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**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning 10/01, 2012, and ending 9/30, 2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> GLENDALE KIWANIS FOUNDATION P.O. BOX 10545 GLENDALE, CA 91209-3545		<b>D</b> Employer identification number 95-6225168
	<b>F</b> Name and address of principal officer		<b>E</b> Telephone number 818-957-7765
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)		<b>G</b> Gross receipts \$ 432,035.
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number 0026

**J Website:** HTTP://GLENDALEKIWANIS.ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of Formation 1946 **M** State of legal domicile CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>TO ASSESS NEEDS OF THE COMMUNITY, ESPECIALLY CHILDREN, AND TO DEVELOP AND IMPLEMENT SERVICE PROJECTS AND ALLOCATION OF GRANTS TO FULFILL THOSE NEEDS. COMMUNITY SERVICE CLUB - "KIWANIS IS A GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO CHANGING THE WORLD ONE CHILD AND ONE</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0	
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	0	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	210	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	83,276.	77,205.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,022.	57,223.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,186.	57,082.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	170,484.	191,510.	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	172,115.	138,658.	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 2014)			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)			
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,352.	7,736.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	179,467.	146,394.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	-8,983.	45,116.	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	572,036.	608,205.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		12,750.	7,630.	
		559,286.	600,575.	

**Part III Signature Block**

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

**Sign Here**

Signature of officer: MERCY VELAZQUEZ Date: 08/13/14

Type or print name and title: MERCY VELAZQUEZ PRESIDENT

**Paid Preparer Use Only**

Print/Type preparer's name: R. JOHN EFFNER, C.P.A. Preparer's signature: [Signature] Date: 8/13/14 Check  if self employed PTIN: P00437162

Firm's name: SADD VELAZQUEZ HIGASHI SHAMMAA, LLP Firm's EIN: 80-0519547

Firm's address: 330 N BRAND BLVD STE 200 GLENDALE, CA 91203-2361 Phone no: (818) 547-5701

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

P 25

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 69,933. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code ) (Expenses \$ 35,745. including grants of \$ ) (Revenue \$ )

PROCEEDS FROM THE ANNUAL RUBBER DUCK RACE EVENT ARE DISTRIBUTED IMMEDIATELY TO THE NONPROFIT ORGANIZATIONS AND SCHOOLS THAT HAVE PARTICIPATED TO HELP RAISE THE FUNDS. OVER 30 SUCH GROUPS WERE PRESENTED CHECKS AT THE ANNUAL EVENT.

4c (Code ) (Expenses \$ 19,895. including grants of \$ ) (Revenue \$ )

ACADEMIC SCHOLARSHIPS ARE DISBURSED TO COLLEGES AND UNIVERSITIES FOR ALLOCATION TOWARD THE TUITION ACCOUNTS OF SELECTED STUDENTS BASED ON ACADEMIC ACCOMPLISHMENTS, LEADERSHIP ABILITIES, COMMUNITY SERVICES RENDERED, AND FINANCIAL NEED.

4d Other program services (Describe in Schedule O ) SEE SCHEDULE O

(Expenses \$ 13,085. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 138,658.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4 <b>Section 501(c)(3) organizations</b> 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		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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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? If 'Yes,' complete Schedule D, Part IV		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		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 as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		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		X
c 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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	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		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J</i>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

BAA

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax-deductible as charitable contributions?	X	
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11 a</b>	Gross income from members or shareholders		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13 c</b>	Enter the amount of reserves on hand		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>1 a</b> 20		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1 b</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	X	
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7 a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	<b>7 b</b>	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8 b</b>	X	
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?	<b>10 a</b>	X
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10 b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11 a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	<b>12 a</b>	X
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12 b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	<b>12 c</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15 a</b>	X
<b>b</b> Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	<b>15 b</b>	X
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16 a</b>	X
<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16 b</b>	X

**Section C. Disclosure**

- 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
NELLY COSTANIOS 601 GLENOAKS BLVD, STE 103 GLENDALE CA 91207 (818) 550-7878

