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### Department of the Treasury Internal Revenue Service A For the 2013 calendar year, or tax year beginning

332001 10-29-13

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Open to Public** Inspection

A F	or the	2013 calendar year, or tax year beginning and	ending		
B c	heck if oplicable	C Name of organization		D Employer identific	ation number
	Address change	THE DAN FOUNDATION, INC.			
X	Name change	Doing Business As		56-16	596689
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin- ated	6 WEST COLONY PLACE		919-6	<u> 84-2948                                     </u>
	Amende return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,636,689.
	Application	DURHAM, NC 27705		H(a) is this a group ret	urn
	pending	F Name and address of principal officer:WILLIAM ZIEFLE		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	tuded? Yes No
<u>  T</u>	ax exe	mpt status X 501(c)(3) 501(c)( )	or 527	If "No," attach a l	st (see instructions)
		E ► DIVERSALERTNETWORK.ORG		H(c) Group exemption	number >
		organization: X Corporation Trust Association Other	L Year	of formation: 1990 M	State of legal domicile: NC
Pa	rt I	Summary			
اه	1 B	riefly describe the organization's mission or most significant activities. ${f THE}$	DAN FO	UNDATION HEL	PS DIVERS
ဋ	]	N NEED WITH EMERGENCY MEDICAL INFORMATION	ON, AS	SISTANCE AND	)
ř.	2 (	theck this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets
8	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	10
9	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	10
Sa	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	<u>1</u>
ķ	6 T	otal number of volunteers (estimate if necessary)		6	10
Activities & Governance	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	96,917.
	b N	let unrelated business taxable income from Form 990-T, In PECEIVED		7b	86,781.
		I VEOLIVED		Prior Year	Current Year
Revenue	<b>8</b> C	Contributions and grants (Part VIII, line 1h)		238,019.	326,669.
	9 P	rogram service revenue (Part VIII, line 2g) PAY 1 5 2014	IRS-OSC	6,914,023.	6,261,467.
	10 Ir	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	S	54,572.	123,442.
۳		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 and 12 117	, =	3,033,541.	1,011,427.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,240,155.	7,723,005.
		irants and similar amounts paid (Part IX, column (A), lines 1-3)		18,117.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ဖွ	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,853,886.	133,971.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		otal fundraising expenses (Part IX, column (D), line 25)   209, 1	95.		
ŵ		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,227,027.	7,186,985.
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		8,099,030.	7,320,956.
		evenue less expenses Subtract line 18 from line 12		2,141,125.	402,049.
Assets or d Balances			Ве	ginning of Current Year	End of Year
agas	<b>20</b> T	otal assets (Part X, line 16)		18,147,582.	4,972,803.
88	21 T	otal liabilities (Part X, line 26)		1,762,219.	672,177.
Pet/ Fund	<b>22</b> N	let assets or fund balances Subtract line 21 from line 20		16,385,363.	4,300,626.
	rt II	Signature Block			
Unde	r penalt	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, 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 wi	hich preparer	has any knowledge.	
		WAS		3/8/2	ر <b>ب</b>
Sign	)	Signature of officer		Date	-
Here		WILLIAM ZIEFLE, PRESIDENT/CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		INDREA WOODELL EASON (MOVEN CAD	m	S/7/14 If self-employed	P00361629
Ргер	-	Firm's name BLACKMAN & SLOOP, CPAS, P.A.		Firm's EIN	56-1304727
Use (		Firm's address 1414 RALEIGH RD, SUITE 300			
	[	CHAPEL HILL, NC 27517		Phone no. ( 91	9)942-8700
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2013)

