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Form 990-EZ

**Short Form Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Internal Revenue Service and ending For the 2019 calendar year, or tax year beginning В D Employer identification number Check if applicable C Name of organization Address change 42-1459441 MARION COLUMBUS CLUB Name change Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return 319-373-9834 5650 KACENA AVENUE Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption MARION IA 52302 Application pending Number > Check ► X if the organization is not X Cash Accrual Other (specify) ▶ Accounting Method required to attach Schedule B N/A Website: Tax-exempt status (check only one) — 501(c)(3) X 501(c) ( 7 ) **∢** (<u>insert no )</u> 527 (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or Form of organization X Corporation Trust Association Other 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 59,918 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 20 4 4 Investment income Gross amount from sale of assets other than inventory 5a 5b 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 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the <u>52,885</u> sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 24,100 6d 7a Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7с 798 8 8 Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members RECEIVED 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 JUL 1 5 2020 16,838 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 14,184 16 16 Other expenses (describe in Schedule O) OGDEN, UT 35,545 17 Total expenses. Add lines 10 through 16 17 -4,412 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 174,827 19 end-of-year figure reported on prior year's return) 593 20 20 Other changes in net assets or fund balances (explain in Schedule O) 008 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

Form 990-EZ (2019) MARION COLUMBUS CLUB		42-14	59441		Page 2
Part II Balance Sheets (see the instructions for F	Part II)				
Check if the organization used Schedule O t	o respond to any	question in this Part	11		X
	•	(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			24,478	22	26,171
23 Land and buildings			137,538		133,709
24 Other assets (describe in Schedule O)			13,270	24	12,330
25 Total assets			175,286	25	172,210
26 Total liabilities (describe in Schedule O)			459	26	1,202
27 Net assets or fund balances (line 27 of column (B) must agr	ee with line 21)		174,827	27	171,008
Part III Statement of Program Service Accom	<b>plishments</b> (se	ee the instructions for	Part III)		
Check if the organization used Schedule O t	o respond to any	question in this Part	III X		Expenses
What is the organization's primary exempt purpose?				(Re	quired for section
SEE SCHEDULE O				501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three la	rgest program services,		orga	anizations, optional for
as measured by expenses. In a clear and concise manner, describ	e the services pro	vided, the number of		othe	ers )
persons benefited, and other relevant information for each program	n title	· · · · · · · · · · · · · · · · · · ·			
28 DONATIONS TO KNIGHTS OF COLUMBUS COUNCIL 539	0 FOR COUNCIL	PROJECTS.			
(Grants \$ ) If this amount includes	foreign grants, che	eck here	<b>•</b>	28a	
29					
			,		
(Grants \$ ) If this amount includes	foreign grants, che	eck here	<b>•</b>	29a	
30					
			ببير		
(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>•</b>	30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount includes	foreign grants, che	eck here	<b>•</b>	31a	
32 Total program service expenses (add lines 28a through 31a	)		<u> </u>	32	
Part IV  List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list eac ond to any questic	in one even if not compe on in this Part IV	nsated — see the	einstruc	tions for Part IV)
	(b) Average	(c) Reportable	(d) Health ben		
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans	and	(e) Estimated amount of other compensation
	COTOLOGIC TO POSITION	(if not paid, enter -0-)	deferred compe	nsation	
DICK MAKINSTER	0.00	_		_	,
SECRETARY	0.00	0	<u> </u>	0	
RANDY BEELNER TREASURER	0.00	0		0	1
LYNN STRABALA	0.00	<u> </u>			
VICE PRESIDENT	0.00	0		0	
RAY BANOWETZ	0.00		<del>                                     </del>		<del> </del>
	0.00	٥		0	ا ا
DANIEL GOIFFON	0.00	<del></del>	<u> </u>		
PRESIDENT	0.00	٥		0	ا
FRESIDENI	0.00	<u> </u>			ļ
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Form 99Q-EZ (2019) Page 3 MARION COLUMBUS CLUB 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 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a X detailed description of each activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the X 34 change on Schedule O See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business X activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a 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 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, X reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets X 36 during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were X 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations Enter 39a a Initiation fees and capital contributions included on line 9 39b 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 4912 ▶ section 4911 ▶ 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 40b that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter X 40e transaction? If "Yes." complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE 41 319-373-9834 42a The organization's books are in care of ▶ RANDY BEELNER Telephone no 5650 KACENA AVENUE 52302 Located at ▶ MARION b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No 42b X 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b X completed instead of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d explanation in Schedule O X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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

