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Department of the Treasury Internal Revenue Service

### **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

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

Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning OCT 1, 2012 and ending	SEP 30, 2013				
В	Check if applicable	C Name of organization	D Employer identific	cation number			
	Addres change	KIWANIS CLUB OF DANVILLE FOUNDATION					
Ē	Name change		54-1	485088			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/s					
	Termin		(434				
	Amend		G Gross receipts \$	132,948.			
	Applic		H(a) Is this a group re				
	pendir	F Name and address of principal officer. JOHN G. WALES	for affiliates?	Yes X No			
		150 COLLEGE AVE., DANVILLE, VA 24541	H(b) Are all affiliates ind				
<u> </u>	Tax-exe		527 If "No," attach a	list (see instructions)			
J	Websit	e: ► N/A	H(c) Group exemptio	·			
<u>K</u>	Form of		ear of formation: 1990 N	A State of legal domicile: VA			
Į.P.	<u>art I  </u>	Summary	·				
ĕ	1	Briefly describe the organization's mission or most significant activities. SUPPORT	FOR AREA CONC	ERNS			
Governance							
ern	2	Check this box   if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.			
્ટ્રે	3	Number of voting members of the governing body (Part VI, line 1a)	. 3	7			
જ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	7			
ties	i i	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	. 5	0			
Activities &		Total number of volunteers (estimate if necessary)	6	0			
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
		0	Prior Year	Current Year			
Ë	8	Contributions and grants (Part VIII, line 1h)	185,000.	110,753.			
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	11 022			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,660.	11,032.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,660.	121 705			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	193,900.	121,785. 114,800.			
4	14	Benefits paid to or for members (Part IX, column (A), line 4)	193,900.	0.			
ກຸ	15	Salaries, other compensation, employee benefits (Part IX, columni(A), lines 5-10)	0.	0.			
še	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
ED & v ZUI4 Expenses	.  b	Total fundraising expenses (Part IX, column (D), line 25)		<u>.</u>			
ចូណ័	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37.	68.			
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A)-line-25)	193,937.	114,868.			
3	19	Revenue less expenses. Subtract line 18 from line 12	<4,277.	> 6,917.			
Net Assets or	3	(	Beginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	122,549.	129,377.			
AS T	21	Total liabilities (Part X, line 26)	0.	0.			
	22	Net assets or fund balances. Subtract line 21 from line 20	122,549.	129,377.			
	art II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st		y knowledge and belief, it is			
tru	e, corre	ct, and complete. Declaration of premater fother than officer) is based on all information of which pre					
February 5 2014							
Sign Signature of officer Date							
He	re	JOHN G. WALES, PRESIDENT Type or print name and title		<del></del>			
_			Date Check	PTIN			
Da	:4	Print/Type preparer's name  Preparer's signature	<del></del>  ;,	<del></del> /			
Pa		W. JOE FOSTER, CPA	01/25/14 self-employ				
	eparer e Only	Firm's name HARRIS, HARVEY, NEAL & CO., LLP, CPA	S Firm's EIN	_54-0643136			
US	e Omy	Firm's address P.O. BOX 3424  DANVILLE, VA 24543-3424	, n	424\700 2000			
N.A.	y tha !	RS discuss this return with the preparer shown above? (see instructions)	Phone no. (	434)792-3220			
	19 the 1			X Yes No			
232	JU 1 12-	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2012)			