e the organization's miss  FOUNDATION I  TION, ASSISTA  RESEARCH, EI  zation undertake any sign 990 or 990-EZ? The these new services of zation cease conducting, The these changes on Soft riganization's program service (3) and 501(c)(4) organization's program service (3) and 501(c)(4) organization's program service (4) (Expenses \$ 6  NDATION PROVITER MAGAZINI TER SAFETY AN  MEMBERSHIPS  (6) (Expenses \$ 1  MEMBERSHIPS  (7) (Expenses \$ 1  MEMBERSHIPS  (8) (Expenses \$ 1  MEMBERSHIPS  (9) (Expenses \$ 1  MEMBERSHIPS  (1) (Expenses \$ 1  MEMBERSHIPS  (1) (Expenses \$ 1  MEMBERSHIPS  (1) (Expenses \$ 1  MEMBERSHIPS  (2) (Expenses \$ 1  MEMBERSHIPS  (3) (Expenses \$ 1  MEMBERSHIPS  (4) (Expenses \$ 1  MEMBERSHIPS  (5) (Expenses \$ 1  MEMBERSHIPS  (6) (Expenses \$ 1  MEMBERSHIPS  (6) (Expenses \$ 1  MEMBERSHIPS  (7) (Expenses \$ 1  MEMBERSHIPS  (8) (Expenses \$ 1  MEMBERSHIPS  (8) (Expenses \$ 1  MEMBERSHIPS  (8) (Expenses \$ 1  MEMBERSHIPS  (9) (Expenses \$ 1  MEMBERSHIPS  (1) (Expenses \$ 1  MEMBERSHIPS  (2) (Expenses \$ 1  MEMBERSHIPS  (3) (Expenses \$ 1  MEMBERSHIPS  (4) (Expenses \$ 1  MEMBERSHIPS  (5) (Expenses \$ 1  MEMBERSHIPS  (6) (Expenses \$ 1  MEMBERSHIPS  (7) (Expenses \$ 1  MEMBERSHIPS  (7) (Expenses \$ 1  MEMBERSHIPS  (7) (Expenses \$ 1  MEMBERSHIPS  (8) (Expenses \$ 1  MEMBE	HELPS DIVERS ANCE AND REFE DUCATION, PRO Inificant program services on Schedule O. In or make significant chan chedule O ervice accomplishments for ations are required to reprice reported IDES MEMBER SE AND OTHER MIND ACCIDENTS. IN COVERING AL  STATE OF THE STATE O	IN NEED IN REALS, AND DUCTS, AND DUCTS, AND DUCTS, AND DUCTS, AND DUCTS, AND DUCTS, AND DUCTS AN	nducts, any program services?  be largest program services, as f grants and allocations to othe	Yes  Tes Safety  Yes  Tes 6,261,  BSCRIPTION T  PERTAINING  PPROXIMATELY  TED TO MEDIC  VING ACCIDEN
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services (Describe in Sc	•	6.	) (Revenue \$	) Form <b>9</b>
				services (Describe in Schedule O)

Form 990 (2013) THE DAN FOUNDATION, INC.

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		Х
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		х
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		х
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		х
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? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		Λ
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		v
40	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	Х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	
С	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	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	11f	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	Х	
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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
þ	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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		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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-13
	ii 165 to line 20a, did the digalitzation attach a copy of its audited illiancial statements to this feturit	<b>Z</b> UU		

Form **990** (2013)

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Form 990 (2013) THE DAN FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or 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	<u> </u>
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			77
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
A.	any tax-exempt bonds?  Did the exemptation set as an "on behalf of" incurar for bonds outstanding at any time during the user?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		l
	complete Schedule L, Part II	26		X
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		i	
	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		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	
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		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_		
• •	contributions? If "Yes," complete Schedule M	30		<u>x</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_	ļ	v
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u>X</u>
<b>3</b> 2	Schedule N, Part II	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	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	-50		
	Part V, line 1	34	-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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>X</u>
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	<u>X</u>	
		Form	<b>990</b> (	2013)

Form 990 (2013) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 6 Fnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or difts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2013)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	1990 (2013) THE DAN FOUNDATION, INC. 56-1696	689	Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	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 or note to any line in this Part VI			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 10	)		
	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	· · · · · · · · · · · · · · · · · · ·	<u>l</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ļ	
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
а	The governing body?	8a	X	1
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 reached at the			İ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	<del>                                     </del>
	Did the organization have local chapters, branches, or affiliates?	10a_	<u> </u>	X
b				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<del></del> -
13	Did the organization have a written whistleblower policy?	13	77	X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	١		7,
_	taxable entity during the year?	16a		X
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 take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NC	n	la.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second state of the second stat	avallat	ıθ	
	for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)	al #		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u finar	icial	
^^	statements available to the public during the tax year	<b>-</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	uon 🏓	_	
	WILLIAM ZIEFLE - 919-684-2948			
	6 WEST COLONY PLACE, DURHAM, NC 27705			

