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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 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 organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KIWANIS CLUB OF SIX POINTS Number and street (or P O box, if mail is not delivered to street address) Room/suite 101 N SHORELINE 500 City, town, or country State ZIP + 4 CORPUS CHRISTI TX 78401
D Employer identification number 74-1096510 E Telephone number (361) 883-1871 F Group Exemption Number 0026	G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► N/A

J Organization type (check only one)— ☒ 501(c) (4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. ► \$ 66,415

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	283
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	11,216
	4	Investment income	4	2,167
	5a	Gross amount from sale of assets other than inventory	5a	5,010
	5b	Less cost or other basis and sales expenses	5b	5,513
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-503
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	47,739
	6b	Less direct expenses other than fundraising expenses	6b	27,734
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	20,005	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	33,168	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	1,300
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE PART III)	16	27,919
	17	Total expenses. Add lines 10 through 16	17	29,219
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,949
	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	66,321
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	70,270

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

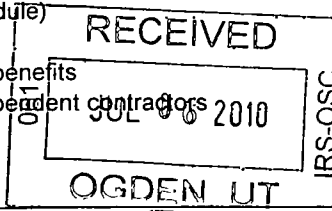
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,321	70,270
23 Land and buildings		
24 Other assets (describe ►)	0	0
25 Total assets	66,321	70,270
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,321	70,270

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form 990-EZ (2008)

SCANNED AUG 03 2010



Part III Statement of Program Service Accomplishments (See the instructions for Part III)**Expenses**What is the organization's primary exempt purpose? SEE EXPLANATION PAGE

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

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, or other relevant information for each program title

28	WEEKLY LUNCH MEETINGS TO HEAR LECTURES ON VARIOUS TOPICS RELATED TO THE CIVIC BETTERMENT OF OUR HOMETOWN AND SURROUNDING AREA OF CORPUS CHRISTI, TX (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,539
29	ANNUAL APPLE SALE AND ANNUAL SKEET SHOOT WITH NET PROCEEDS DONATED TO DRISCOLL CHILDREN'S HOSPITAL TO SEND CHILDREN WITH CANCER TO A SPECIAL SUMMER CAMP (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12,000
30	MONETARY AND VOLUNTEER SUPPORT OF VARIOUS YOUTH ORGANIZATIONS IN OUR TOWN, INCLUDING A KEY CLUB AT KING HIGH SCHOOL AND THE BOY SCOUTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3,060
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3,320
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	27,919

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name BETH KINGSBURY Str 7122 FICUS COURT City CORPUS CHRISTI ST TX ZIP 78414	Title PRESIDENT Hr/WK 1 00	0	0	0
Name MARK ESPARZA Str 416 N WATER City CORPUS CHRISTI ST TX ZIP 78401	Title PRES-ELECT Hr/WK 1 00	0	0	0
Name KEITH SMITH Str 750 BRADSHAW City CORPUS CHRISTI ST TX ZIP 78412	Title V-PRES Hr/WK 1 00	0	0	0
Name KEVIN NANCE Str 101 N SHORELINE SUITE City CORPUS CHRISTI ST TX ZIP 78401	Title SEC/TREAS Hr/WK 2 00	1,300	0	0
Name KEVIN MARAIST Str 7813 CHARLERO City CORPUS CHRISTI ST TX ZIP 78414	Title DIRECTOR Hr/WK 1 00	0	0	0
Name PAM STENGER Str 800 N SHORELINE SUITE City CORPUS CHRISTI ST TX ZIP 78401	Title DIRECTOR Hr/WK 1 00	0	0	0
Name STEPHANIE HASTINGS Str PO BOX 2907 City CORPUS CHRISTI ST TX ZIP 78403	Title DIRECTOR Hr/WK 1 00	0	0	0
Name DONNA LAWSON Str PO BOX 2907 City CORPUS CHRISTI ST TX ZIP 78403	Title DIRECTOR Hr/WK 1 00	0	0	0
Name DON KINGSBURY Str 510 McCLENDON ST City CORPUS CHRISTI ST TX ZIP 78404	Title DIRECTOR Hr/WK 1 00	0	0	0
Name PAULA DODD Str 446 COPANO RIDGE RD City ROCKPORT ST TX ZIP 78382	Title DIRECTOR Hr/WK 1 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
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Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0
Name City ST ZIP	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
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	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 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	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d 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	X
41 List the states with which a copy of this return is filed ▶ _____		
42 a The books are in care of ▶ Name KEVIN NANCE Telephone no ▶ (361) 883-1871 Located at ▶ 101 N SHORELINE, SUITE 500 City CORPUS CHRISTI ST TX ZIP + 4 ▶ 78401		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	X
43 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 ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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 "

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$100,000 ▶	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

- 51** Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Name _____ Str _____		
City <u>ST</u> ZIP _____		<u>0</u>
Total number of other independent contractors each receiving over \$100,000 ▶	<u>0</u>	<u>0</u>

Sign Here

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.

Signature of officer Kevin Nance Date 6/28/10

KEVIN NANCE, SECRETARY / TREASURER 06/28/2010

Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____

Firm's name (or yours if self-employed), address, and ZIP +4 _____

Check if self-employed ☐ Preparer's Identifying Number (See instructions) _____

EIN _____

Phone no _____

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

▶ ☐ Yes ☐ No

Part III, Line 31 (990-EZ) - Other Program Services

Part III, Line 07 (990-LL) Other Program Services		Program Service Expenses
CLUB EXPENSES INCLUDING DUES TO KIWANIS INTERNATIONAL, INSURANCE, SUPPLIES, ETC		
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		3,320
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
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(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
Total	0	3,320

Explanations (990-EZ)

Reasonable Cause

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

General Explanation

Part No	Line No	Explanation
1	III	AS A PART OF KIWANIS INTERNATIONAL OUR LOCAL CLUB HELPS SUPPORT VARIOUS YOUTH
2	III	ORGANIZATIONS IN OUR COMMUNITY AND AROUND THE WORLD
3		
4		
5		
6		
7		
8		
9		
10		

Totals [

Gross sales	Cost, other basis and expenses
5,010	5,513
0	0
0	0

[illegible]