

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-EZ** Department of the Treasury

## 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) Sponsoning 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

OMB No 1545-1150

Open to Public

In.	temai	Revenue Service	The organization may have to u	ise a copy of this retu	rn to satisfy:	state reporti	ng requirem	ents	Inspection
A	Fo	r the 2009 cal	lendar year, or tax year beginning (	OCT 1, 2009	а	nd ending	SEP 3	0, 20	10
В		eck if blicable Please	C Name of organization	•			D Em	ployer ider	tification number
Г	<u> </u>	Address use IRS						•	
l L		Name print or	KIWANIS CLUB OF DANV	דוד בייוואסא	TT ON			4-148	5000
L L		Initial type	Number and street (or P O box, if mail is no			l Daam			
L	ᆜ	return See	, , ,	or delivered to Street add	1622)	Room	I	ephone nui	
l r		- Instruc-	P. O. BOX 2100				<del></del>	434)	792-2101
Į		Amended tions	City or town, state or country, and ZIP + 4				F Gro	oup Exempt	ion
<u>_L</u>		Application pending	DANVILLE, VA 24541-0	)100				mber ►	
	•	Section 501(c)(	3) organizations and 4947(a)(1) nonexempt (		ttach a compli	eted G	Accounting n	nethod 🔯	Cash Accrual
			Schedule A (Form 990 or 99	0-EZ)			Other (specifi	/) <b>&gt;</b>	
1	We	ebsite ► <u>N /</u>	Α			Н	Check ▶ [	if the o	organization is not
J	Ta	x-exempt status	(check only one) $-\mathbf{X}$ 501(c) (3)	(insert no ) 4947	7(a)(1) or	527 req	uired to attact	n Schedule	B (Form 990, 990-EZ, or 990-PF)
K	Ch	eck ▶ 🔲 ıf t	the organization is not a section 509(a)(3) supp	orting organization and	its gross rece				
			orm 990 return is not required, but if the organi						
ī	hΑ		nd 7b, to line 9 to delegating gross receipts, if \$					▶ \$	213,256.
ñ	Par		ue, Expenses and Changes in	Net Assets or Fu	und Balan	ices (See th			
		********	ns, gifts, grants, and similar amounts received	<del> </del>		1000 (000 (		1	213,025.
tun.								<del></del>	213/023.
2018		2 Program se	ervice revenue including government fees and	ம் ம				2	<del></del> .
~			p dads and <b>Fes</b> assinonts	<u>ଝ</u> ,				3	221
		4 Investment	income	<del>-</del> ,	1 _ 1			4	231.
			unt from sale of as GGD than good ory		5a				
മ			or other basis and sales expenses		5b				
Ш.		•	ss) from sale of assets other than inventory (Su		•			5c	
NED F		6 Special eve	nts and activities (complete applicable parts of	Schedule G) If any amo	unt is from ga	ming, check	here 🖊 💹		
<u> </u>		a Gross rever	nue (not including \$	of contributions					
<b>Z</b> %	:	reported on	ı line 1)		6a				
4		b Less direct	t expenses other than fundraising expenses		6b				
SCANNED FEB	İ	c Net income	or (loss) from special events and activities (Su	btract line 6b from line 6	ŝa)			6c	
W	- }	7a Gross sales	of inventory, less returns and allowances		7a				
		b Less cost of	of goods sold		7b				
		c Gross profit	t or (loss) from sales of inventory (Subtract line	e 7b from line 7a)				7c	
			nue (describe 🟲	•			)	8	·
		9 Total reven	nue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				•	9	213,256.
_	1		similar amounts paid (attach schedule)		STMT	1	•	10	211,000.
	- 1		id to or for members					11	
v,			her compensation, and employee benefits					12	
Se			al fees and other payments to independent con	tractore				13	
Expenses			, rent, utilities, and maintenance	tiactors				14	<del> </del>
ă			iblications, postage, and shipping						<del></del>
	ĺ		nses (describe - STATE CORPOI	אחדראז כראא	TCCTON	rrr	,	15	25.
				CATION COMM	IBBION	FEE		16	
_	_ t		nses Add lines 10 through 16					17	211,025.
s	ן נ		deficit) for the year (Subtract line 17 from line	·				18	2,231.
Net Assets	1		or fund balances at beginning of year (from line						46 470
Š		, ,	e with end-of-year figure reported on prior year	,				19	46,479.
Z et	2		ges in net assets or fund balances (attach expla					20	
_	_   2		or fund balances at end of year. Combine lines	18 through 20	-,		<u> </u>	21	48,710.
	Par	<u>t II</u> Balan	ce Sheets. It Total assets on line 25, colu	mn (B) are \$1,250,000 c	or more, file Fo	rm 990 instea	ad of Form 99	0-EZ	
			(See the instructions for Part II )				nning of year	<u> </u>	(B) End of year
2	22	Cash, savings, a	and investments				46,479	- 22	48,710.
1	23	Land and buildii	ngs		į			23	
;	24	Other assets (de	escribe >		)			24	
:	25	Total assets				-	46,479	• 25	48,710.
:	26	Total liabilities	(describe ►		١			- 26	0.
	27		and balances (line 27 of column (B) must agre	e with line 21)	′		46,479		48,710.
	3217	10 IHA FO	or Privacy Act and Panerwork Reduction Act N		instructions	,			Form 900-F7 (2000)