	t III   Statement of Program Service Acc	omplishments	NDATION 54-1	403000 Page 2
<u> </u>	Check if Schedule O contains a response to a	•		
1	Briefly describe the organization's mission:			
	SUPPORT FOR AREA CONCERNS			
				<del></del>
2	Did the organization undertake any significant progr	am services during the year wh	ich were not listed on	
	the prior Form 990 or 990 EZ?			Yes X No
	If "Yes," describe these new services on Schedule (			
3	Did the organization cease conducting, or make sign	nificant changes in how it condi	ucts, any program services?	Yes X No
	if "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accom			
	Section 501(c)(3) and 501(c)(4) organizations are red	quired to report the amount of g	grants and allocations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.	10	114 900 )	
4a	(Code) (Expenses \$114,80 GRANTS TO AREA CHARITABLE	OPCANTZARTONG	114,800.) (Revenue \$	T AND
	HUMANITARIAN SERVICES TO		ROVIDING EDUCATIONA	ה אווח
	HOMANITAKIAN BERVICED TO	THE COMMUNITY		
		<del></del>		<del></del>
				<del></del>
		<del></del>		
4b	(Code ) (Expenses \$	including grants of \$	) (Revenue \$	)
				<del></del>
		<del></del>		
4c	(Code) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
				<del></del>
				<del></del>
				· · · · · · · · · · · · · · · · · · ·
			·	
		<del></del>		
		<del>-</del>		
		· · · · · · · · · · · · · · · · ·		<del></del>
4d	Other program services (Describe in Schedule O.)	<del> </del>		·
	(Expenses \$ including gra	ints of \$	) (Revenue \$	)
4e	Total program service expenses ▶	114,800.		
				Form <b>990</b> (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		_X_
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_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	ļ	<u>X</u>
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_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Ī	Part VI	11a		x
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	X	
¢	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		X
d	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
ı4a b	Did the organization maintain an onice, employees, or agents outside of the office states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	<del>                                     </del>	A
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			1
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	<b> </b>	X
20a	· · · · · · · · · · · · · · · · · · ·	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	(2012)
		Lorr	~ WUI I	17271117)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		162	INO
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		X
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		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
35a	,	<u>35</u> a		<u> X</u> _
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Par		<u> </u>	000	<u></u>	age <b>v</b>
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		İ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
G	(gambling) winnings to prize winners?	sportable garming	1c	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10		l
Za	filed for the calendar year ending with or within the year covered by this return	2a 0			
<b>.</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	[	<u> 20</u>		-
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	P)	20		х
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a		
		outhority over a	<u>3b</u>	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •	4-		х
_	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country:	accounty?	4a		A
D		Noneunte			
<b>-</b> -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.	<b>.</b>		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ation?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	-	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	<del> </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did thany contributions that were not tax deductible as charitable contributions?	ie organization solicit	6-		х
		uono or aifto	6a	<del> </del>	Α.
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	ions or girts	O.L.		
-	Organizations that may receive deductible contributions under section 170(c).		6b_	1	-
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuone provided to the payor?	7-		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ivices provided to the payor?	7a		_^
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		7b		
C	to file Form 8282?	as required	7.		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		^
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fi		7g	<u> </u>	X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	79 7h	<del> </del>	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		<b>-</b> '''	<del>                                     </del>	1
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.	any time during the year;			
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	<del> </del>	╁┈┈
10	Section 501(c)(7) organizations. Enter:		35	<del></del>	<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	100	1		
''а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	116	1		
U	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124	<del>  -</del>	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12U	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	1	†
a	Note. See the instructions for additional information the organization must report on Schedule O.		134	<del>                                     </del>	†
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1		
U	organization is licensed to issue qualified health plans	13b	1		
С	Enter the amount of reserves on hand	13c	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X
170	If "Voc " has it filed a Form 700 to report these payments of #No " provide an evaluation of Cabada		144	$\vdash$	+

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					$\mathbf{x}$			
Sec	tion 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		7					
	If there are material differences in voting rights among members of the governing body, or if the governing			7					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		7					
2									
	officer, director, trustee, or key employee?	•	•	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nioaa	t one or						
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or						
	persons other than the governing body?			7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:		-				
а	The governing body?	u.	no ronoming.	8a	х				
b	Each committee with authority to act on behalf of the governing body?		•	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the						
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.00	at the	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	eveni	e Code )						
	The second of the memory about possession of organica by the memory	010/10	00007		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hante	rs affiliates	1.00					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		o, amatos,	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	lv bef	ore filing the form?	11a	х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		1					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	oflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.5					
	in Schedule O how this was done	00, 0		12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approve	al by i	ndependent	1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	······································						
а	The organization's CEO, Executive Director, or top management official			15a		X			
	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a						
_	taxable entity during the year?		······································	16a		x			
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	narticination	104					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?		J., J	16b					
Sec	tion C. Disclosure			100		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	) availah					
	for public inspection. Indicate how you made these available. Check all that apply	, (000	tion oo regas only	, availat	,ic				
	Own website Another's website X Upon request Other (explain	ın Sc	rhadula (1)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			and finar	noist				
	statements available to the public during the tax year.	J	or antorest policy, a	aru midi	iciaí				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re-	cords of the organi	ration: Þ					
	C. DILLION BARNETT, JR (434)799-4220		Jorda of the organia	.auUII.		<del></del>			
	140 WESTMORELAND COURT, DANVILLE, VA 24541			_					

