

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form 990-EZ header section including: A For the 2013 calendar year, or tax year beginning and ending; B Check if applicable (Address change, Name change, etc.); 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; G Accounting Method (X Cash); H Check if the organization is not required to attach Schedule B (X); I Website (N/A); J Tax-exempt status (X 501(c)(7)); K Form of organization (X Corporation); 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 \$ 121,757.

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 [X]

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts (83,356). Row 3: Membership dues and assessments. Row 4: Investment income (22). Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less cost or other basis and sales expenses. Row 5c: Gain or (loss) from sale of assets other than inventory. Row 6: Gaming and fundraising events. Row 6a: Gross income from gaming. Row 6b: Gross income from fundraising events. Row 6c: Less direct expenses from gaming and fundraising events. Row 6d: Net income or (loss) from gaming and fundraising events. Row 7a: Gross sales of inventory, less returns and allowances (38,379). Row 7b: Less cost of goods sold (29,401). Row 7c: Gross profit or (loss) from sales of inventory (8,978). Row 8: Other revenue (describe in Schedule O). Row 9: Total revenue (92,356). Row 10: Grants and similar amounts paid (list in Schedule O). Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors (350). Row 14: Occupancy, rent, utilities, and maintenance (45,465). Row 15: Printing, publications, postage, and shipping. Row 16: Other expenses (describe in Schedule O) (12,862). Row 17: Total expenses (58,677). Row 18: Excess or (deficit) for the year (33,679). Row 19: Net assets or fund balances at beginning of year (258,784). Row 20: Other changes in net assets or fund balances (0). Row 21: Net assets or fund balances at end of year (292,463).

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2013)

Vertical text on the left margin: NOV 16 2018, NOV 07 2018, NOV 09 2018, NOV 14 2018, NOV 00 2018, NOV 07 2019

STATUTE UNIT RECEIVED NOV 14 2018 TPR BRANCH OGDEN

RECEIVED NOV 09 2018 OGDEN, UT IRS OSC

Handwritten initials 'NE'

**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	37,967.	22	82,186.
23 Land and buildings	187,391.	23	182,529.
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	34,066.	24	28,440.
25 <b>Total assets</b>	259,424.	25	293,155.
26 <b>Total liabilities</b> (describe in Schedule O) <b>SEE SCHEDULE O</b>	640.	26	692.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	258,784.	27	292,463.

**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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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.

28 **SEE SCHEDULE O**

(Grants \$ ) If this amount includes foreign grants, check here  **28a** 109.

29

(Grants \$ ) If this amount includes foreign grants, check here  **29a**

30

(Grants \$ ) If this amount includes foreign grants, check here  **30a**

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  **31a**

32 **Total program service expenses** (add lines 28a through 31a) **32** 109.

**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 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
BRIAN CRONIN PRESIDENT	0.00	0.	0.	0.
CLIFF O'DAY VICE PRESIDENT	0.00	0.	0.	0.
JAMES RENDINE SR TREASURER	0.00	0.	0.	0.
JOE GYULAY SECRETARY	0.00	0.	0.	0.
BILL COURTNEY TRUSTEE	0.00	0.	0.	0.
PETER CRESPO TRUSTEE	0.00	0.	0.	0.
ROB MARKS TRUSTEE	0.00	0.	0.	0.
SERGIO GONZALEZ TRUSTEE	0.00	0.	0.	0.
TOM TOMESCO TRUSTEE	0.00	0.	0.	0.
JAMES RENDINE JR TRUSTEE	0.00	0.	0.	0.
BOB SMITH TRUSTEE	0.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		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)		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)?	X	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	X	
35c	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		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?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	0.
39b	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 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	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	40b	N/A
40c	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
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> THE TAXPAYER Telephone no. <input type="checkbox"/> 201-843-9613		
	Located at <input type="checkbox"/> 235 ROCHELLE AVENUE, ROCHELLE PARK, NJ ZIP + 4 <input type="checkbox"/> 07662		
42b	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: <input type="checkbox"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
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
44b	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
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Table with columns Yes, No and row 46 with 'X' in the No column.

If "Yes," complete Schedule C, Part I

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

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with columns Yes, No and row 48.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Row 1 contains '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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'N/A'.

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: Signature of officer Peter Crespo, Date 11/7/18, Type or print name and title PETER CRESPO, PRESIDENT (2014 THROUGH CURRENT)

Paid Preparer Use Only: Print/Type preparer's name ADAM S. LONG, CPA, Preparer's signature Adam S. Long, Date 11/7/18, Check self-employed, PTIN P01277187, Firm's name LONG, COLGARY & CO., LLC, Firm's EIN 22-3769808, 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)

**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

**2013**

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

Name of the organization

COLUMBIAN CLUB OF ROCHELLE PARK NJ

Employer identification number

22-6168478

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

22.

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

**INCOME:**

1. GROSS RECEIPTS

38,379.

2. RETURNS AND ALLOWANCES

0.

3. LINE 1 LESS LINE 2

38,379.

4. COST OF GOODS SOLD (LINE 13)

29,401.

5. GROSS PROFIT (LINE 3 LESS LINE 4)

8,978.

**COST OF GOODS SOLD:**

6. INVENTORY AT BEGINNING OF YEAR

2,815.

7. MERCHANDISE PURCHASED

29,596.

8. COST OF LABOR

0.

9. MATERIALS AND SUPPLIES

0.

10. OTHER COSTS

0.

11. ADD LINES 6 THROUGH 10

32,411.

12. INVENTORY AT END OF YEAR

3,010.

13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)

29,401.

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

**DESCRIPTION OF EXPENSES:**

**AMOUNT:**

DEPRECIATION

10,683.

OTHER EXPENSES

34,782.

**TOTAL TO FORM 990-EZ, LINE 14**

**45,465.**

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
POSTAL BOX	100.
INSURANCE	10,940.
OFFICE EXPENSES	162.
BANK SERVICE CHARGES	34.
TELEPHONE	403.
LICENSES AND FEES	625.
UNIFORMS	598.
TOTAL TO FORM 990-EZ, LINE 16	12,862.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORY	2,815.	3,010.
OTHER DEPRECIABLE ASSETS	31,251.	25,430.
TOTAL TO FORM 990-EZ, LINE 24	34,066.	28,440.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SALES TAX PAYABLE	640.	692.

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.

**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-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

ALL PROGRAMS RELATING TO RAISING 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 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.