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COLONIAL CAPITAL WILLIAMSBURG KIWANIS FOUNDATION PO BOX 612 WILLIAMSBURG VA 23187



037680

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

1/19/2013

TREASURER

Title

WAS

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer Identification number

Colo	nial Capital William	sburg Kiwanis F	oundation						54-164	40515	
Par	t i Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.	
The c	organization is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)			
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(ī).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3											
4											
_	hospital's name, city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	· · · · · · · · · · · · · · · · · · ·										
7											
8	☐ A community	trust described i	in section 170(b)(1)(A))(vi). (Cor	nplete Pa	urt II.)					
9	☑ An organization	on that normally	receives: (1) more that	an 331/39	6 of its su	apport fro	om contri	butions,	members	hip fees, and gross	
			d to its exempt funct								
			ent income and unrel						n 511 ta	x) from businesses	
	•	-	after June 30, 1975. Se					-			
			doperated exclusively								
11			nd operated exclusive								
			olicly supported organ describes the type of:								
	a Type I		* -		III-Funct					Type III-Other	
_			that the organization					v hv one		• • •	
·			ers and other than one								
	or section 509	_		• • • • • • • • • • • • • • • • • • • •	, p						
f			a written determination	on from	the IRS t	that it is	а Туре	I, Type I	l, or Typ	e III supporting	
	•	check this box								🗆	
g	Since August	17, 2006, has t	he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•		
	following pers										
			indirectly controls, eitl								
	(iii) below,	the governing b	ody of the supported	organizat	tion?					11g(i) 🗸	
		•	on described in (i) abo							11g(ii) 🗸	
_			a person described in							11g(H)	
<u>h</u>	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).						
(I)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		rou notify nization in		s the son in col.	(vii) Amount of support	
	O September		above or IRC section	governing document?		col. (i) of your support?		(f) organized in the U.S.?			
		1	(see instructions))	Yes	No	Yes	No	Yes	No No		
	·····	 	<u> </u>	1.00	 	1.55					
(A)								1			
(B)						1					
				ļ				<u> </u>			
(C)											
/D\					 	l					
(D)											
(E)		1									
						 -	 				
Tota	l	1		1	1	1	1		1		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e)	2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4.								
Section	on B. Total Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e)	2011	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10		1		<u> </u>				
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	o costio	n 501/a\/2\	
13	organization, check this box and stop he								
Sooti	on C. Computation of Public Suppor					<u> </u>	<u> </u>	• • •	<u> </u>
14	Public support percentage for 2011 (line			1 column (ft)		14		-	%
15	Public support percentage from 2010 Sci					15			%
	331/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this								
	box and stop here. The organization qualifies as a publicly supported organization								
b									
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization di instructions		box on line 13					_	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	The organization land to quality	andor the tec	TO HOLOG DOIL	viv, piodob oc	inploto i di ci	·· <i>1</i>		
	on A. Public Support		 ,		· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees							
_	received. (Do not include any "unusual grants.")	17,693	3,435	21,483	28,198	34,153	104,962	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	20,631	15,690	44,100	24,510	33,364	138,295	
3	Gross receipts from activities that are not an						<u></u>	
	unrelated trade or business under section 513	o	o	o	o	o	0	
4	Tax revenues levied for the							
•	organization's benefit and either paid							
	to or expended on its behalf	o	o	o	o	اه	0	
5	The value of services or facilities	-			· · · · · · ·	-	<u>_</u>	
J	furnished by a governmental unit to the							
	organization without charge	اه	اه	o		0	0	
•	-				50.700			
6	Total. Add lines 1 through 5	38,324	19,125	65,583	52,708	67,517	243,257	
7a	· · · · · · · · · · · · · · · · · · ·					_	_	
	received from disqualified persons .	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3				ļ			
	received from other than disqualified		ĺ					
	persons that exceed the greater of \$5,000		-					
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0	
C	Add lines 7a and 7b	0	0	0	0	0	0	
8	Public support (Subtract line 7c from							
	line 6.)	1					243,257	
Secti	on B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6	38,324	19,125	65,583	52,708	67,517	243,257	
10a								
	payments received on securities loans, rents,		ł					
	royalties and income from similar sources .	2,938	694	1,111	1,228	2,041	8,012	
b		2,330			1,220		0,012	
U	section 511 taxes) from businesses			·]				
	acquired after June 30, 1975	اه	o	o	ام	م	0	
_	•					2044		
	Add lines 10a and 10b	2,938	694	1,111	1,228	2,041	8,012	
11	Net income from unrelated business							
	activities not included in line 10b, whether		_				_	
	or not the business is regularly carried on	0	0	0	0	0	0	
12	Other income. Do not include gain or]				j		
	loss from the sale of capital assets	1		1		ł		
	(Explain in Part IV.)	0	0	0	0	0	0	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	41,262	19,819	66,694	53,936	69,558	251,269	
14	First five years. if the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	
	organization, check this box and stop he	re		<u>.</u> .			▶ 🗆	
Secti	on C. Computation of Public Suppor	t Percentage	•					
15	Public support percentage for 2011 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	96.8 %	
16	Public support percentage from 2010 Sch		•			16	96.1 %	
	on D. Computation of Investment In				<u></u>			
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)							
18	Investment income percentage from 2010 Schedule A, Part III, line 17							
19a	331/2% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line							
	17 is not more than 331/3%, check this box							
L	331/a% support tests—2010. If the organiz	-	_	•		-		
b	line 18 is not more than 331/3%, check this i							
20	Private foundation. If the organization di	a not check a l	oox on line 14,	. 198, OF 190, C	THECK THIS DOX	and see instruc	ctions 🕨 🔲	

Schedule A (F	Form 990 or 990-EZ) 2011	54-1640515	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any a instructions).	required by Part II, line 10;	
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