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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2011

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning , and ending

Name of foundation <b>THE DANSKO FOUNDATION, INC.</b>		A Employer identification number <b>56-2306394</b>
Number and street (or P O box number if mail is not delivered to street address) <b>8 FEDERAL ROAD</b>		B Telephone number <b>610-869-8335</b>
City or town, state, and ZIP code <b>WEST GROVE, PA 19390</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> Foreign organizations meeting the 85% test, 2. check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 985,578.</b> (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	368,900.		N/A	
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	1,987.	1,987.		STATEMENT 1
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	370,887.	1,987.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees				
c	Other professional fees				
17	Interest				
18	Taxes STMT 2	126.	0.		0.
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses STMT 3	265.	0.		0.
24	Total operating and administrative expenses. Add lines 13 through 23	391.	0.		0.
25	Contributions, gifts, grants paid	91,288.			91,288.
26	Total expenses and disbursements. Add lines 24 and 25	91,679.	0.		91,288.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	279,208.			
b	Net investment income (if negative, enter -0-)		1,987.		
c	Adjusted net income (if negative, enter -0-)			N/A	

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing	695,342.	985,578.	985,578.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers)	695,342.	985,578.	985,578.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>			
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>			
	<b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.		
29 Retained earnings, accumulated income, endowment, or other funds	695,342.	985,578.		
30 <b>Total net assets or fund balances</b>	695,342.	985,578.		
31 <b>Total liabilities and net assets/fund balances</b>	695,342.	985,578.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	695,342.
2 Enter amount from Part I, line 27a	2	279,208.
3 Other increases not included in line 2 (itemize) ▶ <b>EXPIRED GRANT EXPENSE CHECKS</b>	3	11,028.
4 Add lines 1, 2, and 3	4	985,578.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	985,578.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> <b>NONE</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

**2** Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7

**2****3** Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).

If (loss), enter -0- in Part I, line 8

**3****Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	67,863.	724,653.	.093649
2009	80,629.	649,899.	.124064
2008	82,400.	559,030.	.147398
2007	76,724.	500,937.	.153161
2006	54,358.	166,174.	.327115

**2** Total of line 1, column (d)**2**

.845387

**3** Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years**3**

.169077

**4** Enter the net value of noncharitable-use assets for 2011 from Part X, line 5**4**

812,230.

**5** Multiply line 4 by line 3**5**

137,329.

**6** Enter 1% of net investment income (1% of Part I, line 27b)**6**

20.

**7** Add lines 5 and 6**7**

137,349.

**8** Enter qualifying distributions from Part XII, line 4**8**

91,288.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	40.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	40.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	40.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	100.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		100.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		60.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> 60. Refunded <input type="checkbox"/> 0.	11		0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>JAMEY MULLIN</u> Telephone no. ► <u>610-869-8335</u> Located at ► <u>8 FEDERAL ROAD, WEST GROVE, PA</u> ZIP+4 ► <u>19390</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> N/A	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <input type="checkbox"/> N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <input type="checkbox"/> N/A		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.) <input type="checkbox"/> N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

6b

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 4		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION WAS CREATED TO ACT PRIMARILY AS A GRANT-MAKING FOUNDATION, AND MAKES GRANTS TO QUALIFIED PUBLIC CHARITIES.	91,288.
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0.

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities	<b>1a</b> 0.
<b>b</b>	Average of monthly cash balances	<b>1b</b> 824,599.
<b>c</b>	Fair market value of all other assets	<b>1c</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b> 824,599.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b> 0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b> 0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b> 824,599.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b> 12,369.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 812,230.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b> 40,612.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b> 40,612.
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b> 40.
<b>b</b>	Income tax for 2011. (This does not include the tax from Part VI.)	<b>2b</b>
<b>c</b>	Add lines 2a and 2b	<b>2c</b> 40.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b> 40,572.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b> 0.
<b>5</b>	Add lines 3 and 4	<b>5</b> 40,572.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b> 0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b> 40,572.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b> 91,288.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b> 0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 91,288.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b> 0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b> 91,288.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				40,572.
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006	46,113.			
<b>b</b> From 2007	51,864.			
<b>c</b> From 2008	54,600.			
<b>d</b> From 2009	48,241.			
<b>e</b> From 2010	31,691.			
<b>f</b> Total of lines 3a through e	232,509.			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4: ► \$	91,288.			
<b>a</b> Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2011 distributable amount				40,572.
<b>e</b> Remaining amount distributed out of corpus	50,716.			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	283,225.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7	46,113.			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	237,112.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2007	51,864.			
<b>b</b> Excess from 2008	54,600.			
<b>c</b> Excess from 2009	48,241.			
<b>d</b> Excess from 2010	31,691.			
<b>e</b> Excess from 2011	50,716.			



