

APPLICATION FOR TAX-EXEMPTION PENDING IN EO CINCINATTI

Short Form

OMB No 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

2015

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

and ending

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☒ Application pending

C Name of organization

COLUMBUS CLUB ASSOCIATION OF ST. THERESA
COUNCIL 2657

D Employer identification number

72-1172210

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

1106 E. ROME STREET

Room/suite

E Telephone number

(225) 715-9216

City or town, state or province, country, and ZIP or foreign postal code

GONZALES, LA 70737

F Group Exemption
Number ▶G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

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)(2) (insert no.) ☐ 4947(a)(1) or ☐ 527K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL 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,
column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 46,276.

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 ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received																																
	2	Program service revenue including government fees and contracts																																
	3	Membership dues and assessments																																
	4	Investment income																																
	5a	Gross amount from sale of assets other than inventory																																
	b	Less: cost or other basis and sales expenses																																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																
	6	Gaming and fundraising events																																
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																
	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)																																
c	Less: direct expenses from gaming and fundraising events																																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																	
7a	Gross sales of inventory, less returns and allowances																																	
b	Less: cost of goods sold																																	
c	Gross profit or (loss) 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																																	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																																
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors																																
	14	Occupancy, rent, utilities, and maintenance																																
	15	Printing, publications, postage, and shipping																																
	16	Other expenses (describe in Schedule O)																																
17	Total expenses. Add lines 10 through 16																																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																
	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)																																
	20	Other changes in net assets or fund balances (explain in Schedule O)																																
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																

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

Form 990-EZ (2015)

Statute clear

0436808350JUL2221

ENVELOPE
POSTMARK DATE JUN 28 2021

SCANNED JUN 30 2022

☒

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	Amount
Advertising	
Business travel	
Charitable contributions	
Commodities	
Computer and related equipment	
Construction	
Debt financing costs	
Depreciation	
Disaster relief	
Employee compensation	
Employee benefits	
Entertainment	
Gifts	
Health insurance	
Interest	
Insurance	
Legal fees	
Life insurance	
Medical expenses	
Office expenses	
Other expenses	
Real estate taxes	
Repairs and maintenance	
Retirement plans	
Salaries and wages	
Travel expenses	
Utilities	
Wages and salaries	
Other expenses	

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☐Form **990-EZ** (2015)

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

Form 990-EZ (2015)

72-1172210

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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 Sch. 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 0.	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	38b		
39 Section 501(c)(7) organizations. Enter:	39a		
a Initiation fees and capital contributions included on line 9 39a N/A	39a		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b		
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			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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)?	42b		X
If "Yes," enter the name of the foreign country: ▶			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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	43		
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
b 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		

- 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 only

All section 501(c)(3) organizations 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 Sch. 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?

	Yes	No
47		
48		
49a		
49b		

- 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 title of each employee	(b) 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
N/A				

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." ▶

(a) Name and business address of each independent contractor	(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 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 Date 6/28/21

Joseph E. Henn
Signature of officer

JOSEPH HENN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name SEAN P. O'NEILL, CPA	Preparer's signature <u>Sean P. O'Neill</u>	Date <u>4/25/21</u>	Check <input type="checkbox"/> if self-employed	PTIN P01061021
Firm's name ▶ O'NEILL, APAC	Firm's EIN ▶ 83-2357705		Phone no. (985) 400-3120	
Firm's address ▶ 2140 8TH STREET, SUITE 203 MANDEVILLE, LA 70471				

May the IRS discuss this return with the preparer shown above? See instructions ▶
☒ Yes ☐ No

Form 990-EZ (2015)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

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	608.

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

INCOME:

1. GROSS RECEIPTS	3,601.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	3,601.
4. COST OF GOODS SOLD (LINE 13)	2,486.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	1,115.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	1,972.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	514.
11. ADD LINES 6 THROUGH 10	2,486.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	2,486.

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

DESCRIPTION OF OTHER COSTS:	AMOUNT:
STATE AND LOCAL SALES TAXES	138.
OPERATING EXPENSES	376.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 7B	514.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

INVESTMENT FEES	50.
DEPOSIT REFUNDS	6,920.
TOTAL TO FORM 990-EZ, LINE 16	6,970.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

UNREALIZED LOSSES	-12,935.
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FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
RAYMOND JAMES INVESTMENTS	38,949.	37,599.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

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 THEIR MEETINGS AND SOCIAL EVENTS.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.

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Employer identification number
72-1172210

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.