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	n 990-EZ (2009) KIWANIS CLUB OF DANVILLE			54	14850	)88 Page 2
	art III Statement of Program Service Accomplishmen		Part III )		E	xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	3				or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		ise manner, descr	ıbe	1 , , ,	4) organizations and 17(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others )	((a)(1) ((a)(a)
28	GRANTS TO AREA CHARITABLE ORGANIZAT	IONS PROVIDIN	G			
	EDUCATIONAL AND HUMANITARIAN SERVIC	ES TO THE COM	MUNITY			
					1	
	(Grants \$ 211,000.) If this amount includes foreign g	arants, check here	<b></b>		28a	211,000.
29						•
			<del></del>			
			· · ·			
	(Grants \$ ) If this amount includes foreign g	arants check here		$\overline{\Box}$	29a	
30	) it this amount molaces is origing	granter entock more			-54	
00						
	(Grants \$ ) If this amount includes foreign of	arante, chock horo	<b></b>	$\overline{}$	30a	
21	Other program services (attach schedule)	grants, check here			300	
31	· ·	rranta abaalchara			31a	
22		grams, check here			32	211,000.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mnlovees		<u> </u>		
	if the List of Officers, Directors, Trustees, and Rey L		ven if not compensated		ntributions	<del></del>
		(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
T 7	NIDONI D. LIVARIDI TD. 201 MACNOLTA	DDECTDENE		com	pensation	
		PRESIDENT	_		^	
	CIVE, DANVILLE, VA 24541	0.50	0.		0.	0.
		VICE-PRESIDEN			•	
	NVILLE, VA 24540	0.50	0.	<u> </u>	0.	0.
	·	SECRETARY			_	
	5 LINDEN DRIVE, DANVILLE, VA 24541	0.50	0.		0.	0.
		TREASURER	_			
	9 BRANDON COURT, DANVILLE, VA 24541		0.		0.	0.
	<u> </u>	DIRECTOR				
	2 DOGWOOD DRIVE, DANVILLE, VA 24541		0.		0.	0.
	RRY T. KOLENDRIANOS, 231 CAMBRIDGE	DIRECTOR				
-	RCLE, DANVILLE, VA 24541	0.50	0.		0.	0.
		DIRECTOR				
DA	NVILLE, VA 24541	0.50	0.		0.	0.
		]				
		<u> </u>				
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9321	72 8-10	<del> </del>		L	Г	000 EZ (2002)
02-0	D-1U	_			rorm	<b>990-EZ</b> (2009)