**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**

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS DENTON PRESIDENT ELECT	0 0							0.	0.	0.
(2) JOEL ZWICK VICE PRESIDENT	0 0							0.	0.	0.
(3) LISA BROOKS DIRECTOR	0 0							0.	0.	0.
(4) ELISSA GLICKMAN DIRECTOR	0 0							0.	0.	0.
(5) PATRICK LIDDELL DIRECTOR	0 0							0.	0.	0.
(6) HELEN MCDONAGH DIRECTOR	0 0							0.	0.	0.
(7) JEFF NISHI DIRECTOR	0 0							0.	0.	0.
(8) ALAN NUNEZ DIRECTOR	0 0							0.	0.	0.
(9) PATTI BAKER DIRECTOR	0 0							0.	0.	0.
(10) DAN CABRERA DIRECTOR	0 0							0.	0.	0.
(11) GARY MONTECUOLLO DIRECTOR	0 0							0.	0.	0.
(12) ANDY ROTH DIRECTOR	0 0							0.	0.	0.
(13) RANDY SLAUGHTER DIRECTOR	0 0							0.	0.	0.
(14) PAULETTE RAMSAY WOOD DIRECTOR	0 0							0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRUCE HINCKLEY PAST PRESIDENT	1 0	X						0.	0.	0.
(16) SUSAN DELL SECRETARY	1 0	X		X				0.	0.	0.
(17) MERCY VELAZQUEZ PRESIDENT	3 0	X		X				0.	0.	0.
(18) NELLY COSTANIOS TREASURER	3 0	X		X				0.	0.	0.
(19) TODD HUNT VICE PRESIDENT	1 0	X						0.	0.	0.
(20) CATHY KEEN ASST SECRETARY	1 0	X						0.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	8,000.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	69,205.			
	g Noncash contributions included in lns 1a-1f \$					
<b>h Total.</b> Add lines 1a-1f		77,205.				
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		30,487.	30,487.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		207,424.		
		c Gain or (loss)		26,736.		
	d Net gain or (loss)		26,736.	26,736.		
	8 a Gross income from fundraising events (not including \$ 8,000. of contributions reported on line 1c) See Part IV, line 18	a		90,183.		
		b Less direct expenses		33,101.		
c Net income or (loss) from fundraising events			57,082.			
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold					
	c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a						
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		191,510.	57,223.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	138,658.	138,658.		
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 O.)				
a STORAGE	3,668.		3,668.	
b MERRILL LYNCH MGMT FEES	3,630.		3,630.	
c WEBSITE HOSTING	198.		198.	
d BANK CHARGES	180.		180.	
e All other expenses	60.		60.	
25 Total functional expenses. Add lines 1 through 24e	146,394.	138,658.	7,736.	0.
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	92,162.	1	35,669.
	2 Savings and temporary cash investments	124,402.	2	193,275.
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments – publicly traded securities	350,490.	11	379,261.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,982.	15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	572,036.	16	608,205.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable	12,750.	18	7,630.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, 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 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	12,750.	26	7,630.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	559,286.	32	600,575.
	33 <b>Total net assets or fund balances</b>	559,286.	33	600,575.
34 <b>Total liabilities and net assets/fund balances</b>	572,036.	34	608,205.	

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**Part 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	191,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,394.
3	Revenue less expenses Subtract line 2 from line 1	3	45,116.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	559,286.
5	Net unrealized gains (losses) on investments	5	
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) <b>SEE SCHEDULE O</b>	9	-3,827.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	600,575.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	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 reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>GLENDALE KIWANIS FOUNDATION</b>	Employer identification number <b>95-6225168</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

h Provide the following information about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	%
<b>16 a 33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17 a 10%-facts-and-circumstances test – 2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	92,705.	52,558.	85,176.	83,276.		313,715.
<b>2</b> 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						0.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1 through 5	92,705.	52,558.	85,176.	83,276.	0.	313,715.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<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	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						313,715.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	92,705.	52,558.	85,176.	83,276.	0.	313,715.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,111.	30,862.	1,460.	14,387.		49,820.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	3,111.	30,862.	1,460.	14,387.	0.	49,820.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)	95,816.	83,420.	86,636.	97,663.	0.	363,535.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DUCK RACE (event type)	OTHER EVENTS (event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	89,183.	8,000.	97,183.
	2	Less Charitable contributions		8,000.	8,000.
	3	Gross income (line 1 minus line 2)	89,183.		89,183.
DIRECT EXPENSES	4	Cash prizes	732.		732.
	5	Noncash prizes			
	6	Rent/facility costs	20,787.		20,787.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	2,105.	8,477.	10,582.
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				57,082.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain \_\_\_\_\_



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GLENDALE KIWANIS FOUNDATION

Employer identification number

95-6225168

**Part I General Information on Grants and Assistance**

- 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 criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

**Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) KIWANIS CAL-NEV-HA FND 8360 RED OAK STREET, SUITE 20 RANCHO CUCAMONG, CA 91730			8,492.	0.	N/A	N/A	ACTIVITY SUPPORT
(2) KIWANIS INTERNATIONAL 3636 WOODVIEW TRACE INDIANAPOLIS, IN 46268			49,800.	0.	N/A	N/A	ELIMINATE TETANUS PROJECT
(3) SALVATION ARMY 320 W WINDSOR RD. GLENDALE, CA 91204			2,000.	10,035.	COST OF SUPPLIES	FOOD PURCHASED	FOOD PANTRY AND YOUTH PROGRAMS
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

3  
0

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

GLENDALE KIWANIS FOUNDATION

Employer identification number

95-6225168

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO ASSESS NEEDS OF THE COMMUNITY, ESPECIALLY CHILDREN, AND TO DEVELOP AND IMPLEMENT  
SERVICE PROJECTS AND ALLOCATION OF GRANTS TO FULFILL THOSE NEEDS. COMMUNITY SERVICE  
CLUB - "KIWANIS IS A GLOBAL ORGANIZATION OF VOLUNTEERS DEDICATED TO CHANGING THE  
WORLD ONE CHILD AND ONE COMMUNITY AT A TIME."

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

FORM 990, PART III, LINES 4 A-D GRANTS AND ALLOCATIONS

FIESTA OF THE SPANISH HORSE - \$400

ASCENCIA GUEST CHEFS - \$ 1,998

FAMILY PROMISE - \$1,000

GLENDALE COLLEGE CIRCLE K - \$1,493

HOOVER HIGH SCHOOL KEY CLUB - \$1,750

LUNCHESES - \$1,272

CAR SEAT INSPECTION PROGRAM - \$2,919

ELIMINATE PROJECT - \$12,912

GLENDALE MEMORIAL HOSPITAL WOMEN'S CENTER - \$5,000

CAL-NEV-HA DISTRICT FOUNDATION - \$4,242

READING LITERACY - \$1,500

COLLEGE VIEW FIELD TRIP - \$2,250

COPS 4 KIDS - \$3,000

CVHS PROM PLUS - \$1,000

FOOTHILL AUTISM ALLIANCE - \$ 1,050

GLENDALAE HEALTHY KIDS \$1,000

GLENDALE POPS YOUTH CHORUS - \$1,750

GLENDALE YMCA PROGRAMS - \$1,500

KIWANIS FULFILLS A DREAM - \$2,060

Name of the organization

Employer identification number

GLENDALE KIWANIS FOUNDATION

95-6225168

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

SALVATION ARMY DINNER - \$2,000

SCHOOL CLOTHING FOR LOW INCOME - \$1000

YMCA-ADOPT A FAMILY XMAS - \$1,177

YMCA CAMP Y - \$1,500

OTHER GRANTS AND ALLOCATIONS UNDER \$1,000 EACH - \$16,160

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

QUARTERLY WORK PROJECTS REPACKAGE ONE TON OF RICE AND ONE TON OF BEANS, PURCHASED AT WHOLESALE IN 50 POUND BAGS, INTO SEALED BAGS CONTAINING ONE POUND OF EACH COMMODITY, WITH PREPERATION LABELS PRINTED IN ENGLISH, SPANISH, ARMENIAN, AND KOREAN AND DONATED TO THE GLENDALE CORPS OF THE SALVATION ARMY FOR DISTRIBUTION AT ITS FOOD PANTRY.

KIWANIS INTERNATIONAL FOUNDATION

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

ELECTRONIC COPIES OF THE FORM 990 WERE DISTRIBUTED TO AND REVIEWED BY THE OFFICERS.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GLENDALE KIWANIS FOUNDATION

OMB No 1545-0047

**2012**

Open to Public  
Inspection

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

95-6225168

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) KIWANIS CLUB OF GLENDALE PO BOX 10545 GLENDALE, CA 91209 95-6053551	SERVICE CLUB	CA	501(C)(4)		N/A		X
(2) -----							
(3) -----							
(4) -----							

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
-----												
-----												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
-----									
-----									
(2) -----									
-----									
-----									
(3) -----									
-----									
-----									

**Part V: Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
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(2) -----													
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GLENDALE KIWANIS FOUNDATION

95-6225168

FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

RESTRICTED FUND ADJUSTMENT

TOTAL \$ -3,827.  
\$ -3,827.

