

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)

Open to Public Inspection

▶ 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.

Department of the Treasury
 Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, 2016, and ending _____, 2016, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C **ST VINCENT DE PAUL COLUMBUS CLUB**
 5763 RAY ELLISON DR.
 SAN ANTONIO, TX 78242

D Employer identification number: 23-7096568

E Telephone number: 210-673-2132

F Group Exemption Number: _____

G Accounting Method: 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) 501(c) (2) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 39,223.

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 <input checked="" type="checkbox"/>		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 39,220.
	3 Membership dues and assessments	3
	4 Investment income	4 3.
	5a Gross amount from sale of assets other than inventory	5a
	5b Less cost or other basis and sales expenses	5b
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c Less direct expenses from gaming and fundraising events	6c	
6d 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	
7b Less cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 39,223.	
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 2,220.
	14 Occupancy, rent, utilities, and maintenance	14 14,506.
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 23,008.
	17 Total expenses. Add lines 10 through 16	17 39,734.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -511.	
NET ASSETS	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 41,928.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 41,417.

SEE SCHEDULE O

SCANNED JUN 13 2017

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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	10,814.	10,805.
23 Land and buildings	29,214.	28,940.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,900.	1,672.
25 Total assets	41,928.	41,417.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,928.	41,417.

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 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)

28 RENTAL OF KNIGHTS OF COLUMBUS HALL FOR SOCIAL FUNCTIONS (INCLUDING THE PUBLIC AND THE KNIGHTS OF COLUMBUS).		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	37,015.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	37,015.

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
PEDRO V. GALINDO PRESIDENT	2	0.	0.	0.
EDUARDO GILL VICE PRESIDENT	2	0.	0.	0.
ROBERT P. VARGAS SECRETARY	2	0.	0.	0.
ROMAN T. AALA TREASURER	4	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 Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 41 regarding organizational activities, expenditures, and state filings.

42a The organization's books are in care of FISHER H. LITTLE, JR. Telephone no. 210-641-5600 Located at 11955 NETWORK SAN ANTONIO TX ZIP + 4 78249

Table with columns for question number, question text, and Yes/No columns. Includes questions 42b and 42c regarding foreign financial accounts.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here
 Signature of officer: *Pedro V. Galindo* Date:
 PEDRO V. GALINDO PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: FISHER H. LITTLE, JR. Preparer's signature: *Fisher H. Little Jr.* Date: 2-2-2017
 Firm's name: OROIAN GUEST & LITTLE P.C. Check if self-employed PTIN: P00062105
 Firm's address: 11955 NETWORK BLVD SAN ANTONIO, TX 78249-3399 Firm's EIN: N/A Phone no: (210) 641-5600

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

OMB No 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2016

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

ST VINCENT DE PAUL COLUMBUS CLUB

23-7096568

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

COMMISSIONS	\$	3,288.
CONTRACT LABOR		6,735.
DEPRECIATION		502.
INSURANCE		5,112.
MISCELLANEOUS		475.
OFFICE EXPENSES		274.
POSTAGE		49.
SECURITY		4,205.
TAXES - OTHER		1,224.
TELEPHONE		1,144.
TOTAL	\$	23,008.

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

	<u>BEGINNING</u>	<u>ENDING</u>
FURN & EQPT	\$ 1,900.	\$ 1,672.
TOTAL	\$ 1,900.	\$ 1,672.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RENTAL FOR SOCIAL FUNCTIONS