

# APPLICATION FOR TAX-EXEMPTION PENDING IN EO CINCINNATI

X7

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 (see instructions)
- 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

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

, 20

B Check if applicable

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

C Name of organization

**COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657**

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

Room/suite

**1106 E. ROME STREET**

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

**GONZALES, LA 70737**

D Employer identification number

**72-1172210**

E Telephone number

**(225) 715-9216**

**02**  
F Group Exemption  
Number ►

H Check ►  if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

G Accounting Method  Cash  Accrual Other (specify) ►

Website: ►

J Tax-exempt status (check only one) -  501(c) (3)  501(c) 2 (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization or 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 ► \$ **59,102**

### 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 questions in this Part I . . . . .

1 Contributions, gifts, grants, and similar amounts received . . . . . **1**  
 2 Program service revenue including government fees and contracts . . . . . **2** **53,880**  
 3 Membership dues and assessments . . . . . **3**  
 4 Investment income . . . . . **4** **534**

5a Gross amount from sale of assets other than inventory **5a** **1,500**  
 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** **1,500**

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 exceeds \$15,000) . . . . . **6b**  
 c Less direct expenses from gaming and fundraising events . . . . . **6c**  
 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . **6d**

7a Gross sales of inventory, less returns and allowances . . . . . **7a** **3,188**  
 b Less cost of goods sold . . . . . **7b** **2,506**  
 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . **7c** **682**

8 Other revenue (describe in Schedule O) . . . . . **8**

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . **RECEIVED IN CORRESPONDENCE** ► **9** **56,596**

10 Grants and similar amounts paid (list in Schedule O) . . . . . **10**  
 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** **39,370**

15 Printing, publications, postage, and shipping . . . . . **15**

16 Other expenses (describe in Schedule O) . . . . . **16**

17 Total expenses. Add lines 10 through 16 . . . . . **17** **39,370**

18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . **18** **17,226**

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** **83,715**

20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . **20**

21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . **21** **100,941**

g 7

ENVELOPE POSTMARK DATE JUN 28 2021

REVENUE POSTMARK DATE JUN 30 2022

29492120096132

**Part III Balance Sheets.**(see the instructions for Part II )

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	51,395	22	69,226
23 Land and buildings	6,500	23	6,500
24 Other assets (describe in Schedule O)	25,820	24	25,215
<b>25 Total assets</b>	<b>83,715</b>	<b>25</b>	<b>100,941</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0</b>	<b>26</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>83,715</b>	<b>27</b>	<b>100,941</b>

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE PROPERTY IS LEASED TO THE COUNCIL AT DISCOUNTED RATES FOR MEETINGS, SOCIAL EVENTS, AND FUNDRAISING EVENTS. IT IS ALSO LEASED TO OTHER RELIGIOUS AND SECULAR ORGANIZATIONS, AND PRIVATE INDIVIDUALS FOR MEETINGS AND SOCIAL EVENTS.  
(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  28a

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) . . . . .

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

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	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)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
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	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	40b	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		
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 ► THE ORGANIZATION Telephone no ► (225) 715-9216 Located at ► 1106 E. ROME STREET, GONZALES, LA ZIP + 4 ► 70737		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c 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 ►	42c	X
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	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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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
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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		
48		
49a		
49b		

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"

(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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . . ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" N/A

(a) Name and address of each independent contractor paid more than \$100 000	(b) Type of service	(c) Compensation

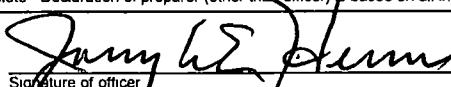
d Total number of other independent contractors each receiving over \$100,000 . . . . . ►

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			6/28/21
	Signature of officer	Date	
JOSEPH HENN, DIRECTOR			
Type or print name and title			

Paid Preparer Use Only	Print/Type preparer's name SEAN O'NEILL, CPA	Preparer's signature 	Date 6/25/21	Check <input type="checkbox"/> if self-employed	PTIN P01061021
	Firm's name O'NEILL, APAC			Firm's EIN 83-2357705	
	Firm's address 2140 8TH STREET, SUITE 203 MANDEVILLE, LA 70471			Phone no 985-400-3120	

May the IRS discuss this return with the preparer shown above? See Instructions . . . . . ►  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of the organizationComplete 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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Inspection**

COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657

Employer Identification Number

72-1172210

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY	AMOUNT
RAYMOND JAMES DIVIDENDS	534

**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:****INCOME:**

1. GROSS RECEIPTS	3,188
2. RETURNS AND ALLOWANCES	0
3. LINE 1 LESS LINE 2	3,188
4. COST OF GOODS SOLD (LINE3)	2,506
5. GROSS PROFIT (LINE 3 LESS LINE 4)	682

**COST OF GOODS SOLD:**

6. INVENTORY AT BEGINNING OF YEAR	0
7. MERCHANDISE PURCHASED	2,008
8. COST OF LABOR	0
9. MATERIAL AND SUPPLIES	0
10. OTHER COSTS	498
11. ADD LINES 6 THROUGH 10	2,506
12. INVENTORY AT END OF YEAR	0
10. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	2,506

**FORM 990-EZ, PART I, LINE 7B, OTHER COSTS:****DESCRIPTION OF OTHER COSTS:**

STATE AND LOCAL SALES TAXES	100
OPERATING EXPENSES	398

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

**2011**

**Open to Public  
Inspection**

COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657

Employer Identification Number

72-1172210

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
RAYMOND JAMES INVESTMENTS	25,820	25,215

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE:**

COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657 ("ASSOCIATION") IS

ORGANIZED AS A NON-STOCK, NON-PROFIT CORPORATION UNDER THE LAWS OF THE

STATE OF LOUISIANA FOR THE PURPOSE OF HOLDING TITLE TO REAL ESTATE FOR

THE KNIGHTS OF COLUMBUS COUNCIL NO. 2657 ("COUNCIL"), A RELATED

ORGANIZATION WHICH IS TAX-EXEMPT UNDER IRC SECTION 501(C) (8).

THE ASSOCIATION OWNS A BUILDING LOCATED IN GONZALES, LA AND LEASES

IT TO THE COUNCIL FOR ITS MEETINGS AND SOCIAL EVENTS. THE ASSOCIATION

ALSO RENTS THE BUILDING TO OTHER RELIGIOUS ORGANIZATIONS, SECULAR

ORGANIZATIONS, AND PRIVATE INDIVIDUALS FOR THEIR MEETINGS AND SOCIAL

EVENTS.

THE REVENUES ARE USED TO SUPPORT THE COUNCIL WITH ITS PROGRAM SERVICE

ACTIVITIES, SUCH AS FOOD DRIVES, DONATIONS TO FOOD PANTRIES AND SOUP

KITCHENS, AND HELPING THOSE IN NEED.

**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.