Pa	rt 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
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			1
а	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
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?	37b		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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			1
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
h	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		Ì	1
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	700		
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			
п	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	40e	Ì	X
41	List the states with which a copy of this return is filed NONE	706	L	12
	The organization's books are in care of ► BOB WILES  Telephone no ► (434)	792	-78	0.8
72.0	Located at ▶ 199 BRANDON COURT, DANVILLE, VA			
h	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	720		<del>                                     </del>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	x
·	If "Yes," enter the name of the foreign country	720	L	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
40	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	45	-11/17		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		. 53	1.40
. •	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	77		<del> </del>
,,,	completed instead of Form 990-EZ	45	Ī	x
	Complete motion of one page 1		00.57	/2000

Form **990-EZ** (2009)

Form 990-EZ (2009)

Part							
<b>46</b> Did	the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to	candidates for public			Yes	No
offic	ce? If "Yes," complete Schedule C, Part I		•		46		Х
<b>47</b> Did	the organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II			47		X
48 Is ti	he organization a school as described in section 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule E		7	48		X
49a Did	the organization make any transfers to an exempt non-charitable related	i organization?			49a		X
b If "Y	es," was the related organization a section 527 organization?				49b		
		·	s, trustees and key ei	mployees) who ea	ch re	ceived	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	e (e) E & acco other a		and
	• • •	ndent contractors who each recei	ved more than \$100	000 of compensa	tion f	tom th	e
				,			
	(a) Name and address of each independent contractor paid mor	e than \$100,000	(b) Type of ser	rvice (c	) Com	pensa	tion
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 II   45    45    47    47    47    48    47    47    48    48    49    49    48    48    49							
-	correct, and complete Declaration of preparer (other than officer) is based on all	Information of which preparer has any	nts, and to the best of m knowledge	y knowledge and beli 14/20 Date	ef, It is	true,	
David	Type or print name and tive						
Preparer	FOOTER & DORR D.C.	Date 14.10 em	ployed		mber (	See ins	x)
	If self-employed) P.O. BOX 2100		Phon	ne 🕨	79	2-2	2101
May the I							No

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Inspection

Name of the organization

Employer identification number

			CLUB OF DAN						54	-1485	088
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See inst	tructions	·		
1	A church, co A school des A hospital or A medical res city, and stat An organizat section 170	nvention of churches cribed in section 17 a cooperative hospi search organization of the [b] (b)(1)(A)(iv). (Complete [b)(1)(A)(iv). (Complete [b)(A)(iv). (Complete [b)(A)	because it is: (For lines so, or association of chur (O(b)(1)(A)(ii). (Attach So tal service organization operated in conjunction benefit of a college or unete Part II)	ches desc chedule E) described with a hos	ribed in section in se	170(b)(1) 170(b)(1) ribed in se	(b)(1)(A)(i) (A)(iii). cction 170	(b)(1)(A)(ii		· · · · · · · · · · · · · · · · · · ·	's name,
7 X 8 3 9 5	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)										
10	An organizat An organizat more publicly describes the a Type By checking foundation m If the organiz supporting o Since Augus (i) A perso the gove (ii) A family (iii) A 35% 6	ion organized and operation organized and operation organized and operation organized etype of supporting the box, I certify the analogers and other the station received a write ganization, check that 17, 2006, has the continuous body of the summer of a person controlled entity of a	perated exclusively to te perated exclusively for the pera	the benefit in the benefit in the second sec	of, to perform of the through the through of the through of the through of the through of the through on the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through of the through the	orm the fur on 509(a)(2 n 11h tionally int r indirectly ations desc pe I Type	nctions of, 2) See sec regrated by one or cribed in s II, or Type	or to carretion 509( r more disception 509 etili	d	ck the box Type III - (	Other ner than 9(a)(2).
	of supported anization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col (I) lis	organization sted in your document?	organizat	ion in col	(vi) Is organizatio (i) organiz U S	on in col ed in the		nount of port
			(see instructions))	Yes	No	Yes	No	Yes	No	<del></del>	··
Total	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Form	990 or 99	90-EZ) 200

