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2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

SCANNED JAN 0 5 2010

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assers less than \$2,500,000 at the end of the year may use this form. year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 9/30	,	2009	
В		mployer id	entification number	
	Address change Please use IRS CORPUS CHRISTI BAY KIWANIS CLUB 2	23-744	18305	
F		Telephone number		
-	Initial return type. CORPUS CHRISTI, TX 78411	(361)	991-1650	
⊨	Specific	·		
	Application pending tons.	roup Ext	<u> </u>	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ►		Cash Accrual	
1	Website: ► N/A required to attach	h Sched	anization is not ule B (Form 990,	
<u>J</u>	organization type (check only one) = [21] 301(c) (4) = (insert no.) [4347(a)(1) or [327]			
	Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return	nally not า.	t more than	
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	► \$	28,765.	
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	truction	ns for Part I.)	
	1 Contributions, gifts, grants, and similar amounts received	1		
	2 Program service revenue including government fees and contracts	2	21,173.	
	3 Membership dues and assessments	3	7,420.	
	4 Investment income	4	68.	
	5a Gross amount from sale of assets other than inventory 5a	1 1		
R	b Less. cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)			
Ë	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here.	5c		
RE>E NUE	a Gross revenue (not including \$ of contributions			
ÿ	reported on line 1) 6a			
E	b Less. direct expenses other than fundraising expenses 6b	1 1		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	66		
	7a Gross sales of inventory, less returns and allowances 7a			
	b Less. cost of goods sold 7b	1 1		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	70		
	8 Other revenue (describe ► SEE STATEMENT 1	8	104.	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	-	28,765.	
	10 Grants and similar amounts hald (attach schedule)	10	207.000	
	11 Benefits paid to or for members RECEIVED	11		
EXPENSE	12 Salaries, other compensation, and employee benefits	12		
P	13 Professional fees and other nayments to independent contractors (Q)	13	366.	
N S	13 Professional fees and other payments to independent contractors DEC 1 5 2009 O DEC 1 5 2009 O O O O O O O O O	14		
E	15 Printing, publications, postage, and shipping	15		
ŭ	16 Other expenses (describe > SEE STATEMENT 2	16	41,066.	
	17 Total expenses (add lines 10 through 16)	17	41,432.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,667.	
N S E E	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	34,152.	
ŦĘ	20 Other changes in net assets or fund balances (attach explanation)	20	01/1021	
S	21 Net assets or fund balances at end of year. Combine lines 18 through 20.		21,485.	
P	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead			
سسا	(See the instructions for Part II) (A) Beginning of ye		(B) End of year	
22	0.4.150		17,985.	
23	Land and buildings.	23		
24	,	24	3,500.	
25			21,485.	
26			0.	
_27		2. 27	21,485.	
BA	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.		Form 990-EZ (2008)	

Form 990-EZ (2008) CORPUS CHRISTI	BAY KIWANIS CLUB		23	-744	18305 Page 2
Part III Statement of Program Se	rvice Accomplishment	s (See the instructi	ons.)		Expenses
What is the organization's primary exempt purpose? SEI	E STATEMENT 4			(Req	uired for 501(c)(3)
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo persons benefited, or other r	oses. In a clear and con elevant information for e	icise manner, each	4947	(4) organizations and (a)(1) trusts, optional
program title.				for o	hers)
28 SPONSORSHIP OF LOCAL KIWA			<u>S_TO</u>		
PARTICIPATE IN THE STATE	GOLDEN GLOVE BOXIN	<u>IG TOURNAMENT _</u>			
					
	is amount includes foreign gr			28 a	7,305.
29 SPONSORSHIP OF THE CROCKE		RIFIC KIDS PROG	<u>RAM</u>		
_(APPROXIMATELY_300_KIDS_S	<u>ERVED) </u>				
					
	is amount includes foreign gr		. •	29 a	2,223.
30 SPONSORSHIP OF THE MILLER	HIGH SCHOOL KEY C	TOB			
				ļ	
(Grants \$) If th		ants shock hore		30 a	4,154.
31 Other program services (attach schedule		ants, check here		30 a	4,134.
· . · · · · · · · · · · · · · · · · · ·	, is amount includes foreign gr	ants, check here	▶ □	31 a	
32 Total program service expenses (add line		<u> </u>		32	13,682.
Part IV List of Officers, Directors	, Trustees, and Key En	iployees. (List each o	one even if not co	mpen	
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances
LUPE VALDEZ	PRESIDENT	0.	deterred compensa	0.	0.
3636 SOUTH ALAMEDA B159	0	.		٠.	.
CORPUS CHRISTI, TX 78411	O				
JOANN GARCIA	PRESIDENT-ELECT	0.		0.	0.
3636 SOUTH ALAMEDA B159	ח וושטוט ווושטוט	0.		٠.	•
CORPUS CHRISTI, TX 78411	0				
JUAN GOMEZ	IMMED PAST PRES	0.		0.	0.
3636 SOUTH ALAMEDA B159	O TIMED INSTITUTES	0.		٠.	0.
CORPUS CHRISTI, TX 78411	•				
MARC HINOJOSA	SECRETARY	0.		0.	0.
3636 ALAMEDA B159	0	· ·		٠.	0.
CORPUS CHRISTI, TX 78411					
JAMES SPRUCE	TREASURER	0.		0.	0.
3636 SOUTH ALAMEDA B159	0			•	•
CORPUS CHRISTI, TX 78411	·				
HENRY CASILLAS	BOARD MEMBER	0.		0.	0.
3636 SOUTH ALAMEDA B159	0			•	
CORPUS CHRISTI, TX 78411					
CHARLIE SAENZ	BOARD MEMBER	0.		0.	0.
3636 SOUTH ALAMEDA	0				
CORPUS CHRISTI, TX 78411					
					_
	<u>.</u>				
		<u> </u>	L <u>.</u>		
BAA	TEEA0812L 0	01/14/09			Form 990-EZ (2008)

