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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)

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10/01/2009 , 2010, and ending 09/30 , 20 10																
В	Check if	applicable	C Name of organiz	ation KIWA	NIS CLUB	OF LYNCHBU	RG, FOUNDA	ATION			DI	Employer	identification r	umber		
	Address	change	Doing Business	As							1	5	4-1636088			
	Name ch	_	Number and stree	t (or PO box	f mail is not i	delivered to street a	address)	Room	/surte		€ 1	Telephone	number			
$\overline{\Box}$	Initial ret	•	PO BOX 604								Ŀ	43	84 239 8215			
$\bar{\sqcap}$	Terminat		City or town, sta	te or country,	and ZIP + 4											
$\overline{\Box}$	Amende		LYNCHBURG, V								G (Gross rece	nots \$			
П		on pending	F Name and add			· ·				H(a) is the			affiliates?	e 7 No		
_	тррисан	ion pending														
_	Tay ayar	mpt status	501(c)(3)		501(c) () ◀ (insert no)	4947(a)(1) o	or 🔲 52	7		e all affiliates included?					
'	Websit		<u>[-]</u> 301(c)(c)		501(0) () 4 (mocremo)	+0+1(d)(1) 0		<u></u>	H(c) Grou	•		•	,		
_			✓ Corporation _	Trust A	ssociation	Other >	1.	Year of fo			<u> </u>		legal domicile.	VA		
_	art I			I TUSE F	SSOCIATION	Other P		rear or io	mauo	<u>n</u>	144	State Of	legal domicile.			
	_	Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE A											CNIVIDONINE	NT FOR		
	'	-	-	inization S	111551011 0	r most signinc	ant activities	s. <u>10</u>	PROV	AIDE A 31	RUC	TURED	ENVIRUNINE	NIFOR		
9	[FUNDRA	ISING													
Jan																
Activities & Governance	_	Ob 1 . 4b	- L			d de		than 0	50/ -f							
é	l		is box ► 🗌 if th	-		· ·		ore than 2	3% 01	its net assei	is I	۱ .				
<u>م</u>	1		of voting memb		-	• •	-				' -	3				
ies			of independent	•		•			D) .		٠ -	4				
₹	L .		nber of ındıvidu			-	io (Part V, lir	ne 2a)			· -	5				
Ą	6	Total nun	nber of voluntee	ers (estima	te if neces	ssary)	 	· · · ·			·	6				
-	7a	Total unr	elated business	revenue fr	om Part \	Alli, columnate	^{沙四} NをD) · 1			·	7a				
	ь	Net unrel	ated business t	axable inco	ome from	Form-990-T,	ine.34	<u></u>		<u> </u>		7b				
						72		197		Prior Y	ear		Current Ye	ar 		
<u>o</u>	1		tions and grants			· MAY	1 7 2011	Cis	<u> </u>							
Ę	1	_	service revenue			· · · ·		· &	L		2114	8.00	2	2828.00		
Revenue			nt income (Part													
			enue (Part VIII,													
	12	Total reve	enue-add lines	8 through	11 (must e	equal Part VIII,	column (A),	line 12)			2114	8.00	2	2828.00		
	13	Grants ar	nd similar amou	nts paid (P	art IX, co	lumn (A), lines	1–3)		L	_	500	0.00	1	3500.00		
	14	Benefits	paid to or for m	embers (Pa	art IX, colu	umn (A), line 4)									
S	15	Salaries,	other compensa	tion, emplo	yee benef	its (Part IX, col	umn (A), lines	s 5–10)								
S	16a	Professio	nal fundraising	fees (Part	X, colum	n (A), line 11e)									
Expenses	Ь	Total fund	draising expens	es (Part IX	column ((D), line 25) >				Ş				^-		
ũ	17	Other exp	oenses (Part IX,	column (A), lines 11	a-11d, 11f-24	lf)				927	2.00		0.00		
	18	Total exp	enses. Add line	s 13–17 (m	nust equa	l Part IX, colur	nn (A), line 2	25) .		_						
	19	Revenue	less expenses.	Subtract li	ne 18 froi	n line 12 .					687	6.00		9328.00		
ts or									Beg	inning of Cu	ırrent	Year	End of Yea	ar		
Net Assets Fund Balanc	20	Total ass	ets (Part X, line	16)						5	2900	4.00	53	8332.00		
A B	21	Total liab	ılıtıes (Part X, lır	ne 26)									•			
野	22		s or fund balan		act line 2°	from line 20				5	2900	4.00	53	8332.00		
	ırt II		ure Block						<u> </u>							
_			ry, I declare that I h	ave examined	this return.	including accomp	anving schedul	les and sta	atemer	nts. and to t	he be	st of my k	nowledge and	belief, it is		
tru	e, correct	, and compl	ete Declaration of p	reparer to the	than officer) is based on all in	nformation of wi	hich prepa	arer ha	s any know	ledge	,	7	•		
		1		LM	Mod						<	110	111			
Sig	ın	Sign	ature of officer		y in					Da	ite	/ -	/// -			
He			11 11-12-	n	1/2	721										
		Tyria	or print name and t	utle												
		<u> </u>	pe preparer's name		Prepa	rer's signature			Date		Π_		PTIN			
Pa		1						ļ				neck [_] lf-employe	tf			
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Us	e Onl										n's Ell					
NA	the ID		ddress ▶ s this return with	n the propo	ror chou	n ahove? leen	instructions			Pho	one no	<u> </u>		. DNo		

