

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)

► 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](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning OCTOBER 1, 2016, and ending SEPTEMBER 30, 2017

B Check if applicable	C Name of organization <b>KIWANIS CLUB OF SIX POINTS</b>		D Employer identification number 74-1096510
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) <b>101 N SHORELINE BLVD</b>		E Telephone number 361-883-1871
<input type="checkbox"/> Name change	Room/suite <b>500</b>		F Group Exemption Number ► 0026
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>CORPUS CHRISTI, TX 78401</b>		G
<input type="checkbox"/> Final return/terminated			Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<input type="checkbox"/> Amended return			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<input type="checkbox"/> Application pending			

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ►

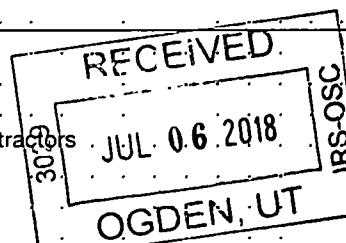
J Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) ◀ (insert no.)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 49,939

**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 42
	2 Program service revenue including government fees and contracts . . . .	2
	3 Membership dues and assessments . . . .	3 10,960
	4 Investment income . . . .	4 2,188
	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 . . . .	6d 19,030
	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 36,749	
c Less: direct expenses from gaming and fundraising events . . . .	6c 17,719	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . .	6d 19,030	
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 32,220	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . .	10 24,504
	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 1,200
	14 Occupancy, rent, utilities, and maintenance . . . .	14
	15 Printing, publications, postage, and shipping . . . .	15
	16 Other expenses (describe in Schedule O) . . . .	16 6,042
	17 Total expenses. Add lines 10 through 16 ►	17 31,746
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . .	18 474
	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 62,277
	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 62,751





**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

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 Yes  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

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

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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b  0

b Did the organization file Form 1120-POL for this year? 38a

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

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

a Initiation fees and capital contributions included on line 9 39c

b Gross receipts, included on line 9, for public use of club facilities 39d

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d

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 40e

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 40f

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40g

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 40h

41 List the states with which a copy of this return is filed ► 42a

42a The organization's books are in care of ► KEVIN NANCE Telephone no ► 361-883-1871  
Located at ► 102 CARMEL, PORTLAND, TX ZIP + 4 ► 78374 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)? 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). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 43

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 44a

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

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 44c

c Did the organization receive any payments for indoor tanning services during the year? 44d

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 45a

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b

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) 45c

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

**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

1

		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."		

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.

<b>Sign Here</b>		06/22/18
	Signature of officer	Date
	KEVIN NANCE PRESIDENT / SECRETARY / TREASURER	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

Form 990-EZ (2016)



**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 SKEET SHOOT (event type)	(b) Event #2 APPLE SALE (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	9,980	26,769		36,749
2 Less Contributions				
3 Gross income (line 1 minus line 2)	9,980	26,769		36,749
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	675	17,044		17,719
10 Direct expense summary Add lines 4 through 9 in column (d)				17,719
11 Net income summary Subtract line 10 from line 3, column (d)				19,030

**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				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states?  
b If "No," explain

Yes  No

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?  Yes  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?  Yes  No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  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.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**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 provide any additional information. See instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

KIWANIS CLUB OF SIX POINTS

Employer identification number

74-1096510

**PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS**

DRISCOLL CHILDRENS HOSPITAL	21,204
BOY SCOUTS	1,500
SEA CITY WORKCAMP	500
CHRISTMAS GIVING TREE	300
HABITAT FOR HUMANITY	1,000
<b>TOTAL</b>	<b>24,504</b>

**PART 1 LINE 16 OTHER EXPENSES**

BANK CHARGES	24
MEMBERSHIP SUPPLIES	4,155
INTERNATIONAL DUES	1,863
<b>TOTAL</b>	<b>6,042</b>

**PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE - AS PART OF KIWANIS INTERNATIONAL OUR CLUB HELPS SUPPORT**

**VARIOUS YOUTH ORGANIZATIONS IN OUR COMMUNITY AND AROUND THE WORLD**