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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
Kiwanis Club of Cleveland Youth and Community Svcs Fnd, Inc.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 2726
 City or town, state or country, and ZIP + 4
Cleveland, TN 37320-2726

D Employer identification number
58-1859590

E Telephone number
423.715.6331

F Group Exemption Number ▶ **0026**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **www.kiwanisclevelandtn.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

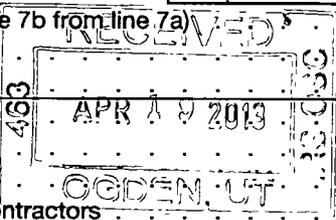
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

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

SCANNED MAY 02 2013

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶
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	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
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 in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9		9	4109.40
10	Grants and similar amounts paid (list in Schedule O)	10		10	5000.00
11	Benefits paid to or for members	11		11	
12	Salaries, other compensation, and employee benefits	12		12	
13	Professional fees and other payments to independent contractors	13		13	
14	Occupancy, rent, utilities, and maintenance	14		14	
15	Printing, publications, postage, and shipping	15		15	
16	Other expenses (describe in Schedule O)	16		16	
17	Total expenses. Add lines 10 through 16 ▶	17		17	5000.00
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		18	(890.60)
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		19	135927.94
20	Other changes in net assets or fund balances (explain in Schedule O)	20		20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21		21	147991.94



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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 Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

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		<input checked="" type="checkbox"/>

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 Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input type="checkbox"/>

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 paid more than \$100,000	(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
None				

f Total number of other employees paid over \$100,000 ▶ 0

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
None		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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 *Kathy Austin* Signature of officer 4.13.13 Date

Kathy Austin, Secretary/Treasurer
Type or print name and title

Paid Preparer Use Only

Pnnt/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

Kiwanis Club of Cleveland

**Officers and Board of Directors
October 1, 2012 - September 30, 2013**

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President: Chris Newton
Brenda Lawson & Associates
PO Box 2370
Cleveland, TN 37320

President-Elect: Bruce Bradford
195 Willbrook Cir. NE
Cleveland, TN 37323

Vice President: Traci Hamilton
Bank of Cleveland
75 Bobby Taylor Ave.
Cleveland, TN 37311

Secretary/Treasurer: Kathy Austin
3120 Ladd Springs Rd. SE
Old Fort, TN 37362

Immediate Past-President: Leigh Ann Boyd
Citizen National Bank
PO Box 2907
Cleveland, TN 37320

Board of Directors

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942 Wedgewood Dr
Cleveland, TN 37312
(2013)

Sheryl Domeck
United Community Bank
4425 N. Ocoee St.
Cleveland, TN 37312
(2013)

Joyce Vanderpool
2435 Rolling Hills Dr
Cleveland, TN 37312
(2013)

Michelle Baker
Clare Bridge
1775 Mt. Vernon Dr.
Cleveland, TN 37311
(2014)

Adam Lowe
Cleveland State CC
PO Box 3570
Cleveland, TN 37320
(2014)

Mike Thomasson
1738 Lenox Dr. NW
Cleveland, TN 37312
(2014)

Milan Blake
3840 Westview Dr.
Cleveland, TN 37312
(2015)

Gary Dennis
4040 Bow St. NE
Cleveland, TN 37312
(2015)

Alan Winter
440 Bell Crest Dr. NW
Cleveland, TN 37312
(2015)