

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)

2020

Department of the Treasury  
Internal Revenue Service

► 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.Open to Public  
InspectionA For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable	C Name of organization <b>HICKORY KIWANIS CLUB</b>		D Employer identification number <b>58-1939893</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 501</b>		E Telephone number <b>828-294-3772</b>
<input type="checkbox"/> Name change	Room/suite <b>00</b>		
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>HICKORY, NC 28603-0501</b>		F Group Exemption Number ► <b>0026</b>
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► **N/A**J Tax-exempt status (check only one) —  501(c)(3)  501(c)(6) (insert no)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  OtherL 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 ► \$ **36,867.****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 

1 Contributions, gifts, grants, and similar amounts received	1	2,265.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	5,417.
4 Investment income	4	15,954.
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)		
6 Gaming and fundraising events.	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	of contributions	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,131.
c Less: direct expenses from gaming and fundraising events	6c	5,551.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
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)		
8 Other revenue (describe in Schedule O)	SEE SCHEDULE O	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► \$ <b>36,867.</b>
10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	
11 Benefits paid to or for members		
12 Salaries, other compensation, and employee benefits		
13 Professional fees and other payments to independent contractors		
14 Occupancy, rent, utilities, and maintenance		
15 Printing, publications, postage, and shipping		
16 Other expenses (describe in Schedule O)	SEE SCHEDULE O	
17 Total expenses. Add lines 10 through 16		► \$ <b>36,867.</b>
18 Excess or (deficit) for the year (subtract line 17 from line 9)		
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)		
20 Other changes in net assets or fund balances (explain in Schedule O)		
21 Net assets or fund balances at end of year. Combine lines 18 through 20		► \$ <b>109,113.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2020)

**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	83,324.	22 109,113.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
<b>25 Total assets</b>	<b>83,324.</b>	<b>25 109,113.</b>
26 Total liabilities (describe in Schedule O)	0.	26 0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>83,324.</b>	<b>27 109,113.</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  X

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.)

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## 28 COMMUNITY SERVICES

29	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
<hr/>		
<hr/>		
30	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
<hr/>		
<hr/>		
31	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
<b>Other program services (describe in Schedule O)</b>		
32	(Grants \$ <input type="checkbox"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
<b>Total program service expenses (add lines 28a through 31a)</b> ► <input type="checkbox"/> 32		

**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.

GO

**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

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

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 N/A

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 0.

b Did the organization file Form 1120-POL for this year?  37b

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?  38a

b If "Yes," complete Schedule L, Part II, and enter the total amount involved  38b N/A

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

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

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ►  N/A ; section 4912 ►  N/A ; section 4955 ►  N/A

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 N/A

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

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

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

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► TREASURER Telephone no. ► 828-294-3772  
Located at ► PO BOX 501, HICKORY, NC ZIP + 4 ► 28603-0501

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).

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 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

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

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

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

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

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  45b

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 Sch. C, Part II

	Yes	No
47		
48		
49a		
49b		

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

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

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

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  N/A	(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." N/A

(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

11/2/2021

Date

► RICK HAMMER, 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 ►  Yes  No

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2020

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**

**Employer identification number**

58-1939893

## HICKORY KIWANIS CLUB

**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

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

**2 a** 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?

**b** If "Yes," list the 10 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
		Yes	No		

**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 PEANUT AND PECAN FUNDRAISER	(b) Event #2 GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	(event type)	(event type)	(total number)	
1 Gross receipts	6,931.	6,200.		13,131.
2 Less Contributions				
3 Gross income (line 1 minus line 2)	6,931.	6,200.		13,131.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	4,908.	643.		5,551.
10 Direct expense summary Add lines 4 through 9 in column (d)			►	5,551.
11 Net income summary Subtract line 10 from line 3, column (d)			►	7,580.

**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?

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?  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.

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**Part IV Supplemental Information (continued)**

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

OMB No 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

HICKORY KIWANIS CLUB

Employer identification number  
58-1939893

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

<u>DESCRIPTION OF PROPERTY:</u>	<u>AMOUNT:</u>
<u>INVESTMENT INCOME</u>	<u>15,954.</u>

### FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>MISCELLANEOUS</u>	<u>100.</u>

### FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: YOUTH SERVICES

GRANTEE NAME: RECREATIONAL BASKETBALL

<u>AMOUNT GIVEN:</u>	<u>500.</u>
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ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: TERRIFIC KIDS

<u>AMOUNT GIVEN:</u>	<u>253.</u>
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ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: CATAWBA SCIENCE CENTER

<u>AMOUNT GIVEN:</u>	<u>500.</u>
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ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME: WESTERN PIEDMONT SYMPHONY

<u>AMOUNT GIVEN:</u>	<u>500.</u>
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TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,753.

Name of the organization

HICKORY KIWANIS CLUB

Employer identification number

58-1939893

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

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
MEALS, SUPPLIES & ADMIN EXPENSES	3,774.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SERVICE ORGANIZATION THAT RAISES FUNDS TO HELP OTHER COMMUNITY ORGANIZATIONSFORM 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.