 $\alpha \alpha \alpha$	(2012)	

### KIWANIS CLUB OF DANVILLE FOUNDATION

54-1485088

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

#### 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 (A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	s bot or/trus	h an	compensation	compensation	amount of	
	week		_		10010	,,,,,,,	100)	from	from related	other	
	(list any hours for	grect						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	8	stee			nsate		(W-2/1099-MISC)	(11.57.1033.111100)	organization	
	organizations	Individual trustee or director	Institutional trustee		) se	Highest compensated employee				and related	
	below	ngna	tuttor	<u>ئ</u> ة	Key employee	esto	ᆯ			organizations	
	line)	할	lust	Officer	Key	38	P				
(1) JOHN G. WALES	0.50	1									
PRESIDENT		X		X				0.	0.	0.	
(2) GLENN D. GILES	0.50										
VICE-PRESIDENT		X		X		L.	<u> </u>	0.	0.	0.	
(3) DAVID T. CLARK	0.50	]				1					
SECRETARY		X	<u> </u>	X				0.	0.	0.	
(4) C. DILLION BARNETT, JR.	0.50				1						
TREASURER	2.00			X		<u> </u>		0.	900.	0.	
(5) LORETTA ARON	0.50		l								
DIRECTOR		X	ļ					0.	0.	0.	
(6) JACK I. HAYES, JR.	0.50							_			
DIRECTOR	2.00		<u> </u>		ļ	ļ	<u> </u>	0.	900.	0.	
(7) HARRY T. KOLENDRIANOS	0.50				ĺ			_			
DIRECTOR		X	_	ļ	<u> </u>	<u> </u>		0.	0.	0.	
	-	┨								!	
		-				<del>                                     </del>	├				
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(A)  Name and title	(B) Average hours per week (list any	(do box offic	not c	Posi heck i ss per	c) ition more rson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of r
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(		from to the compension organization organiza	he ation ated
			_		ļ 						<u> </u>	
						_						
												-
			-		-	ļ.						
1b Sub-total								0.	1,80	10		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					<b>&gt;</b>		0.		0.		0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	list	ed a	bov	e) w	ho r					0
3 Did the organization list any former officer	•		e, k	ey er	mplo	oyee	, or	highest compensated e	employee on		Ye	
line 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the s	um of reportab	ole c							the organization		3	X
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor</li> </ul>	accrue compe	nsa	tion	from	n an	y un			vidual for services		5	X
Section B. Independent Contractors  1 Complete this table for your five highest c							ors	that received more than	\$100,000 of com	nensa		
the organization Report compensation for	•	-								<b>P</b> 0	(C)	· · · · · · · · · · · · · · · · · · ·
Name and busines	s address	N	ON	E				Description of	services	Co	ompensa	ion
											<del></del>	
	- · · · · - · · -									·		-
Total number of independent contractors     \$100,000 of compensation from the organ	-	not l	imite	ed to	o the	ose 0	iste	d above) who received	more than			