45b

Form 990-EZ See instructions

Page 4

Did the organization make any transfers to an exempt non-charitable related organization?    1								_	Y	'es	No
Part VI Section 501(c)(3) Organizations usus 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				s on beh	alf of or in oppo	sition					
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  48  49  40  40  40  40  41  40  41  41  42  42  43  44  45  44  46  46  46  46  46  47  48  48  48  48  49  49  48  49  48  49  49					<del> </del>				46		X
Soland 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Ves   Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   Ves   47   47   48   49   49   49   49   49   49   49	Par			/ 40h a=	-d 50 and as-		a tablaa fan I	linaa			
Check if the organization used Schedule O for respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 50(it) election in effect during the tax year? If "Yes," complete Schedule C, Part II  48 Is the organization as school as described in section 170(b)(1)A(ii)0 II "Yes," complete Schedule E  49 Did the organization make any transfers to an exertion 507 organization?  49 Did the organization make any transfers to an exertion 507 organization?  50 Complete this table for the organization's few 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'  60 Name and title of each employee  60 Reportable  60 Reportabl		• • • • • •	iswer questions 47	<del>-4</del> 90 ar	na 52, and con	npiete in	e tables for i	ines			
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yes   Yes   71   Yes   Complete Schedule C, Part II   47   48   48   49   49   49   49   49   49   49			) to respond to any	questio	on in this Part \	VI					
the organization engage in lotbying activities or have a section 501(i) election in effect during the tax year? If "res," complete Schedule C, Part II at the organization as achool as described in section 170(b)(1)A)(iii)? If "res," complete Schedule E			to reapond to any	- 44.000.0		••	<del></del>			/oc	No
## Total number of other employees paid over \$100,000    Total number of other employees paid over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Name and business address of each independent contractors   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midependent contractors each receiving over \$100,000   Total number of other midepe	47	Did the organization engage in lobbying activities or have a	a section 501(h) elec	tion in eff	fect during the ta	ax			<del></del>	es	NO
Did the organization make any transfers to an exempt non-charitable related organization?    49a   49b		/ear? If "Yes," complete Schedule C, Part II						<u>L</u>	47		
b If "Yes," was the related organization a section \$27 organization?  Complete this table for the organizations five highest compensated employees (other than officers, directors, fursities, 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 devoted to position  (c) Average devoted to position  (d) Name and title of each employee  (e) Average devoted to position  (f) Forms W-2/1095-MISC)  (g) Health benefits, organization deferred compensation deferred compensation deferred compensation of the received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and business address of each 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  (e) Type of service  (f) Type of service  (g) Type of service  (g) Type of service  (g) Type of service  (g) Compensation of the prepared sealing the prepared value of the prepared value of the prepared value of the prepared value of prep	48	s the organization a school as described in section 170(b)	)(1)(A)(ıı)? If "Yes," co	omplete S	Schedule E			<u>L</u>	48		
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 devoted to position (c) Repairs benefit, and deformed compensation of the compensation of	49a	Did the organization make any transfers to an exempt non	-charitable related or	haritable related organization?				4	19a		
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 (Forms W-2/1099-MISC)  (c) Reportable (Forms W-2/1099-MISC)  (d) Estimated amount of the preference of the compensation of the compensation of the compensation of the preference of the pr	b	Yes," was the related organization a section 527 organization?				4	19b				
(a) Name and title of each employee    (a) Name and title of each employee   (b) Average hours per weak devoted to position   (c) Estimated amount of the properties of the position of the position of the properties of the position of the properties of the properti	50	Complete this table for the organization's five highest com	pensated employees	(other th	nan officers, dire	ctors, trus	tees, and key	/			
(a) Name and title of each employee		employees) who each received more than \$100,000 of cor	mpensation from the	organizat	tion If there is n	one, ente	r "None "				
d Total number of other employees paid over \$100,000  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  (c) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization from the organization if there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (c) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A in the complete Sche								(e) Estir	mated a	amou	nt of
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  Did the organization complete Schedule A' Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of pergury. Idealizate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is frue, correct, and complete Declaration of preparer (their than officer) is based on all information of which preparer has any knowledge  Property of service  (c) Compensation  Property of service  (c) Compensation  Property of service  (d) Type of service  (e) Compensation  Property of service  (e) Compensation  (e) Compensation  (e) Compensation  Property of service  (e) Compensation  (e		(a) Name and title of each employee				benefi	it plans, and	<u> </u>	her compensation		
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  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  Paid  Pinnt ype of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Types of service  (e) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors  (e) Compensation  (c) Compensation  (e) Compensation  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (f) Types of service  (g) Types of service  (g) Types of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Types of service  (g) Compensation  (h) Types of service  (h) Ty						deferred	compensation				
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  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  Paid  Pinnt ype of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Types of service  (e) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors  (e) Compensation  (c) Compensation  (e) Compensation  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (f) Types of service  (g) Types of service  (g) Types of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Types of service  (g) Compensation  (h) Types of service  (h) Ty											
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  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  Paid  Pinnt ype of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Types of service  (e) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors  (e) Compensation  (c) Compensation  (e) Compensation  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (f) Types of service  (g) Types of service  (g) Types of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Types of service  (g) Compensation  (h) Types of service  (h) Ty				ļ				+			
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  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  Paid  Pinnt ype of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Types of service  (e) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors  (e) Compensation  (c) Compensation  (e) Compensation  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (e) Compensation  (f) Type of service  (c) Compensation  (f) Types of service  (g) Types of service  (g) Types of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Types of service  (g) Compensation  (h) Types of service  (h) Ty											
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RANDY BEBLNER Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer Firm's name > THIS TAX RETURN  Firm's address > PREPARED BY A  NON-PAID PREPARER.  May the IRS discuss this return with the preparer shown above? See instructions  TREASURER  TREASURER  TREASURER  TREASURER  Plant Check if self-employed Self-employed Print's EIN >  Phone no		(ica la 11AD des)									
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Paid Preparer Use Only  May the IRS discuss this return with the preparer shown above? See instructions    Self-employed		Print/Type preparer's name	Preparer's signature			Date			PTIN		
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## 'SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

