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# 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

2008

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		10/1/2008	, and ending	9/30/2009
<b>B Check if applicable</b>		<b>C Name of organization</b>		
<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		<b>Please use IRS label or print or type.</b> See Specific Instructions. <b>KIWANIS CLUB OF SIX POINTS</b> Number and street (or P O box, if mail is not delivered to street address) 101 N SHORELINE Room/suite 500 City, town, or country TX ZIP + 4 78401		
		<b>D Employer identification number</b> 74-1096510 <b>E Telephone number</b> (361) 883-1871 <b>F Group Exemption Number</b> ► 0026		
<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►				
<b>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>				
<b>I Website:</b> ► N/A				
<b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check ► <input type="checkbox"/> 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       </b>				
<b>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</b>				

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

<b>2010</b> <b>SCANNED AUG 00</b>	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
	b Less cost or other basis and sales expenses	5b	5,513
	c 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"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	47,739
b Less direct expenses other than fundraising expenses	6b	27,734	
c 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		
b Less cost of goods sold	7b		
c 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	
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	
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	22
23 Land and buildings			23
24 Other assets (describe ► )		0	24
25 Total assets		66,321	25
26 Total liabilities (describe ► )		0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		66,321	27

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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )					<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <u>SEE EXPLANATION PAGE</u>					
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					
<b>28</b> 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"/>					<b>28a</b> 9,539
<b>29</b> 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"/>					<b>29a</b> 12,000
<b>30</b> 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"/>					<b>30a</b> 3,060
<b>31</b> Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>					<b>31a</b> 3,320
<b>32</b> Total program service expenses. (add lines 28a through 31a) ► <input type="checkbox"/>					<b>32</b> 27,919
<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> 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	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	0
Name KEITH SMITH Str 750 BRADSHAW City CORPUS CHRISTI ST TX ZIP 78412	Title V-PRES Hr/WK 1 00	0	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	0
Name KEVIN MARAIST Str 7813 CHARLERO City CORPUS CHRISTI ST TX ZIP 78414	Title DIRECTOR Hr/WK 1 00	0	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	0
Name STEPHANIE HASTINGS Str PO BOX 2907 City CORPUS CHRISTI ST TX ZIP 78403	Title DIRECTOR Hr/WK 1 00	0	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	0
Name DON KINGSBURY Str 510 McCLENDON ST City CORPUS CHRISTI ST TX ZIP 78404	Title DIRECTOR Hr/WK 1 00	0	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	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
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Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

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  Yes  No

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? 35a  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

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? 38a  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 40b  Yes  No

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 ► \_\_\_\_\_ 40e  Yes  No

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 40e  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e  Yes  No

d Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

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  Yes  No

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.

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 ► \_\_\_\_\_

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  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No

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  Yes  No

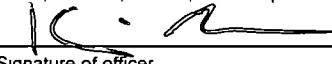
**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

		<b>Yes</b>	<b>No</b>
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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
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"		

(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 None Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ►		0	0	0

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 None Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ►		0

<b>Sign Here</b>	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 		
	Date 6/28/10		
► KEVIN NANCE, SECRETARY / TREASURER			
Type or print name and title			

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP +4 		<input type="checkbox"/> EIN ►	<input type="checkbox"/> 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**

			<b>Program Service Expenses</b>
CLUB EXPENSES INCLUDING DUES TO KIWANIS INTERNATIONAL, INSURANCE, SUPPLIES, ETC			
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	3,320
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
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(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
(Grants and allocations \$	<u>0</u> ) If this amount includes foreign grants, check here	<input type="checkbox"/>	0
Total	0		Total 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		