If "Yes," describe these new services on Schedule O. Det the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) fursts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 13244.00 including grants of \$) (Revenue \$ 23303.00 \] 4b (Code:) (Expenses \$ 9202.00 including grants of \$) (Revenue \$ 13791.00) SHRIMP SALES 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 13791.00) RIVERSIDE PARK TRAIN 4d Other program services, (Describe in Schedule O.)	Form 99	0 (2010)	Page 2
1 Briefly describe the organization's mission: TO PROVIDE A STRUCTURED ENVIRONMENT FOR FUNDRAISING 2 Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501c(ig) and 501c(ig) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and section 4947(a)(1) trusts are required to report the amount of grants and allocation of the organization and trust are required to report the amount of grants and allocation of the organization of the organization and allocation of the organization of the	Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Par	
prior Form 990 or 990-EZ? Yes If Yes, 'describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes, 'describe these changes on Schedule O. Yes If Yes, 'describe these changes on Schedule O. Yes Schedule O. Oescribe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501((x)) and 501((x)) an	1	Briefly describe the organization's mission:	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501(kg) and 501(kg)			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501(c)3 and 501(c)40 an	2	prior Form 990 or 990-EZ?	rear which were not listed on the
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$13244.00 including grants of \$) (Revenue \$23303.00 \] 4b (Code:) (Expenses \$9202.00 including grants of \$) (Revenue \$13791.00 \) 5hrimp SALES 4c (Code:) (Expenses \$9202.00 including grants of \$) (Revenue \$13791.00 \) RIVERSIDE PARK TRAIN 4d Other program services. (Describe in Schedule O.)	3	Did the organization cease conducting, or make significant changes in	how it conducts, any program · · · · · · · · · □ Yes ☑ No
4b (Code:) (Expenses \$ 9202.00 including grants of \$) (Revenue \$ 13791.00) SHRIMP SALES 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 216.11) RIVERSIDE PARK TRAIN	4	Describe the exempt purpose achievements for each of the organization's the 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required	d to report the amount of grants and allocations to
SHRIMP SALES	4a	***************************************) (Revenue \$ 23303.00)
SHRIMP SALES			
4c (Code:) (Expenses \$	4b) (Revenue \$ 13791.00)
4c (Code:) (Expenses \$			
4c (Code:) (Expenses \$			
RIVERSIDE PARK TRAIN			
RIVERSIDE PARK TRAIN			
	4c	***************************************) (Revenue \$ 216.11)
(Expenses \$ 18997.00 including grants of \$) (Revenue \$ 295.00)		(Expenses \$ 18997.00 including grants of \$) (Revenue	e \$ 295.00)