Part VIII Statem

Statement of	Revenue
--------------	---------

		Check if Schedule O contain	s a response t	o any question in	this Part VIII	·		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
ra E E		Membership dues	1b					
ğ,ğ	C	· · · · · · · · · · · · · · · · · · ·	1c					
a ii		Related organizations	1d					
S,E	е		s) 1e					
ig iz	f							
		similar amounts not included above	1f	110,753.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-						
<u>8 €</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	110,753.			
				Business Code				
8	2 a	ı						
و ڲ	b	<b></b> _						
Program Service Revenue	С	>						
ran ev	d	d						
S <sub>T</sub>	е	·						
آ ۾	f	All other program service revenu	e j					
$\rightarrow$	g	Total. Add lines 2a-2f		<b></b>				
	3	Investment income (including div	ıdends, ıntere	st, and				
		other similar amounts)		▶	5,947.		<del> </del>	5,947.
ļ	4	Income from investment of tax-e	xempt bond p	roceeds 🕨				
	5	Royalties .		<b>•</b>				
		<u> -</u>	(ı) Real	(II) Personal				
	6 a	· · · <del> -</del>						
		Less rental expenses						
		Rental income or (loss)	••					
		d Net rental income or (loss)		() 011				+
	7 a		(i) Securities 16,248.	(II) Other				
		assets other than inventory b Less: cost or other basis	10,240.					
	L		11,163.					
	_	and sales expenses c Gain or (loss)	5,085.					
		d Net gain or (loss)	3,003.	<b>•</b>	5,085.			5,085.
		a Gross income from fundraising e	events (not		3,003.			3,003.
nue	•	including \$						
eve		contributions reported on line 10						
Other Reve		Part IV, line 18	а					
the	b	b Less: direct expenses	b					
0	c	c Net income or (loss) from fundra	ising events	<b>•</b>				
	9 a	a Gross income from gaming activ	rities. See					
		Part IV, line 19	а					
	t	b Less direct expenses	b					
	c	c Net income or (loss) from gamin	g activities	<u> </u>				
	10 a	<ul> <li>Gross sales of inventory, less re</li> </ul>	turns					
		and allowances	а					
		<b>b</b> Less <sup>1</sup> cost of goods sold	b					
		c Net income or (loss) from sales	of inventory	<b>_</b>	<del></del>			
		Miscellaneous Revenue		Business Code				
	11 a	a				ļ		
	t	b				<del>                                     </del>		
		c						
	1	d All other revenue			<del></del>	<u> </u>		
		e Total. Add lines 11a-11d			101 705	-		11 000
	12	Total revenue. See instructions.			121,785.	0.	<u>.                                    </u>	. 11,032.

20011	on sortojoj and sortojaj organizacions musi com	Diete all Columnis. All Otti	er organizations must co	mpiete column (A).	·
	Check if Schedule O contains a respon	se to any question in this	s Part IX		
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	114,800.	114,800.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified		<del></del>		
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	i			
9	Other employee benefits				
_	` · ·				
10	Payroll taxes				
11	Fees for services (non-employees):  Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				<del></del>
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			-	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			•	
а	BOARD MEETING EXPENSE	43.	_ ** **-	43.	
b	STATE CORPORATION COMMI	25.		25.	
c				23.	<del></del>
d			<u></u>		
	All other expenses		<del></del>		
25	Total functional expenses. Add lines 1 through 24e	114,868.	114,800.	68.	0.
<u> 26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

T ai	<u> </u>	Balance Greet			
		Check if Schedule O contains a response to any question in this Part X			
			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	838.	1_	5,336.
	2	Savings and temporary cash investments	20,793.	2	18,090.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5_	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	100,918.	12	105,951.
	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)	122,549.	16	129,377.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18_	
	19	Deferred revenue .	·	19_	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21_	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
jap		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	l	parties, and other liabilities not included on lines 17-24) Complete Part X of		Į	
		Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1	
Ses		complete lines 27 through 29, and lines 33 and 34.	100 540		100 277
aŭ	27	Unrestricted net assets	122,549.	1	129,377.
Ba	28	Temporarily restricted net assets		28_	
힏	29	Permanently restricted net assets		29_	
互	1	Organizations that do not follow SFAS 117 (ASC 958), check here		1	
SO		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	<del> </del>
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	122 540	32	120 277
_	33	Total net assets or fund balances  Total liabilities and net assets/fund balances	122,549.	33_	129,377.
	- 2/	LOUGH RECORDING SITE OF SECOND AND AND AND AND AND AND AND AND AND A		. 20	

	990 (2012) RIWANIS CLUB OF DANVILLE FOUNDATION	<u> 54-148</u>	<u> 5088</u>	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12	1,7	<u>85.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>11</u>	4,8	68.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5		<	<u>89.</u> >		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	12	<u>9,3</u>	<u>77.</u>		
Pa	rt XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response to any question in this Part XII	<del>.</del>					
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		İ				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O	İ		x		
<b>2</b> a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:		İ				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		_2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		ŀ			
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt					
	Act and OMB Circular A-133?		3a		X		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_		<u> </u>		
			Form	990	(2012)		

