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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

2010

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: COLUMBIAN CLUB OF ROCHELLE PARK NJ. D Employer identification number: 22-6168478. E Telephone number: 201-843-9613. F Group Exemption Number: [blank].

G Accounting Method: [X] Cash [] Accrual Other (specify) []. H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c) (7) (insert no) [] 4947(a)(1) or [] 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 176,167.

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 an question in this part [X]

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes revenue items (1-9) and expense items (10-17). Total revenue is 155,573. Total expenses is 71,884. Net assets at end of year is 194,086.

STATUTE UNIT RECEIVED NOV 14 2018 TPR BRANCH OGDEN

RECEIVED NOV 09 2018 OGDEN, UT IRS ODC

Statute Cleared NOV 16 2018 KM Gallegos 0436558089

NOV 07 Revenue

Expenses

Net Assets

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2010)

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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	42,591.	22	14,567.
23 Land and buildings	97,925.	23	177,339.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	3,135.	24	2,970.
25 Total assets	143,651.	25	194,876.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	33,254.	26	790.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,397.	27	194,086.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. 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 and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O		28a	156.
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	156.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BILL COLEMAN	PRESIDENT	0.00	0.	0.
TOM CSIGI	VICE PRESIDENT	0.00	0.	0.
JAMES RENDINE SR	TREASURER	0.00	0.	0.
JOE GYULAY	SECRETARY	0.00	0.	0.
CLIFF O'DAY	TRUSTEE	0.00	0.	0.
PETER CRESPO	TRUSTEE	0.00	0.	0.
ROB MARKS	TRUSTEE	0.00	0.	0.
SERGIO GONZALEZ	TRUSTEE	0.00	0.	0.
KEVIN MORRIS	TRUSTEE	0.00	0.	0.
JAMES RENDINE JR	TRUSTEE	0.00	0.	0.
BOB SMITH	TRUSTEE	0.00	0.	0.
BRIAN CRONIN	TRUSTEE	0.00	0.	0.

BO

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33. No is checked (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)

Table with columns Yes, No and row 34. No is checked (X).

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with columns Yes, No and row 35a. Yes is checked (X).

b If "Yes," has it filed a tax return on Form 990-T for this year?

Table with columns Yes, No and row 35b. Yes is checked (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

Table with columns Yes, No and row 36. No is checked (X).

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a 0.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b. No is checked (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?

Table with columns Yes, No and row 38a. No is checked (X).

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a 0.

b Gross receipts, included on line 9, for public use of club facilities

39b 0.

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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b. No is checked (X).

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

N/A

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and row 40e. No is checked (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 TAXPAYER

Telephone no. 201-843-9613

Located at 235 ROCHELLE AVENUE, ROCHELLE PARK, NJ

ZIP + 4 07662

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)?

Table with columns Yes, No and row 42b. No is checked (X).

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U S?

Table with columns Yes, No and row 42c. No is checked (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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a. No is checked (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

Table with columns Yes, No and row 44b. No is checked (X).

c Did the organization receive any payments for indoor tanning services during the year?

Table with columns Yes, No and row 44c. No is checked (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

Table with columns Yes, No and row 44d. No is checked (X).

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

45		Yes	No
			X

 - a 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

45a		Yes	No
			X
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46		Yes	No
			X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47		Yes	No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

49b		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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Yes No

Signature of officer: *Peter Crespo* Date: 11/7/18

PETER CRESPO, PRESIDENT (2014 THROUGH CURRENT)
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **ADAM S. LONG, CPA** Preparer's signature: *Adam S. Long* Date: 11/7/18 Check if self-employed PTIN: _____

Firm's name: **LONG, COLGARY & CO., LLC** Firm's EIN: _____
Firm's address: **1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013** Phone no.: **(973) 472-1817**

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

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

COLUMBIAN CLUB OF ROCHELLE PARK NJ

Employer identification number

22-6168478

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

INCOME:

1. GROSS RECEIPTS	40,504.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	40,504.
4. COST OF GOODS SOLD (LINE 13)	20,594.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	19,910.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	3,135.
7. MERCHANDISE PURCHASED	20,429.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	23,564.
12. INVENTORY AT END OF YEAR	2,970.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	20,594.

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

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	3,308.
OTHER EXPENSES	54,156.
TOTAL TO FORM 990-EZ, LINE 14	57,464.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
POSTAL BOX	92.

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INSURANCE	9,124.
OFFICE EXPENSES	318.
BANK SERVICE CHARGES	27.
TELEPHONE	1,150.
LICENSES AND FEES	942.
COMPUTER EXPENSE	1,152.
INTEREST EXPENSE	1,615.
TOTAL TO FORM 990-EZ, LINE 16	14,420.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	3,135.	2,970.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SALES TAX PAYABLE	854.	790.
LINE OF CREDIT	32,400.	0.
TOTAL TO FORM 990-EZ, LINE 26	33,254.	790.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RAISE FUNDS FOR THE
 SACRED HEART COUNCIL NO. 2842, KNIGHTS OF COLUMBUS IN ROCHELLE PARK,
 NEW JERSEY AND FOR THE MORAL AND MENTAL IMPROVEMENT OF THE
 ORGANIZATION'S MEMBERS AND NON-MEMBER PERSONS.

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

ALL PROGRAMS RELATING TO RAISING FUNDS FOR THE SACRED

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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.
▶ Attach to Form 990 or 990-EZ.

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Employer identification number

22-6168478

HEART COUNCIL NO. 2842, KNIGHTS OF COLUMBUS IN ROCHELLE

PARK, NEW JERSEY AND FOR THE MORAL AND MENTAL IMPROVEMENT

OF THE ORGANIZATION'S MEMBERS AND NON-MEMBER PERSONS.

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.