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١,
_	complete Schedule A	1	├ ─	1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	 	✓
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<i>y</i>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		(12)	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>,</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		-
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Is the organization 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	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	> 		4
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		√
С	Schedule L, Part IV	28b		√ _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-+	<u>/</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		▼
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33		
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		1
ან a	Did the organization receive any payment from or engage in any transaction with a	35		
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		For	n 990	(2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Oncor ii Concount & Co	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		,
C	Did the organization comply with backup withholding rules for reportable payments to vendors and]	<u></u>	,
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			17
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	<u> </u>		· ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	i		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	<u>4a</u>		✓
b	If "Yes," enter the name of the foreign country: ►			ž ₈ -
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		•
Va	organization solicit any contributions that were not tax deductible?	6a		1
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		•
_	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).	٠	* *	%'-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,	ۇم ≯,	Ó.
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	1/29	*	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		√
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			, T
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		*. <u> </u>
_	Sponsoring organizations maintaining donor advised funds.			<u> </u>
9 a	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Ż
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		٠°2 ،
11	Section 501(c)(12) organizations. Enter:		,	.,
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			٠ .
	against amounts due or received from them.)			``* **
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			* *
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			w ₂
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	<u> </u>	`		,
C	Enter the amount of reserves on hand	14a	-	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
þ	ii res, has it lieu a ruitii / 20 tu reput these payments: Ii No, provide an explanation in schedule o .	1.70		<u> </u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI	es in	and	for a edule
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		ŀ	
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> </u>	
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, ,	1	4.
	the year by the following:			
а	The governing body?	8a		✓
b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	✓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
		40-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b	1	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		١.	i
	form?	11a		<u></u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1988	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	-
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		١,	
	rise to conflicts?	12b	✓	ļ
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	<u>L</u> .
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	1	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ž
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			-
_	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		1
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s onl	y) ava	ilable
	☐ Own website ☐ Another's website ☐ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	rest p	olicy,
	and financial statements available to the public.	.		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► RICHARD NETH PO BOX 604 LYNCHBURG VA 24505	of the	}	

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Part VII	Compensation of Officers, Directors	Trustees, Key Employees,	Highest Compensated Employees,
	and Independent Contractors		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.												
(A)	(B)				C)			(D)	(E)	(F)		
Name and Title	Average hours per week (descnbe hours for related organizations in Schedule O)	Individual tr or director	nstitutional trustee	Officer	a Key employee	that that apply) Former Highest compensa employee Key employee				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1)	-,					ъ						
(2)												
(3)												
(4)												
(5)							_					
(6)												
_(7)												
(9)												
(10)												
(12)												
(13)												
(14)										- ·		
(15)	-				-							
(16)												

Part			Emplo	oyee			Highe	est		, 		
	(A) Name and title	(B) Average	Poert	on (c	-	C) kalli	that ap	nhA	(D) Reportable	(E) Reportable	(F) Estimated	
	Name and this	hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation for related organizations (W-2/1099-MIS	rom amount of other compensation	
(17)												
(18)						_		<u> </u>				
(19)												
(20)								-				
(21)								_				
(22)								_				_
(23)					_					_		
(24)												_
(25)												_
(26)												_
(27)												_
(28)										··		
- <u>1b</u>	Sub-total			i						 -		_
c	Total from continuation sheets to Part			:				>				_
d	Total (add lines 1b and 1c)											_
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received mo	ore than \$100	,000 in	
3	Did the organization list any former of	ficer, direc	tor o	r tru	uste	e, I	key e	mp	loyee, or high	est compens	Yes N	
	employee on line 1a? If "Yes," complete S										. 3 🗸	<i>,</i>
4	For any individual listed on line 1a, is the											2.5
	organization and related organizations	-								edule J for s		
5	individual	r accrue co	mper	nsat	ion	fror	n any	uni	related organiz			
<u></u>	for services rendered to the organization?	r ii res, c	ompi	ele .	SCH	eau	ile J il	0/ 5	uch person		. 5	_
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensate	ed ind	lene	ende	ent o	contra	acto	ors that receive	d more than !	\$100 000 of	
	compensation from the organization.			СРС						- Thore than t		
	(A) Name and business add	ress				_			(B) Description of se	ervices	(C) Compensation	
												_
	Total number of independent contracts	ro (nolvidi-	a b.			m	od *c	4h-	oca listed sha	wal who		
2	Total number of independent contractor received more than \$100,000 in compens							เก	use iisteu ado	, wild		

