WAY,	EX OFFICIO TR	USTEE	·	•
BOCA RATON, FL 33432	0.00	0	. 0.	0.
		USTEE	1-	<u> </u>
OLD TAPPAN, NJ 07675	0.00	0	. o.	0.
MICHAEL FERRARA	TRUSTEE EMERI			
505 MAIN STREET, HACKENSACK, NJ 07601		0	. o.	0.
CHARLES CALABRESE, 210 SPRING VALLEY		USTEE	•	, <u>, , , , , , , , , , , , , , , , , , </u>
AVENUE, HACKENSACK, NJ 07601	0.00	0	. o.	0.
DAVID HUGHES	TRUSTEE		• •	
5 DOGWOOD DRIVE, HAWTHORNE, NJ 07506	0.00	0	. o.	0.
RONALD S. BERGAMINI, 451	TRUSTEE	. 0	• •	<u> </u>
FRELINGHUYSEN AVE, NEWARK, NJ 07114	0.00	0	. 0.	_
		USTEE	• •	0.
505 NORTH AVENUE, FORT LEE, NJ 07024	1			_
	0.00	0	. 0.	0.
	TRUSTEE			
HAWTHORNE, NJ 07641	0.00	0	0.	0.
PAUL PATTI, 18 CHARLDEN DRIVE,	TRUSTEE EMERI			
SADDLE RIVER, NJ 07458	0.00	0	. 0.	0.
VINCENT RIGOLOSI	<b>-</b>	USTEE	_	
70 GRAND AVENUE, RIVER EDGE, NJ 07661		0	. 0.	0.
	VICE PRESIDEN			
4 POWDER HILL, SADDLE RIVER, NJ 07458		0	. 0.	0.
	SECRETARY			
121 GODWIN AVENUE, WYCKOFF, NJ 07481	0.00	0	. 0.	0.
DINO RIZZO	TRUSTEE			
2 FOREST AVENUE, ORADELL, NJ 07649	0.00	0	. 0.	0.
ERNEST NUZZO, 65 RAMAPO VALLEY ROAD,	TRUSTEE			
<u>MAHWAH, NJ 07430</u>	0.00	0	. 0.	0.
MARIO TOMOLILLO	TRUSTEE			
33 BEDWITH AVENUE, PATERSON, NJ 07503	0.00	0	. 0.	0.
ADAM PASQUALE, 24 AVENUE AT PORT	TREASURER	-		
IMPERIAL APT 113, WEST NY, NJ 07093	0.00	0	. 0.	0.
BRIAN MARANGI, 341 WEST 11TH STREET	TRUSTEE			
APT 4C, NEW YORK, NY 10014	0.00	0	. 0.	0.
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132471			<u> </u>	
132471 01-06-12	•	Schedu	le O (Form 990 or	990-EZ) (2011)
	Q			

Form 886	8 (Rev. 1-2012)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		► X	
	ly complete Part II if you have already been granted an a			ed Form	8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	<u>al (no c</u>	opies ne	eded).	
			Enter filer's	identifyir	ng number,	see instructions	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification	on number (EIN) or	
print							
File by the	COLUMBIANS, INC.			X 22-2872261			
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s  2 FOREST AVENUE	ee instruc	tions.	Social se	cunty numb	er (SSN)	
instructions	City, town or post office, state, and ZIP code. For a for ORADELL, NJ 07649	oreign add	ress, see instructions.				
	DIGEOGRAPHICA CONTRACTOR						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01					
Form 990		02	Form 1041-A			08	
Form 990		01	Form 4720			09	
Form 990		04	Form 5227		<u> </u>	10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	0-T (trust other than above)	06	Form 8870			12	
310P: D	o not complete Part II if you were not already granted ADAM PASQUALE	an auton	natic 3-month extension on a previ	ously file	ed Form 886	58	
• The h	poks are in the care of   2 FOREST AVENUE  2 FOREST AVENUE	F - 0	PADELL NIT 07649				
	none No ► 201-599-0008	<u>.                                    </u>	FAX No. ► 201-599-00	3.5		<del></del>	
	organization does not have an office or place of business	s in the l lr		<i></i>		<b>N</b>	
	is for a Group Return, enter the organization's four digit			this is fo	rthe whole	aroup check this	
box ►	If it is for part of the group, check this box ▶		ch a list with the names and EINs of				
			BER 15, 2012.	<u> </u>	OIO GITO OXIO	113101113101.	
	calendar year 2011, or other tax year beginning		, and ending	7			
	ne tax year entered in line 5 is for less than 12 months, o	heck reas		Final r	eturn	<del></del> -	
	Change in accounting period						
7 Sta	tte in detail why you need the extension						
<u> </u>	NFORMATION TO PREPARE A COMP	LETE '	TAX RETURN HAS NOT	BEEN	RECEI	VED	
8a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<u> </u>		
	nrefundable credits. See instructions			8a	\$	0.	
<b>b</b> If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
tax	payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid		<del> </del>		
	eviously with Form 8868.			8b	\$	0.	
	lance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using				
EF	TPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.	
Hade :	•		st be completed for Part II o	•			
it is true, (	alties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	the best o	it my knowled	ge and belief,	
Signature	Title			Date	•		
						3868 (Rev. 1-2012)	