Form **990** (2013)

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

Check if Schedule O contains a response or note to any line 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

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do	not c				one	Reportable	Reportable	Estimated	
	hours per week	kod	, unle cer ar	ss pe	rson	ıs bot	h an	compensation	compensation	amount of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) G. JONA POE	1.00	-			_	<u> </u>					
CHAIRMAN	1.00	X		x			ĺ	0.	0.	0.	
(2) WILLIAM ANLYAN	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(3) WAYNE MASSEY	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(4) DOUGLAS STRACENER	1.00	]									
DIRECTOR	1.00	X						0.	0.	0.	
(5) MICHAEL LANG	1.00										
DIRECTOR	1.00	X						0.	0.	0.	
(6) SYLVIA EARLE	1.00	-									
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
(7) PHILIP MINTZ	1.00	ļ							_	_	
DIRECTOR	1.00	X						0.	0.	0.	
(8) LEE SELISKY	1.00	ļ								_	
SECRETARY	1.00	X		X				0.	0.	0.	
(9) KATHY WEYDIG	1.00									•	
DIRECTOR		X						0.	0.	0.	
(10) HARRY RODGERS	$\begin{array}{r} 1.00 \\ 1.00 \end{array}$	₩.						ا م		0	
DIRECTOR	1.00	X	-	—		_		0.	0.	0.	
(11) JOHN LIPPMANN		x						0.	0.	0.	
DIRECTOR (ILDRED	10.00	^			_	<u> </u>		0.	0.		
(12) WILLIAM ZIEFLE DIRECTOR (EMERITUS)	50.00	Y						0.	376,940.	49,948	
(13) DANIEL ORR	50.00	<u> </u>		_					310,340.	<u> </u>	
PRESIDENT EMERITUS	0.00			X				104,423.	0.	18,044.	
INDIBONI DEBRITOS								101/125	0.	10,011	
		1							İ		
									-		
									-		
		L									
		1									

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Form 990 (2013) THE DAN FOUNDATION, INC.

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
A, G	c	: Fundraising events	1c					
a g	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
r Si	f	All other contributions, gifts, gran	ts, and					
돌		similar amounts not included abo		326,669,				
ĒŠ	q	Noncash contributions included in lines	1a-1f \$					
a Ö		Total. Add lines 1a-1f			326 669.			
			•	Business Code				
g.	2 a	MEMBERSHIP DUES		900099	6,261,467,	6,261,467.		
Program Service Revenue	b				0,202,207,	0,201,101,		
S Ž	c						<del></del>	
E S	d	•						
ğœ	e							
Pro		All other program service reve	IDUA			- :	· · · · · ·	
		Total, Add lines 2a-2f	illue	<b>•</b>	6 261 467			
	3	Investment income (including	duudonde intere		6,261,467.			
	3	other similar amounts)	dividends, intere	ssi, ariu	07.170			
		•			87,179,			87,179.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties			914,345.			914,345,
	_		(i) Real	(II) Personal				
		Gross rents	396,761.					
	b	Less rental expenses	299,844.					
	С	• •	96,917,	l				
		Net rental income or (loss)		<b>•</b>	96,917.		96,917,	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,650,103.					
	b	Less cost or other basis						
		and sales expenses	1,613,840.					
	С	Gain or (loss)	36,263,	L				
		Net gain or (loss)		<b></b>	36,263,			36,263,
<u>o</u>	8 a	Gross income from fundraising	g events (not					
eune		ıncludıng \$	of					
Other Reve		contributions reported on line	1c). See					
놂		Part IV, line 18	а					
Ě	b	Less direct expenses	b					
·	c	Net income or (loss) from fund	Iraising events	<b>_</b> _				
	9 a	Gross income from gaming ac	tivities. See					İ
		Part IV, line 19	а	L				
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<b>•</b>				
Ì	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	ь	Less cost of goods sold	b					
		Net income or (loss) from sale:	s of inventory	<b>•</b>				
Ī		Miscellaneous Revenue		Business Code				
ŀ	11 a	MISCELLANEOUS INCOME		900099	165.			165,
	b			,,,,,	103.		_	103.
	c							
	ں ۔	All other revenue					<del>- '</del>	
-	- -	Total. Add lines 11a-11d		<b>•</b>	165	+		
	12	Total revenue See instructions.			165.	6 262 465	06.045	1 027 050
332009 10-29-	· ·	TOTAL TEVENUE OF HISH UCHORS.			7,723,005	6 261 467	96,917.	1 037 952 Form <b>990</b> (2013)