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

			KIWANIS	CLUB OF DAN	VILLE	FOUN	DATIO	N		5	4-1485088	
Pa	rt I	Reason f	or Public Char	ity Status (All organiza	ations mus	st complete	e this part	) See insti	ructions		<del></del>	
The	organ	zation is not a	private foundation	because it is. (For lines 1	through 1	1, check o	only one b	ox)				
1	$\square$	A church, cor	vention of churches	s, or association of churc	hes desci	ribed in <b>se</b> i	ction 170	(b)(1)(A)(i).	•			
2	$\Box$			'0(b)(1)(A)(ii). (Attach Sch								
3	$\square$	A hospital or a	a cooperative hospi	tal service organization d	lescribed i	n section	170(b)(1)(	A)(iii).				
4		A medical res	earch organization of	operated in conjunction v	with a hos	pital descr	ibed in <b>se</b>	ction 170(	(b)(1)(A)(iii	i). Enter t	the hospital's name	<b>)</b> ,
		city, and state										
5		_	on operated for the <b>b)(1)(A)(iv).</b> (Comple	benefit of a college or un ete Part II )	iversity ov	vned or op	erated by	a governn	nental unit	t describ	ed in	
6				ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).				
7	$\overline{\mathbf{x}}$		<del>-</del>	eives a substantial part o					r from the	general	public described in	ì
			o)(1)(A)(vi). (Comple							J	•	
8		•		ection 170(b)(1)(A)(vi). (	Complete	Part II)						
9		-		eives: (1) more than 33 1			om contri	butions, m	embershi	p fees, a	nd gross receipts fi	rom
		=	-	nctions · subject to certa								
		income and u	nrelated business t	axable income (less sect	on 511 ta	x) from bus	sinesses a	acquired by	y the orga	nization	after June 30, 1975	5
		See section !	509(a)(2). (Complete	Part III)								
10		An organizati	on organized and or	perated exclusively to tes	st for publ	c safety. S	ee sectio	n 509(a)(4	<b>l).</b>			
11		An organizati	on organized and op	perated exclusively for th	e benefit (	of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes of one o	r
		more publicly	supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or sectio	n 509(a)(2	2) See sec	tion 509(a	a)(3). Ch	eck the box that	
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.					
		a Type I	<b>b</b> T	ype II c Ty	/pe III - Fu	nctionally i	ntegrated	d	I	e III - No	n-functionally integ	rated
е		By checking t	this box, I certify tha	at the organization is not	controlled	directly or	rindirectly	by one or	more disc	qualified	persons other thar	1
		foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)	
f		If the organiz	ation received a writ	tten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting or	ganization, check th	xod aır								Ш
g	ı	_		organization accepted an			-					
		(i) A persor	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and (	III) below	, Yes	<u>No</u>
		the gove	erning body of the s	upported organization?							11g(i)	
		(ii) A family	member of a person	n described in (i) above?							11g(ii)	
		(iii) A 35% d	controlled entity of a	ı person described in (i) o	or (II) abovi	₽?					11g(iii)	
h	l	Provide the fo	ollowing information	about the supported org	ganization	(s)						
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of mon	etarv
(-,		ganization		(described on lines 1-9	in col. (i) listed in your org			rganization in col.		on in col. red in the		
				above or IRC section (see instructions))	•	document?		r support?	U.S	5.7		
				(see manuchons))	Yes	No	Yes	No_	Yes	No		
		<del></del> _										
		<del></del>				ļ				<u> </u>	<u></u>	
		· · · ·										
		<u></u>			-							
					ļ				ļ			
Tota	al								1			

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Page 2

Part II 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	191,289.	213,025.	278,353.	185,000.	110,753.	978,420.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<u>.</u>		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	191,289.	213,025.	278,353.	185,000.	110,753.	978,420.
5	The portion of total contributions						
	by each person (other than a		i				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						938,461.
6	Public support. Subtract line 5 from line 4		Ï				39,959.
Sec	ction B. Total Support	<u>-</u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	191,289.	213,025.	278,353.	185,000.	110,753.	978,420.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	954.	230.	615.	4,660.	5,947.	12,406.
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						990,826.
12		etc. (see instructi	ons)	l		12	
	First five years. If the Form 990 is fo			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop		, ,				▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage				•
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	4.03 %
15	Public support percentage from 201	1 Schedule A, Part	II, line 14			15	4.01 %
16a	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies						▶□
Ŀ	33 1/3% support test - 2011. if the				d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua					_	▶□
178	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
Ł	10% -facts-and-circumstances tes	_	•		=	17a, and line 15 is	10% or
•	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization		_				ns 🕨 🗓
<u></u>	0.1.1.4.5						