2019

lame of the organization  MARION COLUMBUS CI	LUB			Employer identifica	
Part I Fundraising Activities. Complete it Form 990-EZ filers are not required			ered "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through			Check all that apply		
a Mail solicitations	e Solicitation	of non-go	vernment grants		
b Internet and email solicitations	f Solicitation	of govern	ment grants		
c Phone solicitations	g Special fur	-	-		
d In-person solicitations	· .	-			
2a Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity	vith any individual ( in connection with	including o	fficers, directors, trustee al fundraising services?	es,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization	undraisers) pursua			fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(ili) Did fund raiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3		+			
•					
4		<del>                                     </del>	<u> </u>	<del>·</del>	-
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5	<del>                                     </del>				
6	<del> </del>	1			
7	<u> </u>	1			
	<del> </del>	<del>                                     </del>			
8	}				
9					
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Total

Page 2

₽		vents. Complete if the organ f fundraising event contributed			
		greater than \$5,000			
		(a) Event #1	(b) Event #2	(c) Other events	
		ETCH EDV		NONE	(d) Total events (add col. (a) through
		FISH FRY (event type)	(event type)	(total number)	col (c))
nue		, , , , ,	<del></del>	-	
Revenue	1 Gross receipts	52,885			52,885
œ					
	· 2 Less Contributions	ļ			
	3 Gross income (line 1 minus line 2)	52,885			52,885
	illie Z)	1 27,000			
	4 Cash prizes				
	5 Noncash prizes	ļ	<u> </u>		
ç	6 Rent/facility costs				
ense	6 Rentraciity costs				
Direct Expenses	7 Food and beverages				
ect					
۵	8 Entertainment		<u> </u>		
	9 Other direct expenses	28,785			28,785
	5 Other direct expenses				
	10 Direct expense summary	Add lines 4 through 9 in column (d	)	•	28,785
<del><u></u></del>	11 Net income summary S	ubtract line 10 from line 3, column (d	)	D=# 1) / 1:== 40 =====	24,100
ţ.		plete if the organization answ	erea tes on Form 990	, Partiv, line 19, or rep	orted more than 🕝 💃
	\$15 000 on Fa	rm 990-F7 line 6a			-
	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant		
- enue	\$15,000 on Fo	orm 990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	\$15,000 on Fo			(c) Other gaming	(d) Total gaming (add
Revenue	\$15,000 on Fo			(c) Other gaming	(d) Total gaming (add
	1 Gross revenue			(c) Other gaming	(d) Total gaming (add
				(c) Other gaming	(d) Total gaming (add
enses	1 Gross revenue			(c) Other gaming	(d) Total gaming (add
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes			(c) Other gaming	(d) Total gaming (add
	1 Gross revenue 2 Cash prizes			(c) Other gaming	(d) Total gaming (add
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs			(c) Other gaming	(d) Total gaming (add
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes				(d) Total gaming (add
enses	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	(a) Bingo	bingo/progressive bingo		(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	Yes %	bingo/progressive bingo  Yes % No	Yes No	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	(a) Bingo	bingo/progressive bingo  Yes % No	Yes	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary	Yes % No  Add lines 2 through 5 in column (d	bingo/progressive bingo  Yes % No	Yes No	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary	Yes %	bingo/progressive bingo  Yes % No	Yes No	(d) Total gaming (add col (a) through col (c))
enses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum	Yes % No  Add lines 2 through 5 in column (d	Yes % No  umn (d)	Yes No	(d) Total gaming (add col (a) through col (c))