**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<b>a Paid during the year</b>				
AMERICAN CANCER SOCIETY 11701 STONEHOLLOW DRIVE AUSTIN, TX 78758	NONE		FOR CANCER RESEARCH	5,497.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE. DALLAS, TX 75231	NONE		EDUCATION & PREVENTION OF HEART DISEASE	10.
AMERICAN RED CROSS PO BOX 37243 WASHINGTON, DC 20013	NONE		PROVIDES EMERGENCY SERVICES TO THE NATION	879.
AMERIKIDS PO BOX 2104 WEST CHESTER, PA 19380	NONE		CELEBRATE CITIZENSHIP THROUGH SERVICE AND SONG	2,000.
AVON GROVE LIBRARY P.O. BOX 100 WEST GROVE, PA 19390	NONE		PROVIDES MATERIALS AND SERVICES TO THE COMMUNITY	440.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>91,288.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**




		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash		X
	(2) Other assets		X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization		X
	(2) Purchases of assets from a noncharitable exempt organization		X
	(3) Rental of facilities, equipment, or other assets		X
	(4) Reimbursement arrangements		X
	(5) Loans or loan guarantees		X
	(6) Performance of services or membership or fundraising solicitations		X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer) is based on all information of which preparer has any knowledge.


**Sign Here**   

Signature of officer or trustee Date Title

11/15/12 President DanSko  
For approval

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRISTOPHER M. PEKULA</b>	Preparer's signature 	Date <b>11/13/2012</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00734965</b>
	Firm's name ▶ <b>MCGLADREY LLP</b>			Firm's EIN ▶ <b>42-0714325</b>	
	Firm's address ▶ <b>751 ARBOR WAY, SUITE 200 BLUE BELL, PA 19422</b>			Phone no. <b>215.641.8600</b>	

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

**2011**

Name of the organization

Employer identification number

**THE DANSKO FOUNDATION, INC.**

**56-2306394**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)**

Name of organization

Employer identification number

**THE DANSKO FOUNDATION, INC.****56-2306394****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>DANSKO, LLC</u> <u>8 FEDERAL ROAD</u> <u>WEST GROVE, PA 19390</u>	\$ <u>368,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization	Employer identification number
<b>THE DANSKO FOUNDATION, INC.</b>	<b>56-2306394</b>

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**THE DANSKO FOUNDATION, INC.****56-2306394****Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BAYARD TAYLOR MEMORIAL LIBRARY 216 E. STATE STREET KENNETT SQUARE, PA 19348	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY	2,000.
CANINE PARTNERS FOR LIFE P.O. BOX 170 CHOCHRANVILLE, PA 19330	NONE		SERVICE DOGS TO INDIVIDUALS WITH PHYSICAL DISABILITIES	481.
CC SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	NONE		IMPROVING QUALITY OF LIFE FOR ANIMALS	30.
CC SPECIAL OLYMPICS 458 KING ROAD MALVERN, PA 19355	NONE		SPORTS TRAINING AND COMPETITION FOR PEOPLE WITH DISABILITIES	592.
GARAGE COMMUNITY & YOUTH CENTER P.O. BOX 1158 KENNETT SQUARE, PA 19348	NONE		IMPROVE THE QUALITY OF LIFE FOR LOCAL YOUTH	1,179.
GIANT/SCCYMCA 880 WEST BALTIMORE PIKE WEST GROVE, PA 19390	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY FEED THE HUN	731.
HABITAT FOR HUMANITY PO BOX 1452 COATRESVILLE, PA 19320	NONE		LOW COST HOUSING FOR COMMUNITIES	2,419.
HANDI CRAFTERS PO BOX 72646 THORNDALE, PA 19372	NONE		IMPROVING QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES	2,000.
JENNERSVILLE YMCA 880 WEST BALTIMORE PIKE WEST GROVE, PA 19390	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY	2,705.
KENNETT AREA SENIOR CENTER 427 S. WALNUT STREET KENNETT SQUARE, PA 19348	NONE		IMPROVING QUALITY OF LIFE FOR SENIORS	2,500.
<b>Total from continuation sheets</b>				<b>82,462.</b>