Form 990 or 990-EZ.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 191,289. 301,250. include any "unusual grants") 310,150. 360,150. 213,025. 1375864. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 310,150. 360,150. 301,250. 191,289. 213,025. 1375864. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1347562. 28,302. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2007 (e) 2009 (a) 2005 **(b)** 2006 (d) 2008 (f) Total 310,150. 360,150. 301,250.191,289 213,025 1375864. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 9,140. 6,819. 954. 5,866. 230. 23,009. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 1398873. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 2.02 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 2.37 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the

Section A. Public Support	<u>n yanızatıons</u>	Described In	Section 509(a	(Complete only	и you checked the bo	ox on line 9 of Part I
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(6) 2007	(4) 2009	(6) 2000	(f) Total
	(a) 2005	(0) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received (Do not)	1					
include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	I					
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	-					
Section B. Total Support			,	1	•	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		1			1	- , ,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	L		<u> </u>	<u> </u>		
14 First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						▶ □
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2009 (I	ine 8, column (f) o	divided by line 13, d	column (f))		15	%
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inves	stment Incom	ne Percentage				
17 Investment income percentage for 20	<b>09</b> (line 10c, colu	mn (f) divided by lii	ne 13, column (f))		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2009. If the		•	on line 14, and line	e 15 is more than	33 1/3%, and line 1	
more than 33 1/3%, check this box as b 33 1/3% support tests - 2008. If the	nd <b>stop here.</b> The	e organization quali	fies as a publicly s	supported organiz	ation	▶ 🗀
line 18 is not more than 33 1/3%, che	-				·	u∪ <b>▶</b>
20 Private foundation. If the organization		•	•		-	
The organization in the organization	ii dia not offect a	2 00x 011 mgc 14, 18	a, or 180, crieck t		hedule A (Form 99	0 or 990-EZ) 200

FORM 9'90-EZ C	ASH GRANTS AND ALLOCA	ATIONS	STATEMENT 1
CLASS OF ACTIVITY/GRANTEE'	S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
FUNDING FOR TRAVELING EXHI DANVILLE SCIENCE CENTER 677 CRAGHEAD STREET DANVILLE, VA 24541	BITS AND OPERA	NONE	100,000.
FUNDING FOR YOUTH PLAYS & DANVILLE MUSEUM OF FINE AR 975 MAIN STREET DANVILLE, VA 24541		NONE	4,000.
FUNDING FOR OPERATIONAL SUDANVILLE CONCERT ASSOCIATION POBOX 2584 DANVILLE, VA 24541		NONE	4,000.
FUNDING FOR CAPITAL CAMPAI GOD'S STOREHOUSE 778 WESTOVER DRIVE DANVILLE, VA 24541	GN	NONE	65,000.
FUNDING FOR OPERATIONAL SUDANVILLE-PITTSYLVANIA COUNPOBOX 718 DANVILLE, VA 24543		NONE	38,000.
TOTAL INCLUDED ON FORM 990	-EZ, LINE 10		211,000.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT		г 2	
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	] YE	es [x	] NO
•	CANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [	] YE	ES [X	] NO

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STATEMENT

SUPPORT FOR AREA CHARITABLE ORGANIZATIONS PROVIDING EDUCATIONAL AND HUMANITARIAN SERVICES TO THE COMMUNITY

Kiwanis Club of Danville Foundation, Inc. Attachment to Form 990

The Kiwanis Club of Danville Foundation, Inc. was formed a number of years ago and has over the years had broad based support from a large number of contributors. The Foundation is also the beneficiary of a local charitable trust that makes annual awards among the ten beneficiaries. In each of the years since the Charitable Trust's formation, the Kiwanis Club of Danville Foundation has received grants of varying sizes depending on the sole discretion of the Trustees for the Charitable Trust. The vast majority of the funds received are for designated projects in the community and the size of many of these grants skews the percentage of donations as compared to the total of all contributions; however, because of its broad support from the community and the fact that the Foundation has no control over the funding from the Charitable trust, we believe we are still a publicly funded charity and qualify as such.