Seci	ion <u>501(c)(3) and 501(c)(4) organizations must com</u> Check if Schedule O contains a respor			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		3.7.3.0.3.	general enpones	<u> </u>
	organizations in the United States. See Part IV, line 21				
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				<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees	122,467.		122,467.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,218.	5,821.	1,199.	2,198.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,286.	1,444.	297.	545.
10	Payroll taxes				
11	Fees for services (non-employees)				
а	<u> </u>	20.060		20.060	· · · · · · · · · · · · · · · · · · ·
b		28,960.		28,960.	· · · · · · · · · · · · · · · · · · ·
C	<u> </u>				
	Lobbying				
e	, , , , , , , , , , , , , , , , , , ,	7,812.		-	7 010
f -	Investment management fees Other //f line 11g amount exceeds 10% of line 25	7,014.			7,812.
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	36,699.	12,233.	12,233.	12,233.
12	Advertising and promotion	186,056.	12,233.	1,069.	184,987.
13	Office expenses	4,551.	289.	4,153.	104,567.
14	Information technology	1,331.	2031	4,133.	
15	Royalties				
16	Occupancy		***************************************		
17	Travel	49,672.		49,672.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,157.		3,157.	
20	Interest	•		•	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,908.		1,908.	
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.)				
а		32,046.		32,046.	
b	MEMBERSHIP SUPPORT	6,300,000.	6,300,000.		
C	RESEARCH	521,686.	521,686.		
d	MISCELLANEOUS	7,710.	107.	7,499.	104.
	All other expenses	6,728.	3,036.	2,485.	1,207.
25	Total functional expenses Add lines 1 through 24e	7,320,956.	6,844,616.	267,145.	209,195.
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  following SOP 98-2 (ASC 958-720)				
	Check here If following SOP 98-2 (ASC 958-720)	ı		l	

Part X	(2013) THE DAN FOUNDATION, INC. Balance Sheet			1696689 Page 1
•	Check if Schedule O contains a response or note to any line in this Par	X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	410,703	1	67,328
2	Savings and temporary cash investments	20	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	127,420	4	78,030
5	Loans and other receivables from current and former officers, directors			
	trustees, key employees, and highest compensated employees Compleant II of Schedule L	ete	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 con	ributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instr) Complete Part II of Sci	L	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	106,787	9	8,320
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 3,888			
b	Less accumulated depreciation 10b 1,410			2,478,707 2,177,635
11	Investments - publicly traded securities	1,844,289		2,177,635
12	Investments - other securities See Part IV, line 11	12,621,613		
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	354,624		162,783
16	Total assets. Add lines 1 through 15 (must equal line 34)	18,147,582		4,972,803
17	Accounts payable and accrued expenses	226,805		13,376
18	Grants payable		18	550.004
19	Deferred revenue	713,334.		658,801
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, trus	·		
	key employees, highest compensated employees, and disqualified pers	ons		
22	Complete Part II of Schedule L	452 445	22	
23	Secured mortgages and notes payable to unrelated third parties	452,445		
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	v of		
	Schedule D	369,635	25	٨
26	Total liabilities. Add lines 17 through 25	1,762,219		672,177
120	Organizations that follow SFAS 117 (ASC 958), check here		20	0/2,1//
,	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	14,404,860	27	1,981,192
28	Temporarily restricted net assets	637,789		889,276
29	Permanently restricted net assets	1,342,714	_	1,430,158
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here			
;	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	16,385,363.		4,300,626

4,972,803. Form 990 (2013)