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEIGHBORHOOD SERVICES 35 NORTH THIRD STREET OXFORD, PA 19363	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY	1,316.
OAHS BOYS BASKETBALL PO BOX 294 OXFORD, PA 1936	NONE		OFFERRING SPORTS AND ACTIVITY TO ALL YOUTH OF THE CO	25.
QUEST THERAPEUTIC 461 CANN ROAD WEST CHESTER, PA 19382	NONE		PROVIDE EXCEPTIONAL PEDIATRIC THERAPY SERVICE TO SPE	2,500.
RONALD MCDONALD HOUSE 1901 ROCKLAND ROAD WILMINGTON, DE 19803	NONE		PROVIDES HOUSING FOR FAMILIES OF SERIOUSLY/CHRONICAL	2,441.
STROUD WATER 970 SPENCER ROAD AVONDALE, PA 19311	NONE		STREAM AND RIVER CONSERVATION	5,131.
THE TRISKELES FOUNDATION 707 EAGLEVIEW BOULEVARD SUITE 105 EXTON, PA 19341	NONE		IMPROVING THE QUALITY OF LIFE FOR ECONOMICALLY DISAD	3,400.
WCU FOUNDATION WEST CHESTER UNIVERSITY CAMPUS WEST CHESTER, PA 19382	NONE		IMPROVING THE QUALITY OF LIFE FOR COMMUNITY	100.
WEST END NEIGHBORHOOD HOUSE 710 N. LINCOLN STREET WILMINGTON, DE 19805	NONE		PROVIDES SCHOLARSHIPS TO SUMMER CAMP FOR DISADVANTAG	5,000.
WILMINGTON SENIOR CENTER 1901 N. MARKET STREET WILMINGTON, DE 19802	NONE		IMPROVING THE QUALITY OF LIFE FOR SENIORS	818.
WINGS FOR SUCCESS P.O. BOX 3331 WEST CHESTER, PA 19381	NONE		SUPPORTS FINANCIAL DISADVANTAGED WOMEN IN THEIR EFFO	3,500.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FOUR PAWS RESCUE SHELTER 218 PINE GROVE ROAD NOTTINGHAM, PA 19362	NONE		IMPROVING QUALITY OF LIFE FOR ANIMALS	3,500.
DELAWARE TRAIL SPINNERS 333 DELAPLANE AVE NEWARK, DE 19711	NONE		PROMOTING MOUNTAIN BIKING THROUGHOUT THE COMMUNITY	2,000.
OPERATION TRUE FRIEND 412 W. 38TH STREET WILMINGTON, DE 19802	NONE		IMPROVING THE QUALITY OF LIFE FOR THOSE IN NEED	100.
SCCEMC PO BOX 242 WEST GROVE, PA 19390	NONE		PROVIDING MEDICAL TRANSPORTATION TO THE COMMUNITY	35.
RACE FOR THE CURE 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	NONE		FOR CANCER RESEARCH	50.
CHESTER COUNTY CAMP CADET 237 AUSTIN DRIVE OXFORD, PA 19390	NONE		IMPROVING QUALITY OF LIFE AND BREAKING BARRIORS FOR YOUTH	2,000.
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON, DC 20036	NONE		IMPROVING QUALITY OF LIFE WILD ANIMALS	100.
CHESTER COUNTY ART 100 NORTH BRADFORD AVE WEST CHESTER, PA 19382	NONE		IMPROVING QUALITY OF LIFE THROUGH ART	1,500.
PA ENVIRONMENTAL COUNCIL 130 LOCUST STREET, SUITE 200 HARRISBURG, PA 17101	NONE		IMPROVING QUALITY OF AIR FOR COMMUNITY	210.
US ASSOCIATION OF BLIND ATHLETES 33 N. INSTITUTE COLORADO SPRINGS, CO 80903	NONE		SUPPORT BLIND ATHLETES	75.
<b>Total from continuation sheets</b>				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KIVA ADOPT A HIGHWAY 875 HOWARD STREET SUITE 340 SAN FRANCISCO, CA 94103	NONE		IMPROVING QUALITY OF LIFE BY ELIVIATING POVERTY	296.
THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	NONE		IMPROVE THE QUALITY OF LIFE FOR LOCAL YOUTH WITH DISABILITIES	2,300.
GOOD NEIGHBORS HOME REPAIR 205 E. STATE ST KENNETT SQUARE, PA 19348	NONE		IMPROVING LIFE BY REPAIRING HOMES FOR THE COMMUNITY	3,500.
YMCA BLOOD DRIVE - AMERICAN RED CROSS 700 SPRING GARDEN STREET PHILADELPHIA, PA 19123	NONE		PROVIDE SAFE, RELIABLE BLOOD SUPPLY TO COMMUNITY	355.
CAMP DREAMCATCHER 110 E. STATE STREET, SUITE C KENNETT SQUARE, PA 19348	NONE		SUPPORT OF NEEDY CHILDREN LIVING W/ HIV	2,294.
OCTORARA FOOTBALL BOOSTER CLUB 228 HIGHLAND ROAD, SUITE 1 ATGLEN, PA 19310	NONE		IMPROVING QUALITY OF LIFE FOR YOUTH THROUGH SPORTS	72.
GREENWOOD PTO 420 GREENWOOD RD KENNETT SQUARE, PA 19348	NONE		IMPROVING QUALITY OF LIFE FOR YOUTH THROUGH EDUCATION	25.
SUSAN G. KOMEN 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244	NONE		FOR CANCER RESEARCH	35.
SOLANCO LITTLE LEAGUE PO BOX 313 QUARRYVILLE, PA 17566	NONE		IMPROVING QUALITY OF LIFE FOR YOUTH THROUGH SPORTS	160.
THE BRIDGE FOOD PANTRY 240 STATE STREET WEST GROVE, PA 19390	NONE		FEEDING THE HUNGRY	1,500.
Total from continuation sheets				

