

## APPLICATION FOR TAX-EXEMPTION PENDING IN EO CINCINNATTI

## Short Form

Form 990-EZ

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

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](http://www.irs.gov/form990).5/2  
Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service0436808350JUL22'21  
Statute clear

ENVELOPE POSTMARK DATE JUN 28 2021

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)

Room/suite

1106 E. ROME STREET

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

02  
GONZALES, LA 70737

E Telephone number

(225) 715-9216

F Group Exemption

Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

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  Other

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, 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 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	40,665.
3 Membership dues and assessments	3	
4 Investment income	4	608.
5a Gross amount from sale of assets other than inventory	5a	1,402.
b Less: cost or other basis and sales expenses	5b	55.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1,347.
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 \$ 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	3,601.
b Less: cost of goods sold	7b	2,486.
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,115.
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,735.
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	30,342.
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	6,970.
17 Total expenses Add lines 10 through 16	17	37,312.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,423.
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	140,504.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	-12,935.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	133,992.

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

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13440201 152456 60142

1 2015.06000 COLUMBUS CLUB ASSOCIATION O 60142\_1



COLUMBUS CLUB ASSOCIATION OF ST. THERESA  
COUNCIL 2657

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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

- 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.  37b  X
- b Did the organization file Form 1120-POL for this year?  38a  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?  38b  N/A
- b If "Yes," complete Schedule L, Part II and enter the total amount involved  39a  N/A
- 39 Section 501(c)(7) organizations. Enter  39b  N/A
- a Initiation fees and capital contributions included on line 9  39c  N/A
- b Gross receipts, included on line 9, for public use of club facilities  39d  N/A
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911  40a  N/A ; section 4912  40b  N/A ; section 4955  40c  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  40d  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  40e  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  40f  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  40g  N/A

41 List the states with which a copy of this return is filed  41  NONE

42a The organization's books are in care of  42a  THE ORGANIZATION Telephone no  42b  (225) 715-9216  
Located at  42c  1106 E. ROME STREET, GONZALES, LA ZIP + 4  42d  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:  42e  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.?

If "Yes," enter the name of the foreign country:  42f

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  X

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  X

Yes	No
33	<input checked="" type="checkbox"/> X
34	<input checked="" type="checkbox"/> X
35a	<input checked="" type="checkbox"/> X
35b	<input checked="" type="checkbox"/> X
35c	<input checked="" type="checkbox"/> X
36	<input checked="" type="checkbox"/> X
37a	<input type="checkbox"/> 0.
37b	<input checked="" type="checkbox"/> X
38a	<input checked="" type="checkbox"/> X
38b	<input checked="" type="checkbox"/> N/A
39a	<input checked="" type="checkbox"/> N/A
39b	<input checked="" type="checkbox"/> N/A
40a	<input type="checkbox"/> N/A
40b	<input checked="" type="checkbox"/> N/A
40c	<input type="checkbox"/> N/A
40d	<input type="checkbox"/> N/A
40e	<input checked="" type="checkbox"/> X
41	<input type="checkbox"/> NONE
42a	<input type="checkbox"/> THE ORGANIZATION
42b	<input type="checkbox"/> (225) 715-9216
42c	<input type="checkbox"/> 1106 E. ROME STREET, GONZALES, LA
42d	<input type="checkbox"/> ZIP + 4
42e	<input type="checkbox"/> 70737
42f	<input type="checkbox"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42g	<input type="checkbox"/> At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42h	<input type="checkbox"/> If "Yes," enter the name of the foreign country: <input type="checkbox"/>
43	<input type="checkbox"/> N/A
44a	<input checked="" type="checkbox"/> X
44b	<input checked="" type="checkbox"/> X
44c	<input checked="" type="checkbox"/> X
44d	<input checked="" type="checkbox"/> X
45a	<input checked="" type="checkbox"/> X
45b	<input checked="" type="checkbox"/> X

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COUNCIL 2657**

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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

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 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 ►

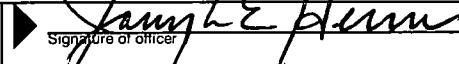
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(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.

<b>Sign Here</b>	 Signature of officer		6/28/21	
	 JOSEPH HENN, PRESIDENT			
	Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SEAN P. O'NEILL, CPA		4/25/21		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

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**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

COLUMBUS CLUB ASSOCIATION OF ST. THERESE  
COUNCIL 2657Employer 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.  
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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**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

COLUMBUS CLUB ASSOCIATION OF ST. THERESA  
COUNCIL 2657Employer identification number  
72-1172210**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INVESTMENT FEES	50.
DEPOSIT REFUNDS	6,920.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>6,970.</b>

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

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED LOSSES	-12,935.

**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  
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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**

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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

COLUMBUS CLUB ASSOCIATION OF ST. THERESE  
COUNCIL 2657

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.