a o Direct Expenses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum  Enter the state(s) in which the is the organization licensed to	Yes % No  Add lines 2 through 5 in column (d	Yes % No  umn (d)	Yes No	(d) Total gaming (add col (a) through col (c))
a o Direct Expenses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum  Enter the state(s) in which the	Yes % No  Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, colie organization conducts gaming active	Yes % No  umn (d)	Yes No	(d) Total gaming (add col (a) through col (c))
a o Direct Expenses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum  Enter the state(s) in which the is the organization licensed to	Yes % No  Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, colie organization conducts gaming active	Yes % No  umn (d)	Yes No	(d) Total gaming (add col (a) through col (c))
d b c Direct Expenses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum  Enter the state(s) in which the list he organization licensed to if "No," explain	Yes % No  Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, colie organization conducts gaming active	yes % No  yumn (d)  vities: of these states?	Yes No	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary  8 Net gaming income sum  Enter the state(s) in which the list he organization licensed to if "No," explain	Yes % No  Add lines 2 through 5 in column (dimary Subtract line 7 from line 1, colie organization conducts gaming activities in each of conduct gaming activities in each organization.	yes % No  yumn (d)  vities: of these states?	Yes No	(d) Total gaming (add col (a) through col (c))

CRMC				
Sche	eduie G (Form 990 or 990-EZ) 2019 MARION COLUMBUS CLUB	42-145944	<b>1</b> Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	N
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			_
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	ı	1	
а	The organization's facility	13a		<u>%</u>
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming		п., г	¬
_	revenue?		∐ Yes [	NO
b		nd the		
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
···	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
_	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, c	olumns (iii) and (v	), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad-	ditional information	1	
	See instructions.			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (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.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

42-1459441

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

MARION COLUMBUS CLUB

DESCRIPTION

AMOUNT

**MISCELLANEOUS** 

Ŝ

798

TOTAL \$

798

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

DESCRIPTION

AMOUNT

**EXPENSES** 

		\$ 1,442
BANK CHARGE		\$ 95
SUPPLIES		\$ 264
		\$ 23
		\$ 5,098
KITCHEN		\$ 1,060
MISCELLANEOUS		\$ 848
FEES AND LICENSES		\$ 519
DEPRECIATION		\$ 4,769
SUPPLIES		\$ 66
	TOTAL	\$ 14,184

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION

AMOUNT

PRIOR PERIOD ADJUSTMENT

\$

593

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

Schedule O (Form 990 or 990-EZ) (2019)					Page <b>2</b>
Name of the organization			Employer is	dentification	n number
MARION COLUMBUS CLUB 42		42-14	42-1459441		
DESCRIPTION		BEG.	OF YEAR	END	OF YEAR
EQUIPMENT		\$	94,164	\$	94,164
LESS ACCUMULATED DEPRECIATION		\$	80,894	\$	81,834
LAND IMPROVEMENTS		\$	43,130	\$	43,130
LESS ACCUMULATED DEPRECIATION		\$	43,130	\$	43,130
	TOTAL	\$	13,270	\$	12,330

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION BEG. OF YEAR END OF YEAR

ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$ 459 \$ 1,202

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO MANAGE PROPERTY AND USE PROFITS THERFROM FOR THE BENEFIT OF KNIGHTS OF

COLUMBUS COUNCIL #5390.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

DONATIONS TO KNIGHT OF COLUMBUS COUNCIL 5390 FOR COUNCIL PROJECTS