**Part XV Supplementary Information****3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ALEX'S LEMONADE STAND 333 E. LANCASTER AVENUE #414 WYNNEWOOD, PA 19096	NONE		RESEARCH FOR PEDIATRIC CANCER	100.
PARKESBURG MOBILE FOOD BANK 10 CEMETARY RD PARKESBURG, PA 19365	NONE		FEEDING THE HUNGRY	1,500.
KENNETT FOOD CUPBOARD PO BOX 1025 KENNETT SQUARE, PA 19348	NONE		FEEDING THE HUNGRY	1,500.
MOVEMBER INC PO BOX 2726 VENICE, CA 90294	NONE		PROSTATE CANCER RESEARCH	25.
4-H CCN P.O. BOX 2747 WEST CHESTER, PA 19380	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY	5,000.
DOLLARS FOR SCHOLARS 1550 AMERICAN BOULEVARD E, SUITE 155 MINNEAPOLIS, MN 55425	NONE		IMPROVING QUALITY OF LIFE FOR COMMUNITY THROUGH EDUCATION	100.
MARCH OF DIMES 1275 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10695	NONE		FIGHTING CHILDHOOD DISEASE	20.
WEST GROVE FIRE CO. P.O. BOX 201 WEST GROVE, PA 19390	NONE		QUALITY EMERGENCY SERVICES TO THE COMMUNITY	50.
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK, SUITE 310 WHITE PLAINS, NY 10695	NONE		BLOOD CANCER RESEARCH	35.
CAB CALLOWAY SUMMER CAMP 100 N. DUPONT RD. WILMINGTON, DE 19807	NONE		IMPROVING QUALITY OF LIFE FOR YOUTH THROUGH ARTS	724.
<b>Total from continuation sheets</b>				

**Part XV** Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVE ANNAPOLIS, MD 21403	NONE		PRESERVATION OF WATERSHEDS AND WATER HABITAT	7,354.
COMP ANIMALS 1497 FLINT HILL RD LANDENBERG, PA 19350	NONE		IMPROVING QUALITY OF LIFE FOR ANIMALS	986.
US COAST GUARD AUXILLARY 137 BACK CREEK DRIVE MIDDLETOWN, DE 19709	NONE		TEACHING MARINE AND WATER SAFETY TO PUBLIC	2,000.
WAKEFIELD LIONS CLUB 281 BLACK BARREN ROAD PEACH BOTTOM, PA 17563	NONE		IMPROVING THE QUALITY OF LIFE FOR COMMUNITY	81.
CHILDREN'S SCHOLARSHIP FUND 8 W. 38TH STREET, 9TH FLOOR NEW YORK, NY 10018	NONE		IMPROVING THE QUALITY OF LIFE FOR YOUTH THROUGH EDUCATION	100.
TEAM LIVESTRONG PO BOX 6002 ALBERT LEAN, MN 56007	NONE		CANCER SUPPORT SERVICES	100.
FREE TO BREATHE 1 POINT PLACE, SUITE 200 MADISON, WI 53719	NONE		LUNG CANCER RESEARCH	165.
HIVES FOR LIVES FOUNDATION 222 BERKELEY RD DEVON, PA 19333	NONE		FUNDING CANCER RESEARCH	3,000.
BART COLERAIN PTO 1336 NOBLE ROAD CHRISTIANA, PA 17509	NONE		IMPROVING QUALITY OF EDUCATION FOR YOUTH	50.
SWIFT MIDDLE PTO 1866 ROBERT FULTON HWY QUARRYVILLE, PA 17566	NONE		IMPROVING QUALITY OF LIFE FOR YOUTH THROUGH EDUCATION	50.
Total from continuation sheets				



