

EXTENDED TO NOVEMBER 15, 2021

Short Form

Form 990-EZ

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2020

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.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
Inspection

A For the 2020 calendar year, or tax year beginning

and ending

B Check if applicable	C Name of organization COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657		D Employer identification number 72-1172210
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 6104 ROYAL PALMS DRIVE		E Telephone number (225) 678-0393
<input type="checkbox"/> Name change	Room/suite 02		
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code GONZALES, LA 70737		F Group Exemption Number 02
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input checked="" type="checkbox"/> Application pending			

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► **N/A**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **37,222.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	32,280.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,692.
	5a Gross amount from sale of assets other than inventory	5a	2,229.
	b Less: cost or other basis and sales expenses	5b	65.
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	2,164.
	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	1,021.	
b Less: cost of goods sold	7b	1,165.	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	-144.	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,992.	
Expenses	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	25,039.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	12,065.
	17 Total expenses. Add lines 10 through 16	17	37,104.
	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-1,112.
	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	173,820.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	91.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	172,799.	

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

Form 990-EZ (2020)

COLUMBUS CLUB ASSOCIATION OF ST. THERESA
COUNCIL 2657

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Part II Balance Sheets (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	113,983.	22
23	Land and buildings	6,500.	23
24	Other assets (describe in Schedule O)	53,337.	24
25	Total assets	173,820.	25
26	Total liabilities (describe in Schedule O)	0.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	173,820.	27
			172,799.

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

43

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.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

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

X

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOSEPH HENN				
PRESIDENT	1.00	0.	0.	0.
JAMES PERRY				
VICE PRESIDENT	1.00	0.	0.	0.
CECIL BRAUD, JR.				
TREASURER	1.00	0.	0.	0.
MARK STEVENS				
SECRETARY	1.00	0.	0.	0.
BRIAN AMEDEE				
DIRECTOR	1.00	0.	0.	0.
CHARLES AMIOT				
DIRECTOR	1.00	0.	0.	0.
CRAIG BRAUD				
DIRECTOR	1.00	0.	0.	0.
RONALD DAILGE				
DIRECTOR	1.00	0.	0.	0.
CLARK HELFRICH				
DIRECTOR	1.00	0.	0.	0.
MARCY LE BLANC, SR.				
DIRECTOR	1.00	0.	0.	0.
CHARLES LOVE, SR.				
DIRECTOR	1.00	0.	0.	0.
PAUL MILLET				
DIRECTOR	1.00	0.	0.	0.

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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 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), 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 40c 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 40d 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 40e X

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 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) 678-0393
 Located at 6104 ROYAL PALMS DRIVE, 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). 42c X

c 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 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

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

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**COLUMBUS CLUB ASSOCIATION OF ST. THERESA
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? Yes No
If "Yes," complete Schedule C, Part I

46		X
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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 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 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

48	
49a	

49b	
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b If "Yes," was the related organization a section 527 organization? Yes No

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 N/A	(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

f Total number of other employees paid over \$100,000 Yes No

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." Yes No

(a) Name and business address of each independent contractor N/A	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 Yes No

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.

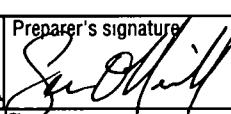
Sign Here

Signature of officer

10-8-21
Date

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 	Date 10-4-21	Check <input type="checkbox"/> if self-employed 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

Form 990-EZ (2020)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020Open 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 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
RAYMOND JAMES DIVIDENDS	1,692.

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

INCOME:	
1. GROSS RECEIPTS	1,021.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	1,021.
4. COST OF GOODS SOLD (LINE 13)	1,165.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-144.

COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	1,117.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	48.
11. ADD LINES 6 THROUGH 10	1,165.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	1,165.

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

DESCRIPTION OF OTHER COSTS:	AMOUNT:
STATE AND LOCAL SALES TAXES	48.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization	COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657	Employer identification number 72-1172210
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DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	253.
OTHER EXPENSES	24,786.
TOTAL TO FORM 990-EZ, LINE 14	25,039.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INVESTMENT FEES	50.
DEPOSIT REFUNDS	12,015.
TOTAL TO FORM 990-EZ, LINE 16	12,065.

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

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAINS	91.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
RAYMOND JAMES INVESTMENTS	53,337.	57,248.

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

Name of the organization	COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657	Employer identification number 72-1172210
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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.

Name of the organization COLUMBUS CLUB ASSOCIATION OF ST. THERESA COUNCIL 2657 Employer identification number 72-1172210

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