Part	VIII	Statement of Revenue	-			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
23 23	1a	Federated campaigns 1a				
ran	ь	Membership dues 1b	1			
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c	1			
	d	Related organizations 1d	1			
is, g	е	Government grants (contributions) 1e]			
tior r si	f	All other contributions, gifts, grants,]			
ibu		and similar amounts not included above 1f]			
ont.	g	Noncash contributions included in lines 1a-1f. \$				
<u>2</u> <u>F</u>	h	Total. Add lines 1a-1f				
J.		Business Code				
evel	2a	FUNDRAISING	22828.00			
e T	b					-
Zi	C					
နှ	d					·
Пап	e	All other program convectors				
Program Service Revenue	f	All other program service revenue . Total. Add lines 2a–2f	22828.00			<u> </u>
	<u>g</u> 3	Investment income (including dividends, interest,	22020.00		<u>,</u>	
	•	and other similar amounts)	0			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5		<u> </u>		·	
	_	Royalties			% C	
	6a	Gross Rents] * ;	· * *	, · · · · · · · · · · · · · · · · · · ·	,
	b	Less: rental expenses	,	** *** **	•	
	С	Rental income or (loss)	** ; * · · · · · · · · · · · · · · · · ·	4 ' ' '	,	<u> </u>
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	ļ	,	,	
	_	assets other than inventory	, , ,		્યું જ	5.4
	b	Less: cost or other basis	** /		·	`@*
	_	and sales expenses .			. 3	
	C	Gain or (loss)	<u>*</u>		* - *	
	d	Net gain or (loss)				
en l	8a	Gross income from fundraising		ì	46. ş, ,	
evenue	-	events (not including \$	*	* > ^2 , s		. 4
		of contributions reported on line 1c).			э	1
er		See Part IV, line 18 a		ų.	٧, ١	1
Other R	ь	Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶				
	9a	Gross income from gaming activities.				Ì
		See Part IV, line 19 a	*			
i	b	Less: direct expenses b	,			
	С	Net income or (loss) from gaming activities >				
	10a	Gross sales of inventory, less returns and allowances a			*	
			-		,	,
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory b				
	<u>C</u>	Miscellaneous Revenue Business Code			*	* ;
	11a	- 				
İ	i ia b			<u> </u>		
	C					
	d	All other revenue				
	e	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions	22828.00			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	13500.00			^
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d e	Lobbying				
f	Investment management fees				
g g	Other				
12	Advertising and promotion				
13	Office expenses			-	-
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance			<u> </u>	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If		s	ŕ	· ·
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a b			· · · · · · · · · · · · · · · · · · ·		······································
_					
c d					
e			-		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	13500.00			
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	21152.00	2	29169.00
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	143526.00	4	138631.00
	5	Receivables from current and former officers, directors, trustees, key			¥
		employees, and highest compensated employees. Complete Part II of			, A.B., J
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		^	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			***
	b	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities	364326.00	H	370532 00
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	529004.00		538332.00
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	-	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	· · · · · · · · · · · · · · · · · · ·	21	· · · · · · · · · · · · · · · · · · ·
Ę	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.	<i>a</i>	Į.	
iak		Complete Part II of Schedule L		22	
_	02	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25 25	Other liabilities. Complete Part X of Schedule D		25	···
	26 26	Total liabilities. Add lines 17 through 25		26	
_		Organizations that follow SFAS 117, check here ▶ ☐ and complete			₩
8		lines 27 through 29, and lines 33 and 34.	* '		• 1
Ë	27	Unrestricted net assets		27	
1 Bala	28	Temporarily restricted net assets	•	28	
	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here ▶ □ and			
Net Assets or Fund Balance		complete lines 30 through 34.		1	<i>;</i>
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	*
	33	Total net assets or fund balances	529004.00	33	538332.00
~	34	Total liabilities and net assets/fund balances	529004.00	34	538332.00
			-	-	Farm QQD (2010)

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Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>					
		,					
1	Total revenue (must equal Part VIII, column (A), line 12)				22828.00		
2	Total expenses (must equal Part IX, column (A), line 25)			13500.00			
3	Revenue less expenses. Subtract line 2 from line 1			9328.00			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		529004.00				
5	Other changes in net assets or fund balances (explain in Schedule O)				0		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,						
	column (B))		53	3833	2.00		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII						
			Y/	es	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. L:	2a		✓		
b	Were the organization's financial statements audited by an independent accountant?	· <u>[</u>	2b	1	✓_		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigning						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant				✓_		
	If the organization changed either its oversight process or selection process during the tax year, explair Schedule O.	ı in			3. 4		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wissued on a separate basis, consolidated basis, or both:	ere					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2					
3a	The state of the s	ıın 🖺			- 7		
	the Single Audit Act and OMB Circular A-133?		3a		✓_		
b		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		✓_		
			Form 9	90 (2010)		