**3 Grants and Contributions Paid During the Year (Continuation)****Total from continuation sheets**

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
PNC BANK	1,986.
THE PEOPLES BANK OF OXFORD	1.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	1,987.

## FORM 990-PF TAXES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL	96.	0.		0.
COMMONWEALTH OF PA	30.	0.		0.
TO FORM 990-PF, PG 1, LN 18	126.	0.		0.

## FORM 990-PF OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	265.	0.		0.
TO FORM 990-PF, PG 1, LN 23	265.	0.		0.

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT                      4  
    TRUSTEES AND FOUNDATION MANAGERS

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID MURPHY 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	PRESIDENT 2.00	0.	0.	0.
JESSICA BROWN 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	CO-TREASURER 2.00	0.	0.	0.
HOLLY DAVIES 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	DIRECTOR 1.00	0.	0.	0.
MARC VETTORI 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	DIRECTOR 1.00	0.	0.	0.
WENDY COVINGTON 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	DIRECTOR 1.00	0.	0.	0.
AMANDA CABOT 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	ADVISOR 1.00	0.	0.	0.
PETER KJELLERUP 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	ADVISOR 1.00	0.	0.	0.
NICOLE ADDIS 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	SECRETARY 1.00	0.	0.	0.
JAMEY MULLIN 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	CO-TREASURER 2.00	0.	0.	0.
BETH LAMANTIA 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	DIRECTOR 1.00	0.	0.	0.
KRISTEN FRAMPTON 8 FEDERAL ROAD, PENN BUSINESS PARK WEST GROVE, PA 19390	DIRECTOR 1.00	0.	0.	0.

THE DANSKO FOUNDATION, INC.

56-2306394

TINA DUNN DIRECTOR  
8 FEDERAL ROAD, PENN BUSINESS PARK 2.00  
WEST GROVE, PA 19390

0. 0. 0.

PHILOMENA CURRY ADVISOR  
8 FEDERAL ROAD, PENN BUSINESS PARK 1.00  
WEST GROVE, PA 19390

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.

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FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT	5
	PART XV, LINES 2A THROUGH 2D		

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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DAVE MURPHY  
8 FEDERAL ROAD, PENN BUSINESS PARK  
WEST GROVE, PA 19390

TELEPHONE NUMBER

---

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FORM AND CONTENT OF APPLICATIONS

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FOR THE MATCHING GIFT PROGRAM, A MATCHING GRANTS PROGRAM FORM IS REQUIRED

---

ANY SUBMISSION DEADLINES

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NONE

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RESTRICTIONS AND LIMITATIONS ON AWARDS

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ANY PUBLIC CHARITABLE ORGANIZATION

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	THE DANSKO FOUNDATION, INC.	<input checked="" type="checkbox"/> 56-2306394
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	8 FEDERAL ROAD	<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
WEST GROVE, PA 19390		

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041 A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

JAMEY MULLIN

- The books are in the care of ☒ 8 FEDERAL ROAD - WEST GROVE, PA 19390

Telephone No ☒ 610-869-8335

FAX No. ☒ 610-869-9217

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2012

- 5 For calendar year 2011, or other tax year beginning                     , and ending

- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	100.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title ☒ CPA

Date ☒ 8/2/2012

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3 month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE DANSKO FOUNDATION, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>56-2306394</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>8 FEDERAL ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WEST GROVE, PA 19390</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**04**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**COPY**

**JAMEY MULLIN**

- The books are in the care of ► **8 FEDERAL ROAD - WEST GROVE, PA 19390**  
Telephone No ► **610-869-8335** FAX No. ► **610-869-9217**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>100.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>0.</b>
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>100.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2012)