rat	t V 1 Other information (Note the statement requirement in General instruction V.)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
33	each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
25	· · · · · · · · · · · · · · · · · · ·			
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	· · · · ·		Ī	1
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
1-	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	•	330		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37 b		Х
30 -	Did the ereasysation berrow from as make any leans to any officer disaster trustee, or key employee as were			
3 0 a	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 unpaid at the start of the period covered by this return?	38a		Х
	If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved . 38b			
39	501(c)(7) organizations. Enter.	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities. 39b N/A	1 :		
	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
400	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
0	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If 'Yes,' complete Schedule L, Part I .	40 b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 0.			
d	Enter amount of tax on line 40c reimbursed by the organization 0.			
6	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
Ū	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ► NONE			
42 a	The books are in care of ► JAMES SPRUCE Telephone no ► (361)	991	-165	50
	Located at ► 5430 HOLLY ROAD, SUITE 7 CORPUS CHRISTI TX ZIP +4 ► 78411			<u> </u>
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country:			
		[
				,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	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 .	1	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
	1			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ	45	L	Χ_
BAA		rm 990)-EZ ((2008)

Form 990-l	EZ (2008) CORPUS CHRISTI BAY				23-7448			age 4
Part VI	Section 501(c)(3) organization and complete the tables for lin	is only. All section les 50 and 51.	501(c)(3) or	ganızatıons m	iust answer q	uestions	46-	49
for pr 47 Did to 48 Is the 49a Did to b If 'Ye 50 Comi	the organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule (he organization engage in lobbying activitie organization operating a school as desche organization make any transfers to an es,' was the related organization(s) a sectiplete this table for the five highest compeved more than \$100,000 of compensation	C, Part I les? If 'Yes,' complete stribed in section 170(b)(exempt non-charitable ion 527 organization?	Schedule C, Par 1)(A)(II)? If 'Yes, related organiza	t II ' complete Schedtion? directors, trustee	dule E	46 47 48 49 a 49 b	Yes	No
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	(d) Contribu	utions to employee fit plans and I compensation	(e) Exp accour other allo	t and	
						.		
	of other employees paid over \$100,000							
51 Com	of other employees paid over \$100,000 plete this table for the five highest compete the organization. If there is none, enter 'f	nsated independent cor None.'	tractors who ea	ch received more	than \$100,000 c	f compen	sation	 I
	(a) Name and address of each independent cont	ractor paid more than \$100,000)	(b) Type of	service	(c) Compo	ensation	1
				-				
<u>-</u> ·								
Total numt Sign Here	Under penalties of perury, declare that I have exartine, correct, and complete Declaration of preparer Signature of office Type or print name and title	nined this return, including acc	all information of wh	and statements, and ich preparer has any l	to the best of my known	wledge and b	elief, it	is

Preparer's signature

Firm's name (or yours if selfemployed), address, and ZIP + 4 NON-PAID PREPARER

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

Paid Pre-

BAA

parer's Use Only Preparer's Identifying Number (See instructions)

► Yes X No Form 990-EZ (2008)

Check if self employed

Phone no ►

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2008	FEDERAL STATEMENTS			PAGE 1
co	RPUS CHRISTI BAY KIWANIS CLUB			23-7448305
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE				
OTHER INCOME		TOTAL	\$	104. 104.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
CLUB MEALS/SOCIALS CONVENTION EXPENSE GOLDEN GLOVES HEAD START INSURANCE INTALLATION BANQUET INTERNATIONAL DUES	· ·		\$	3,710. 2,019. 18,437. 2,223. 500. 980. 1,666.
KEY CLUB PO BOX RENTAL STATE TEAM EXPENSE		TOTAL	<u>\$</u>	4,154. 72. 7,305. 41,066.
STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS				
PREPAID EXPENSES AND DEFERRED	CHARGES TOTAL	BEGINNING \$ 0	5. 5. 5. 5. 5.	3,500. 3,500.
STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMP	PT PURPOSE			
TO PROVIDE SERVICES TO OUR LO	OCAL COMMUNITY, SPECIFICALLY AR	REAS WITH NE	ED AN	D WITH