18,147,582

Total liabilities and net assets/fund balances

orm	m 990 (2013) THE DAN FOUNDATION, INC.	56-16	96689	Pa	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,72		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,32		
3	Revenue less expenses Subtract line 2 from line 1	3			<u>49.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>16,38</u> !		
5	Net unrealized gains (losses) on investments	5	134	<u>4,8</u>	<u>27.</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 -	12,62	1,6	<u> 13.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,30	0,6	<u> 26.</u>
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched	lule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	wed on a			
	separate basis, consolidated basis, or both		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep-	arate basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis				
C	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			1
	Act and OMB Circular A-133?		3a		X
b	of "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>

Form **990** (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of t	he organizati	on						I	Employer	ridentification	on numb	er
		THE DAN	FOUNDATION,	INC.					5	6-1696	<u> 689</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t) See inst	tructions.	•			
The organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(	iii). Enter	the hospital's	s name,	
	city, and stat											
5	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental ur	nit describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(	I)(A)(v).					
7 📙	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from th	e general	public descr	ıbed ın	
_	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 [X]	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	support f	rom contri	butions, m	nemberst	np fees, a	and gross rec	eipts fror	n
		•	nctions - subject to certa							-		nt
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the org	anızatıon	after June 30	ጋ, 1975	
		<b>509(a)(2).</b> (Complete	•									
10	<u> </u>		perated exclusively to te	•	-			•			_	
11 📖	_		perated exclusively for the		•				-			
			ations described in secti				2) See sec	ction 509	(a)(3). Ch	eck the box	that	
			organization and compl		_			. — -				
a Type I b Type III c Type III - Functionally integrated d Type III - Non-function					•		ea					
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)												
		•	tten determination from t		_				)9(a)(1) 01	Section Sua(	,a)(Z)	
f	•	rganization, check th			21 11 13 A 1 Y	pe i, Type	ii, or Type	<i>-</i> 111				_
		-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owina ne	rsons?		L	
g	-		•			-				, [	Yes N	_
	(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?											
h	Provide the f	ollowing information	about the supported or	ganization	(s)					11g(iii)		
		-										
	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) la	organization sted in your document?	organizat	ion in col.	(vi) organizat (i) organ	(vi) Is the hization in col. ganized in the U.S.?			гу
			(see instructions))		т———	<del></del>	T	<del> </del>				
				Yes	No	Yes	No	Yes	No			_
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Total	_							<u> </u>	<u> </u>			
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332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

### 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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	<del></del>					
membership fees received. (Do not						
ınclude any "unusual grants ")						
2 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3			,			
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support			•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						İ
securities loans, rents, royalties				1		İ
and income from similar sources						İ
9 Net income from unrelated business						
activities, whether or not the						İ
business is regularly carried on						İ
10 Other income Do not include gain						
or loss from the sale of capital						İ
assets (Explain in Part IV)						İ
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc (see instructi	ions)			12	
13 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
organization, check this box and stop	here					<b></b>
Section C. Computation of Publi	c Support Pe	rcentage				
14 Public support percentage for 2013 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	(
15 Public support percentage from 2012	Schedule A, Part	t II, line 14			_15	
16a 33 1/3% support test - 2013. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
stop here. The organization qualifies a	is a publicly supp	oorted organizatioi	n			▶□
b 33 1/3% support test - 2012. If the o	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	ııs box
and stop here. The organization quality	ies as a publicly	supported organiz	ation			
17a 10% -facts-and-circumstances test	- <b>2013.</b> If the org	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fact	s-and-circumstar	nces" test, check t	his box and stop h	<b>nere.</b> Explain in Pa	rt IV how the organ	ıızatıon
meets the "facts-and-circumstances" t	est The organiza	ation qualifies as a	publicly supported	d organization		▶□
b 10% -facts-and-circumstances test	- <b>2012.</b> If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the	e "facts-and-cırcı	umstances" test, c	heck this box and	stop here. Explan	n in Part IV how the	
organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	cly supported org	anızatıon	▶□
18 Private foundation. If the organization	did not check a	box on line 13, 16	6a, 16b, 17a, or 17l	b, check this box	and see instruction	s 🕨 🗀
· · · · · · · · · · · · · · · · · · ·				Sch	edule A (Form 990	or 990-EZ) 201