CLIENT STATEMENT | For the Period November 1-30, 2012

Basic Securities Account: 252-124105-040  
 GLENDALE KILIANIS FOUNDATION  
 KATHY WELLY COSTANIGOS

ACTIVITY

INVESTMENT RELATED ACTIVITY

Date	Activity Type	Description	Comments	Credits/(Debits)
10/31	Dividend	PIMCO TOTAL RETURN D		\$256.91
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	BLACKROCK HI YIELD BD PTF A		95.07
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	PIMCO EMERGING MKTS BOND A		68.86
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	PIMCO FOREIGN BD (US\$-HEDGE) A		35.92
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	PIMCO SHORT-TERM A		11.95
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	BLACKROCK INFLAT PROT BOND A		8.25
10/31	Dividend	DIV PAYMENT		
10/31	Dividend	WESTERN ASSET GOVT RESERVES A		0.04
10/31	Dividend	DIV PAYMENT		
11/29	Long Term Capital Gain	BARON GROWTH RETAIL		749.84
11/29	Long Term Capital Gain	BARON ASSET RETAIL		572.11
<b>TOTAL TAXABLE INCOME</b>				<b>\$1,798.96</b>
TOTAL OTHER DIVIDENDS				\$477.01
TOTAL LONG TERM CAPITAL GAINS DISTRIBUTIONS				\$1,321.95

REALIZED GAIN/(LOSS) DETAIL

LONG-TERM GAIN/(LOSS)

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
LAZARD EMERGING MARKETS I	04/27/10	11/09/12	3.980	\$76.18	\$76.18	\$0.00	
PIMCO-TOTAL-RETURN D	08/10/09	11/09/12	748.092	8,685.35	7,937.26	748.09	
ROYCE PREMIER INV	08/10/09	11/09/12	5.760	114.28	85.59	28.69	
<b>Long-Term This Period</b>				<b>\$8,875.81</b>	<b>\$8,099.03</b>	<b>\$776.78</b>	
<b>Long-Term Year-to-Date</b>				<b>\$129,440.59</b>	<b>\$115,168.64</b>	<b>\$14,271.95</b>	

2012 NOVEMBER

Basic Securities Account: **GLENDALE KILWINS FOUNDATION**  
 252-1124105-049 **KITTY WELLY COSTANIGOS**

## Activity

### REALIZED GAIN/(LOSS) DETAIL (CONTINUED)

#### SHORT-TERM GAIN/(LOSS)

Security Description	Date Acquired	Date Sold	Quantity	Sales Proceeds	Orig / Adj Total Cost	Realized Gain/(Loss)	Comments
BLACKROCK HI YIELD BD PTF A	08/06/12	11/09/12	517 498	4 114 11	4 062 35	51 76	
BLACKROCK INFLAT PROT BOND A	08/24/12	11/09/12	6 245	76 19	74 75	1 44	
PIMCO EMERGING MKTS BOND A	08/06/12	11/09/12	30 770	380 93	375 70	5 23	
PIMCO FOREIGN BD (US\$-HEDGE) A	08/06/12	11/09/12	36 854	419 03	408 34	10 69	
PIMCO SHORT-TERM A	08/24/12	11/09/12	373 240	3 695 08	3 680 14	14 94	
<b>Short-Term This Period</b>				<b>8 685.34</b>	<b>8 601.28</b>	<b>\$84.06</b>	
<b>Short-Term Year to Date</b>				<b>\$19,799.36</b>	<b>\$19,685.28</b>	<b>\$114.08</b>	

2012 NOVEMBER

**Net Realized Gain/(Loss) This Period** \$17,561.15 **\$16,700.31** **\$860.84**

**Net Realized Gain/(Loss) Year to Date** \$149,239.95 **\$134,853.92** **\$14,386.03**

New Treasury regulations require that we report your adjusted cost basis and classify the gain or loss as either long-term or short-term on the sale of covered securities acquired on or after January 1, 2011. These regulations also require that we make basis adjustments due to wash sales, certain corporate actions and transfers by gift or inheritance, which will be reflected on your Form 1099-B. This section may not reflect all of the basis adjustments we are required to make for tax reporting purposes. The information in this section is provided for informational purposes only and should not be used in the preparation of your income tax returns. Please refer to the Expanded Disclosures for additional information.