### 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 )

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<u> </u>	
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
· i						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5				<b>↓</b>	<del> </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						- · · · · · · · · · · · · · · · · · · ·
8 Public support (Subtract line 7c from line 6)						,
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6					(5/==:=	
10a Gross income from interest,						"
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		-	<del> </del>		<del> </del>	· ··· —
(less section 511 taxes) from businesses						
acquired after June 30, 1975	<del></del>	<u> </u>		<del> </del>	<del> </del>	
c Add lines 10a and 10b	<del>-</del>					
11 Net income from unrelated business activities not included in line 10b,				1		
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)			l .			
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sect	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2012 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	9
16 Public support percentage from 2011	Schedule A, Parl	III, line 15			16	9
Section D. Computation of Inves						
17 Investment income percentage for 20					17	Ç
18 Investment income percentage from 2	•	•		•	18	9
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	le 15 is more than	<u> </u>	
more than 33 1/3%, check this box ar						13 1100
			· · · · · · · · ·			and .
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che				- · · · · · · · · · · · · · · · · · · ·	· <del>-</del>	· <b>?</b>  =
20 Private foundation. If the organization	<u>n dia not check a</u>	DOX OF INC 14, 19	ra, or 190, check t	inis box and see ii	nstructions	▶ ∟

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

KIWANIS CLUB OF DANVILLE FOUNDATION

Employer identification number

5.4 - 1.4.9.5.0.9.9

Par	t I Organizations Maintaining Donor Advised		r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		Ties of the complete in the
	organization answered Tes to Form 550; Furt 14; mile	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(2)	
	·		
2	Aggregate contributions to (during year)		<del></del>
3	Aggregate grants from (during year)		·
4	Aggregate value at end of year	without that the second hold in depart he will	funda
5	Did the organization inform all donors and donor advisors in w	· ·	
_	are the organization's property, subject to the organization's	•	. L Yes L No
6	Did the organization inform all grantees, donors, and donor ac	<u> </u>	•
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose cor	
Par	mpermissible private benefit?  † II Conservation Easements. Complete if the organization	primation annuared "Vac" to Form 000. Port	Yes No
			iv, line /
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or ed		
	Protection of natural habitat	Preservation of a certified	a nistoric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d if the complete 2a through 2d	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Hold at the Ford of the Tou Year
	Total acceptance of a constraint and a constraint		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	natura in altrafa di m (a)	2b
	Number of conservation easements on a certified historic stru	, ,	2c
a	Number of conservation easements included in (c) acquired a	rter 8/17/06, and not on a historic structure	1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
	year	amont to located	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
_	violations, and enforcement of the conservation easements it	· •	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on accompanie in its revenue and evacage et	•
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.	on s ilitariciai statements that describes the	organization's accounting for
Par	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form	·	
12	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ	, ,	o o pablic service, provide, in r arryllin,
b			nd halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	• •	
	relating to these items.	deducti, or resource in further affect of public	. 33, 130, profide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	·	► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial or	
~	the following amounts required to be reported under SFAS 1:	· · · · · · · · · · · · · · · · · · ·	uni, piorido
а	D 1115 000 D 17711 4	to those terms	<b>&gt;</b> \$
		•	<b>5</b>
U	, woods included in a offit boot tall A	• •	F ¥

