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Form 990-EZ

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)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016**B Check if applicable**

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

C Name of organization

HOUMA CIVITAN CLUB

D Employer identification number

72-6028255

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

P O BOX 495

F Telephone number**G City or town, state or province, country, and ZIP or foreign postal code**

HOUMA, LA 70361

H 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)(4) (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 ► \$ 107,795****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 11,294
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b 0
	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 96,501
	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 0
	c Less direct expenses from gaming and fundraising events	6c 89,659
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 6,842
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b 0
	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 18,136
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	13 450
	14 Occupancy, rent, utilities, and maintenance	14 6,689
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 10,158
	17 Total expenses. Add lines 10 through 16	17 17,297
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 839
	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 31,562
	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 32,401

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
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	No
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	No
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	No
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	No
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	No
b Did the organization file Form 1120-POL for this year?	38a	No
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	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	0
39 Section 501(c)(7) organizations Enter	39b	0
a Initiation fees and capital contributions included on line 9	40a	Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____
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	40b	No
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 ► _____	40c	Enter amount of tax on line 40c reimbursed by the organization ► _____
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	Enter amount of tax on line 40c reimbursed by the organization ► _____
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	No
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► ROBERTA DUPLANTIS Telephone no ► (985) 860-0316		
Located at ► 4005 COUNTRY DRIVE BOURG, LA ZIP + 4 ► 70345		
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	No
If "Yes," enter the name of the foreign country ► _____	42c	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		
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		No
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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	No

			Yes	No
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		No

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
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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	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"

(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
NONE				

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
NONE		

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 ROBERTA DUPLANTIS Treasurer Type or print name and title	2017-05-11 Date
--	--------------------

Paid Preparer Use Only	Print/Type preparer's name Lauren S Easley CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00738833
	Firm's name ► Lanaux & Felger CPAs APC	Firm's EIN ►		
	Firm's address ► PO Box 3695 Houma, LA 703613695	Phone no (985) 851-0883		

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 72-6028255
Name: HOUMA CIVITAN CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p>28 SERVING THE COMMUNITY AND HELPING WITH SPECIAL OLYMPICS FOR THE DEVELOPMENTALLY DISABLED (Grants \$ 17,297) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>28a</p>

2015

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990Department of the Treasury
Internal Revenue ServiceName of the organization
HOUma CIVITAN CLUB

Employer identification number

72-6028255

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a)Event #1 (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d) ►				
11 Net income summary Subtract line 10 from line 3, column (d) ►				

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue	48,264	48,237		96,501
Direct Expenses				
2 Cash prizes	35,856	36,605		72,461
3 Noncash prizes				
4 Rent/facility costs	2,900	2,900		5,800
5 Other direct expenses	5,699	5,699		11,398
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				89,659
8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				6,842

9 Enter the state(s) in which the organization conducts gaming activities LA

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain _____

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain _____

.....

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13	Indicate the percentage of gaming activity conducted in						
a	The organization's facility	13a	%				
b	An outside facility	13b	100 000 %				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
<p>Name ► LAUREN S EASLEY CPA</p> <p>Address ► 5779 HWY 311 HOUMA, LA 70360</p>							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____						
c	If "Yes," enter name and address of the third party						
<p>Name ►</p> <p>Address ►</p>							
16	Gaming manager information						
<p>Name ► CHRIS LECOMpte</p> <p>Gaming manager compensation ► \$ _____</p>							
<p>Description of services provided ► IN CHARGE OF BINGO GAMES</p>							
<input checked="" type="checkbox"/> Director/officer		<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor				
17	Mandatory distributions						
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 8,391						
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).							
<table border="1"> <thead> <tr> <th>Return Reference</th> <th>Explanation</th> </tr> </thead> <tbody> <tr> <td>Part III, Line 17b - Distributions Required Under State Law</td> <td>LA \$ 8391</td> </tr> </tbody> </table>		Return Reference	Explanation	Part III, Line 17b - Distributions Required Under State Law	LA \$ 8391		
Return Reference	Explanation						
Part III, Line 17b - Distributions Required Under State Law	LA \$ 8391						

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

2015**Open to Public
Inspection**Name of the organization
HOUma CIVITAN CLUB**Employer identification number**
72-6028255**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1009	Depreciation \$3092
Other Expenses 1	CIVITAN EXPENSES \$3794

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	CHARITABLE CONTRIBUTIONS \$3272