**Realized Gain/Loss - Detail**  
**(01/01/13 - 09/30/13)**  
As of 02/13/2014

GLENDALÉ KIWANIS FOUNDATION  
ATTN: NELLY COSTANIOS  
P.O. BOX 10545  
GLENDALÉ CA 91209-3545

Acct. 252-124105-048

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
<b>Short Term</b>							
BLACKROCK HI YIELD BD PTF A	BHYAX	78.172	08/06/12	\$613.65	03/20/13	\$644.14	\$30.49
	BHYAX	468.776	08/06/12	3,679.89	03/08/13	3,853.34	173.45
Totals				\$4,293.54		\$4,497.48	\$203.94
BLACKROCK LOW DUR BD INV A	BLDAX	338.069	03/08/13	3,329.98	03/20/13	3,329.98	-
BLACKROCK INFLAT PROT BOND A	BPRAX	623.240	08/24/12	7,460.18	03/08/13	7,329.30	(130.88)
	BPRAX	0.679	10/31/12	8.26	03/08/13	7.99	-0.27
	BPRAX	2.516	11/30/12	30.64	03/08/13	29.59	(1.05)
	BPRAX	2.646	12/21/12	31.65	03/08/13	31.12	(0.53)
	BPRAX	7.778	12/21/12	93.02	03/08/13	91.47	(1.55)
	BPRAX	0.111	12/31/12	1.32	03/08/13	1.30	-0.02
Totals				\$7,625.07		\$7,490.77	\$(134.30)
E V LARGE CAP VALUE A	EHSTX	6.893	03/12/12	126.97	02/13/13	143.10	16.13
	EHSTX	12.445	06/12/12	218.41	02/13/13	258.36	39.95
	EHSTX	9.397	09/11/12	182.40	02/13/13	195.08	12.68
	EHSTX	26.160	11/09/12	495.21	02/13/13	543.08	47.87
	EHSTX	11.382	12/19/12	223.65	02/13/13	236.33	12.68
Totals				\$1,246.64		\$1,375.95	\$129.31
OAKMARK I	OAKMX	36.263	02/13/13	1,892.93	03/20/13	1,927.02	34.09
	OAKMX	116.960	02/13/13	6,105.31	03/08/13	6,205.90	100.59
Totals				\$7,998.24		\$8,132.92	\$134.68
PIMCO EMERGING MKTS BOND A	PAEMX	28.788	08/06/12	351.50	03/20/13	352.08	0.58
	PAEMX	904.299	08/06/12	11,041.49	03/08/13	11,133.84	72.35
Totals				\$11,392.99		\$11,465.92	\$72.93
PIMCO FOREIGN BD (US\$-HEDGE) A	PFOAX	41.688	08/06/12	461.90	03/20/13	452.31	(9.59)
	PFOAX	1,397.118	08/06/12	15,480.05	03/08/13	15,088.87	(391.18)
Totals				\$15,941.95		\$15,541.18	\$(400.77)
PIMCO SHORT-TERM A	PSHAX	1,537.240	08/24/12	15,157.17	03/08/13	15,187.92	30.75
	PSHAX	0.239	08/31/12	2.36	03/08/13	2.36	-
	PSHAX	1.123	09/28/12	11.11	03/08/13	11.10	-0.01
	PSHAX	1.208	10/31/12	11.95	03/08/13	11.94	-0.01

Third-party and Morgan Stanley Wealth Management research on certain companies is available to clients of the Firm at no cost. Clients can access this research at [www.morganstanleyclientserv.com](http://www.morganstanleyclientserv.com) or contact their Financial Advisor to request a copy of this research be sent to them.