		CLUB OF DA								3 Page 2
Par		<del>-</del> -	•							
	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	are a sigi	nificant i	use of its	collection	i items
	(check all that apply)									
а	Public exhibition	d			nange progran	ns				
b	Scholarly research	е		Other						
С	Preservation for future generations									
	Provide a description of the organization's co			-				se in Par	t XIII.	
	During the year, did the organization solicit or					r simılar a	issets	r	٦	<del></del>
	to be sold to raise funds rather than to be ma							<u> </u>	Yes	No_
Par	t IV Escrow and Custodial Arrang	•	ete if the	organizatioi	n answered "Y	res" to Fe	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par					<del></del>				
	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other ass	ets not ir	icluded		٦.,	<b></b>
	on Form 990, Part X?							L	_l Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able.					<b>A</b>	
							+		Amount	
	Beginning balance						1c	•		
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance		010	•	•	•	1f		7	
	Did the organization include an amount on Fo			_ b b		VIII		L	_ Yes	No No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete if									
ı aı	Elidowillett i dilds. Complete ii				1			voore book	(a) Four	years back
	Basinana of wash balance	(a) Current year	(0) 2	rior year	(c) Two years	Dack (C	a) Tillee y	ears back	(e) roui	years back
1a	Beginning of year balance	-			<u> </u>					
b	Contributions								-	
C .	Net investment earnings, gains, and losses		-						<del></del> -	
	Grants or scholarships					-+			<del>                                     </del>	
е	Other expenditures for facilities									
	and programs								<del> </del>	
T	Administrative expenses								<del> </del>	
	End of year balance		- // 1		)) b ald a a	1		·	L	<del></del>
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) neio as.					
	Board designated or quasi-endowment	%	_%							
	Permanent endowment	<del></del>								
С	Temporarily restricted endowment	%								
2-	The percentages in lines 2a, 2b, and 2c should be there and awarent funds not in the passes		ation the	at are held a	ınd admınıstar	ed for the	e organi	zation		
За		ssion of the organiz	auon ma	it are rielu a	ind administer	eu ioi tiii	e Organii	Zation	ſ	Yes No
	(i) unrelated organizations								3a(i)	165 140
	(ii) unrelated organizations (ii) related organizations								3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations	e lietad ae raquirad c	n Schoo	Nulo P2					3b	
	Describe in Part XIII the intended uses of the	•							OD	<u> </u>
Par	t VI Land, Buildings, and Equipm									
4.4.	Description of property	(a) Cost or o			t or other	(c) Ac	cumulat	ed	(d) Boo	k value
	2000.pas or proporty	basis (investr		, ,	(other)	• •	reciation		(=, ==0	
1a	Land	<u> </u>				•				
	Buildings						-			
	Leasehold improvements									
	Equipment					-	**			
	Other					· ·	•			
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10(c))					0.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 KIWANIS CLU	B OF DANVILLE	FOUNDATION	54-1485088 Page 3
Part VII Investments - Other Securities. Sec			Cook are and of the are modeled tools
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other  (A) MUTUAL FUNDS & EQUITIES	105,951.	END-OF-YEAR	MADEET VALUE
(B)	103,931.	END-OF-TEAK	MARKET VALUE
(C)			
(D)			
(E)	·	_ · <u>- · · · · · · · · · · · · · · · · · </u>	
(F)			
(G)			
(H)			
(0)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	105,951.		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1)			
(2)	<del></del> -		
(3)			
(5)			
(6)			
(7)			
(9)			
(10)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.	L	
<u> </u>	Description	•	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<del></del>
(10)	45.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X,			
(a) Department of liability	-	(b) Book value	
(1) Federal income taxes		(2) 20011 12.00	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the text	t of the footnote has been p	rovided in Part XIII

	dule D (Form 990) 2012 KIWANIS CLUB OF DANVILLE		54-1485088 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants .	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expens	es per Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d .		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b	•	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information		·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this par		

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2012) % × **Employer identification number** 54-1485088 (h) Purpose of grant or assistance RENOVATION OF NEW Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PACILITY Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 100 000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table KIWANIS CLUB OF DANVILLE FOUNDATION (c) IRC section if applicable 54-0505982 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization YOUNG MEN'S CHRISTIAN ASSOCIATION OF DANVILLE, VIRGINIA - 810 MAIN STREET - DANVILLE, VA 24541 or government Name of the organization Part II Parl

24

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 (f) Description of non-cash assistance 54-1485088 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) KIWANIS CLUB OF DANVILLE FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV Part III

Schedule I (Form 990) (2012)

232102 12-18-12

#### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 **Open to Public** 

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization **Employer identification number** 

54-1485088 KIWANIS CLUB OF DANVILLE FOUNDATION FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE: FOUNDATION FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 INFORMATIONAL RETURN BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE UPON REQUEST OF THE PRESIDENT OF THE ORGANIZATION

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

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