

## Return of Organization Exempt From Income Tax

2024

Open to Public  
InspectionDepartment 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.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

A For the 2024 calendar year, or tax year beginning January 01, 2024, and ending December 31, 2024

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

PARIS AMERICAN CLUB INC

Number and street (or P.O. box if mail is not delivered to street address)

1 MINETTA ST APT 2E

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10012

## D Employer identification number

52-2306187

## E Telephone number

(212) 888-5050

## F Group Exemption Number

G Accounting Method: ☒ Cash ☐ Accrual Other (specify): \_\_\_\_\_I Website [Parisamericanclub.org](http://Parisamericanclub.org)H Check ☒ if the organization is not required to attach Schedule B (Form 990).J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c) ( 7 ) ☐ 4947(a)(1) or ☐ 527K 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . .

\$ 57,234

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	37,390
	3	Membership dues and assessments . . . . .	3	18,718
	4	Investment income . . . . .	4	1,126
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	b	Less: cost or other basis and sales expenses . . . . .	5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c	
	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 \$ 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	
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		
b	Less: cost of goods sold . . . . .	7b		
c	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	57,234	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	1,300
	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	
	15	Printing, publications, postage, and shipping . . . . .	15	910
	16	Other expenses (describe in Schedule O) . . . . .	16	52,710
	17	Total expenses. Add lines 10 through 16 . . . . .	17	54,920
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18	2,314
	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	56,350
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	7,392
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	66,056

**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	
<b>22</b> Cash, savings, and investments . . . . .	<b>55,148</b>	<b>22</b>	<b>64,756</b>
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>1,202</b>	<b>24</b>	<b>1,300</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>56,350</b>	<b>25</b>	<b>66,056</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>	
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>56,350</b>	<b>27</b>	<b>66,056</b>

**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.

	<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> <u>Periodic meetings of the Franco American Community of New York to continue the tradition of Benjamin Franklin.</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>0</b>
<b>29</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>0</b>

**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/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John F Bennett President	10	0	0	0
Hilary J James Vice President	10	0	0	0
Francis Dubois Speaker Committee	10	0	0	0
Veronique Chamrolle Program Committee	10	0	0	0
Ludovic Dubrana Program Committee	10	0	0	0
Beth Harrison Secretary	10	0	0	0
Cathleen Mangan Treasurer	10	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 ☐

	Yes	No
<b>33</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> 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)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> 425	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____ section 4912: _____ section 4955: _____		
<b>b</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 . . . . .	<b>40b</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> 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 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed: _____		
<b>42a</b> The organization's books are in care of: <u>John F Bennett</u> Telephone no <u>(212) 752-6700</u> Located at: <u>1 MINETTA ST ,APT 2E ,NEW YORK ,NY</u> ZIP + 4 <u>10012</u>		
<b>b</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)? . . . . .	<b>42b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: _____ 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).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .	<b>42c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . .	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	<b>43</b>	
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>44b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<b>45b</b> <input type="checkbox"/>	<input checked="" type="checkbox"/>

		Yes	No
<b>46</b>	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 . . . . .	<b>46</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>

**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 ☐

		Yes	No
<b>47</b>	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 . . . . .	<b>47</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>49b</b>	b If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	<input type="checkbox"/> <input type="checkbox"/>

**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/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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**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
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**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.

<b>Sign Here</b>	Signature of officer <b>John F. Bennett, President</b>		Date <b>03/30/2025</b>	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check if <input type="checkbox"/> self-employed
<b>Paid Preparer Use Only</b>	Firm's name		Firm's EIN	
	Firm's address		Phone no	

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

**SCHEDULE O**  
**(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the Organization

**PARIS AMERICAN CLUB INC**

**EIN**

**52-2306187**

**Part and Line Number: Part I - Line 10**

Description	Amount
Jerome Lohez 9/11 Scholarship Foundation	\$1,300

**Part and Line Number: Part I - Line 16**

Description	Amount
Administration	\$4,200
Paypal Fee	\$606
Memberships	\$1,050
Room Rent	\$5,367
Music	\$1,200
Internet and phone	\$1,080
IT	\$695
Legal	\$2,200
Program Expense	\$35,624
Supplies	\$658
Accounting	\$30

**Part and Line Number: Part I - Line 20**

Description	Amount
Increase in market value	\$7,392

**Part and Line Number: Part II - Line 24**

Description	BOY Amount	EOY Amount
Accounts Receivable	\$1,202	\$1,300

**Part and Line Number: Part III - Primary Exempt Purpose**

Periodic meetings of Franco American Community to continue the tradition of Benjamin Franklin