**Realized Gain/Loss - Detail**  
**(01/01/13 - 09/30/13)**  
As of 02/13/2014

GLENDALE KIWANIS FOUNDATION  
ATTN: NELLY COSTANIOS  
P.O. BOX 10545  
GLENDALE CA 91209-3545

Acct. 252-124105-048

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
PSHAX		1.245	11/30/12	\$12.34	03/08/13	\$12.30	\$-0.04
PSHAX		0.329	12/12/12	3.25	03/08/13	3.25	-
PSHAX		4.177	12/12/12	41.27	03/08/13	41.27	-
PSHAX		1.106	12/31/12	10.93	03/08/13	10.93	-
PSHAX		1.099	01/31/13	10.86	03/08/13	10.86	-
PSHAX		1.201	02/28/13	11.88	03/08/13	11.86	-0.02
Totals				\$15,273.12		\$15,303.79	\$30.67
Short-Term Capital Gains							
Long-Term							
ARTISAN MIDCAP VALUE INV	ARTQX	18.966	08/10/09	302.32	09/13/13	495.01	192.69
	ARTQX	23.611	08/10/09	376.36	03/20/13	564.31	187.95
	ARTQX	36.200	08/10/09	577.03	03/08/13	851.79	274.76
Totals				\$1,255.71		\$1,911.11	\$655.40
BARON ASSET RETAIL	BARAX	1.176	08/10/09	48.89	03/20/13	65.03	16.14
	BARAX	10.932	04/27/10	559.94	03/20/13	604.56	44.62
	BARAX	18.597	04/27/10	952.55	09/13/13	1,128.64	176.09
Totals				\$1,561.38		\$1,798.23	\$236.85
BARON GROWTH RETAIL	BGRFX	10.413	08/10/09	390.49	03/20/13	627.61	237.12
	BGRFX	16.035	08/10/09	601.31	09/13/13	1,082.85	481.54
Totals				\$991.80		\$1,710.46	\$718.66
E V LARGE CAP VALUE A	EHSTX	1,774.056	08/10/09	26,983.39	02/13/13	36,829.38	9,845.99
	EHSTX	7.780	09/10/09	121.37	02/13/13	161.51	40.14
	EHSTX	7.477	12/31/09	126.29	02/13/13	155.22	28.93
	EHSTX	7.310	03/10/10	125.37	02/13/13	151.76	26.39
	EHSTX	188.778	04/27/10	3,371.58	02/13/13	3,919.03	547.45
	EHSTX	10.224	06/10/10	159.49	02/13/13	212.25	52.76
	EHSTX	9.079	09/10/10	147.53	02/13/13	188.48	40.95
	EHSTX	8.791	12/30/10	160.35	02/13/13	182.50	22.15
	EHSTX	65.005	01/13/11	1,200.00	02/13/13	1,349.50	149.50
	EHSTX	8.095	01/25/11	150.00	02/13/13	168.05	18.05
	EHSTX	7.563	03/10/11	141.73	02/13/13	157.01	15.28
	EHSTX	8.503	06/10/11	154.75	02/13/13	176.52	21.77
	EHSTX	23.319	08/15/11	389.90	02/13/13	484.10	94.20

## Realized Gain/Loss - Detail (01/01/13 - 09/30/13) As of 02/13/2014

LENDALE KIWANIS FOUNDATION  
ATTN: NELLY COSTANIOS  
P.O. BOX 10545  
LENDALE CA 91209-3545

Acct. 252-124105-048

Description	Symbol/CUSIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
	EHSTX	14,003	09/12/11	\$222.09	02/13/13	\$290.70	\$68.61
	EHSTX	17,334	12/29/11	295.02	02/13/13	359.85	64.83
Totals				\$33,748.86		\$44,785.86	\$11,037.00
AMERICAN GR FD OF AMERICA F1	GFAFX	70,171	08/10/09	1,726.21	03/20/13	2,574.58	848.37
	GFAFX	228,096	08/10/09	5,611.16	03/08/13	8,396.22	2,785.06
	GFAFX	346,470	08/10/09	8,523.16	09/13/13	14,347.34	5,824.18
Totals				\$15,860.53		\$25,318.14	\$9,457.61
VIRTUS FOREIGN OPPORT A	JVIAX	81,057	08/10/09	1,453.35	03/20/13	2,234.75	781.40
LAZARD EMERGING MARKETS I	LZEMX	18,279	04/27/10	349.86	03/20/13	350.22	0.36
	LZEMX	857,876	04/27/10	16,419.74	03/08/13	17,157.51	737.77
Totals				\$16,769.60		\$17,507.73	\$738.13
PIMCO TOTAL RETURN D	PTTDX	1,868,404	08/10/09	19,823.77	03/08/13	20,907.42	1,083.65
	PTTDX	43,652	09/01/09	470.57	03/08/13	488.47	17.90
	PTTDX	61,654	10/01/09	673.26	03/08/13	689.91	16.65
	PTTDX	55,988	11/02/09	612.51	03/08/13	626.51	14.00
	PTTDX	44,585	12/01/09	492.22	03/08/13	498.91	6.69
	PTTDX	31,584	12/09/09	343.95	03/08/13	353.42	9.47
	PTTDX	113,543	12/09/09	1,236.48	03/08/13	1,270.55	34.07
	PTTDX	42,280	01/04/10	456.62	03/08/13	473.11	16.49
	PTTDX	31,691	02/01/10	347.33	03/08/13	354.62	7.29
	PTTDX	31,162	03/01/10	342.47	03/08/13	348.70	6.23
	PTTDX	32,435	04/01/10	358.08	03/08/13	362.95	4.87
	PTTDX	33,185	05/03/10	369.35	03/08/13	371.34	1.99
	PTTDX	25,396	06/01/10	281.90	03/08/13	284.18	2.28
	PTTDX	28,234	07/01/10	317.91	03/08/13	315.94	(1.97)
	PTTDX	29,890	08/02/10	340.75	03/08/13	334.47	(6.28)
	PTTDX	27,407	09/01/10	316.28	03/08/13	306.68	(9.60)
	PTTDX	28,128	10/01/10	326.28	03/08/13	314.75	(11.53)
	PTTDX	30,950	11/01/10	361.81	03/08/13	346.33	(15.48)
	PTTDX	31,245	12/01/10	359.01	03/08/13	349.63	(9.38)
	PTTDX	183,810	12/08/10	1,985.15	03/08/13	2,056.83	71.68
	PTTDX	401,993	12/08/10	4,341.52	03/08/13	4,498.30	156.78
	PTTDX	36,397	01/03/11	394.91	03/08/13	407.28	12.37
	PTTDX	279,412	01/13/11	3,040.00	03/08/13	3,126.62	86.62

