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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public  
Inspection

**A For the 2009 calendar year, or tax year beginning**

October 1 2008, 2009, and ending

September 30, 2009

**B Check if applicable:**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**

Maryville Kiwanis Foundation

**D Employer identification number**

621790735

Please use IRS  
label or  
print or  
type.  
See  
Specific  
instructions.

**E Telephone number**

865 856-2516

576 Foothills Plaza Drive PMB 154

**F Group Exemption  
Number**

Maryville, Tennessee 37801-2305

**G Accounting Method:**  Cash  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).

**H Check ►  if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).**

**I Website:** ► [www.maryvillekiwanis.org](http://www.maryvillekiwanis.org)

**J Tax-exempt status (check only one)** —  501(c) ( 3 ) ► (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 91,239.76**

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

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 73,658.24
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 191.52
	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 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 \$ 17,390.00 of contributions reported on line 1) . . . . .	6a
	b Less: direct expenses other than fundraising expenses . . . . .	6b 7,304.69
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c 10,085.31
	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 ► ) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9 83,935.07
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule) . . . . .	10 78,844.78
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 2,700.00
	13 Professional fees and other payments to independent contractors . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 382.60
	15 Printing, publications, postage, and shipping . . . . .	15 899.41
	16 Other expenses (describe ► TN Sec of State - annual filing ) . . . . .	16 20.00
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 82,846.79
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 1,088.28
	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) . . . . .	19 108,295.24
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 109,383.52

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

<b>RECEIVED</b>	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	MAR 22 2010	108,295.24	22 109,383.52
23 Land and buildings	OSC	23	
24 Other assets (describe ► ) . . . . .	24		
25 Total assets . . . . .	108,295.24	25 109,383.52	
26 Total liabilities (describe ► ) . . . . .	26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	108,295.24	27 109,383.52	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10842I

Form 990-EZ (2009)

SCANNED APR 9 2010

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose? **Youth & Community Service**

What is the organization's primary exempt purpose? \_\_\_\_\_  
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, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Dolly Parton's Imagination Library * The Maryville Kiwanis pays for the books and mailing, promotes the program, registers the children, and enters the information into the database.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	61,548.12
29	Youth Leadership Camp * Held at Camp Wesley Woods teaching leadership for 35-40 8th graders.		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	5,945.75
30	Four Maryville College and One Pellissippi State College		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	5,000.00
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	6,350.91
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	78,844.78

**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
David Sherrod 2926 Old Knoxville Highway Maryville Tennessee 37804	President 4 Hrs.	0		
Kathryn Pagles 508 North Cusick Street Maryville Tennessee 37804-5714	President Elect 2 Hrs.	0		
Robert Russell 274 Savannah Park Drive Maryville Tennessee 37803	Vice President 2 Hrs.	0		
Robert Murphy 1012 Duward Court Maryville Tennessee 37803	Secretary/Treasurer 12 Hrs	\$225 / month		

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

	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 . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	35b	
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		
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 period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. 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. . . . .		
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ► Robert Murphy _____ Telephone no. ► _____ Located at ► 1012 Dunward Court Maryville Tennessee ZIP + 4 ► 37803-3903		
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	✓
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	✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
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	✓

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**d** Total number of other independent contractors each receiving over \$100,000 . . . ► \_\_\_\_\_

<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		
	Stephen Robert Frana 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		EIN ►	
			Phone no. ►	

May the IRS discuss this return with the preparer shown above? See Instructions . . . ►  Yes  No

**Maryville Kiwanis Foundation  
Operating Summary '08-09**

Direct Donations to IL	67,262.65	72.4%
Golf Tournament	15,087.57	16.2%
Transfer from Club Service Account	8,000.00	8.6%
Pancake Breakfast (also Club)	2,405.00	2.6%
Net Other	<u>189.52</u>	0.2%

**Total Income**

**92,944.74**

Attached Schedule per line 10

Imagination Library - Books	61,548.12	
Leadership Camp	5,945.75	
Scholarships	5,000.00	
Other Youth Services	2,538.91	
Community Services	3,000.00	
Donation to Kiwanis Foundations	<u>812.00</u>	
<b>Sub-Service Spending</b>	<b>78,844.78</b>	<b>95.2%</b>
Administrative Secretary	2,700.00	
Office Expense / Website etc	899.41	
Miscellaneous	<u>382.60</u>	
<b>Sub-Admin Spending</b>	<b><u>3,982.01</u></b>	<b>4.8%</b>
<b>Total Expense</b>	<b><u>82,826.79</u></b>	
<b>Operating Income (Loss)</b>	<b><u>10,117.95</u></b>	