**Realized Gain/Loss - Detail**  
**(01/01/13 - 09/30/13)**  
As of 02/13/2014

GLENDALE KIWANIS FOUNDATION  
ATTN: NELLY COSTANIOS  
P.O. BOX 10545  
GLENDALE CA 91209-3545

Acct. 252-124105-048

Description	Symbol/CI/SIP	Quantity	Purchase	Cost Basis	Sold	Net Proceeds	Gain/Loss
	PTDX	34.991	01/25/11	\$380.00	03/08/13	\$391.55	\$11.55
	PTDX	30.229	02/01/11	327.98	03/08/13	338.26	10.28
	PTDX	32.005	03/01/11	348.21	03/08/13	358.14	9.93
	PTDX	33.089	04/01/11	360.01	03/08/13	370.27	10.26
	PTDX	33.032	05/02/11	364.34	03/08/13	369.63	5.29
	PTDX	33.314	06/01/11	368.45	03/08/13	372.78	4.33
	PTDX	31.973	07/01/11	351.38	03/08/13	357.78	6.40
	PTDX	29.665	08/01/11	329.28	03/08/13	331.95	2.67
	PTDX	27.238	09/01/11	299.89	03/08/13	304.79	4.90
	PTDX	31.042	10/03/11	334.94	03/08/13	347.36	12.42
	PTDX	30.846	11/01/11	336.53	03/08/13	345.17	8.64
	PTDX	146.931	11/10/11	1,600.08	03/20/13	1,648.57	48.49
	PTDX	186.878	11/10/11	2,035.10	03/08/13	2,091.19	56.09
	PTDX	258.445	11/10/11	2,814.47	03/08/13	2,892.00	77.53
	PTDX	303.222	11/10/11	3,302.09	03/08/13	3,393.05	90.96
Totals				\$51,144.88		\$52,999.41	\$1,854.53
ROYCE PREMIER INV		8.785	08/10/09	130.55	03/08/13	178.34	47.79
		22.525	08/10/09	334.72	09/13/13	504.78	170.06
		24.913	08/10/09	370.21	03/20/13	510.46	140.25
Totals				\$835.48		\$1,193.58	\$358.10

Long Term Totals \$138,621.59  
Short & Long Term Totals \$190,723.12  
01/01/13-09/30/13 Short & Long Term Totals \$16,597.26  
\$15,874.14

2013 JANUARY - SEPTEMBER

\*\* Gain/Loss is only calculated when an original cost basis is available.

New Treasury regulations require that we report your adjusted cost basis and classify the gain or loss as either long-term or short-term on the sale of covered securities acquired on or after January 1, 2011. These regulations also require that we make basis adjustments due to wash sales, certain corporate actions and transfers by gift or inheritance, which will be reflected on your Form 1099-B. This section may not reflect all of the basis adjustments we are required to make for tax reporting purposes. The information in this section is provided for informational purposes only and should not be used in the preparation of your income tax returns.