# Schedule A (Form 990 or 990 EZ) 2013 THE DAN FOUNDATION, INC. 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 )								
<u>Sec</u>	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and				j			
	membership fees received (Do not							
	include any "unusual grants ")	502,388.	340,338.	245,860.	238,019.	326,669.	1653274.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7211921.	2336007.	2573475.	6914023.	6261467.	25296893.	
3	Gross receipts from activities that							
	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							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	7714309.	2676345.	2819335.	7152042.	6588136.	26950167.	
7 a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons	113,153.	6,000.	21,000.	21,000.	25,000.	186,153.	
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						0.	
_	amount on line 13 for the year	113,153.	6,000.	21,000.	21,000.	25,000.		
_	Add lines 7a and 7b	113,153.	0,000.	21,000.	21,000.	25,000.	26764014.	
	Public support (Subtract line 7c from line 6)						20/04014.	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(A Total	
	Amounts from line 6	7714309.	2676345.	2819335.	7152042.	6599136	(f) Total 26950167.	
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1834707.	3044064.	2765808.			12325806.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	1834707.	3044064.	2765808.	3282942.	1398285.	12325806.	
11	Net income from unrelated business activities not included in line 10b, 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)	588,316.	33,766.	15,926.	5,095.	165.	643,268.	
13	Total support (Add lines 9, 10c, 11, and 12)		5754175.		10440079.		39919241.	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ıx year as a section			
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2013 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	67.05 %	
	Public support percentage from 2012					16	65.11 %	
	ction D. Computation of Inves							
	Investment income percentage for 20			e 13, column (f))		17	30.88 %	
	Investment income percentage from 2			- **		18	30.99 %	
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1		
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright X$	
b	33 1/3% support tests - 2012. If the	_					. —	
	line 18 is not more than 33 1/3%, che <b>Private foundation</b> . If the organization					-		
20								

Schedule A (Form 990 or 990-EZ) 2013

332023 09-25-13

/ Supplemental I	and for any		urt II, line 10, Part II, line 17a or	170, and Fait III, line 12
Also complete this p	part for any additional inform	nation (See instructions)		
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### **SCHEDULE D**

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE DAN FOUNDATION		56-1696689
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c_
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	<del></del>
7	Amount of expenses incurred in monitoring, inspecting, and		-
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
Do	conservation easements t III   Organizations Maintaining Collections o	f Art Historical Transumas or Other	v Circilar Acceta
Pai	<del></del>		er Similar Assets.
	Complete if the organization answered "Yes" to Form	·	4 1 b - 1
12	If the organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	·
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes a reconstruction planted as permitted under SEAS 115 (A)		d halanaa ahaatadaa af ad hastaal
Ь	If the organization elected, as permitted under SFAS 116 (Astreasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items.  (i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> •
			► \$ ► \$
a	(ii) Assets included in Form 990, Part X	geurae or other eimilar assats for financial as	
2	If the organization received or held works of art, historical tre		iiri, provide
_	the following amounts required to be reported under SFAS 1	to (Mac abo) relating to these items.	<b>▶</b> ¢
a	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		<b>\$</b>
b	Assets included in Form 330, Fall A		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		FOUNDATIO								Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	rt, Hist	torical Tre	easures, e	or Oth	<u>er Simi</u>	lar Asse	ts(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	at are a s	significant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d	- 🔲 ι	Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations						"			
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	he organizati	on's exe	empt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of			•	=					
Ū	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	rt IV Escrow and Custodial Arran					"Yes" to	Form 99	0 Part IV		
	reported an amount on Form 990, Pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organizatio	ii anoworda	100 10		o, , a,, ,,		
12	Is the organization an agent, trustee, custod		liani for i	contribution	e or other as	sets no	tincluded	ı		
Ia	on Form 990, Part X?	an or other internica	ilaly ioi v	CONTINUE	is or other ac	3013110	· iiioiaacc	·	Yes	☐ No
	<b>,</b>	and complete the fol	llouwoa t	abla					_ 162	
b	If "Yes," explain the arrangement in Part XIII	and complete the loa	ilowing t	able				-	Amount	
	December 6 december 1								Amount	
	Beginning balance						1c			
đ	Additions during the year						1d			
е	Distributions during the year						<u>1e</u>			
f	Ending balance						1f	<u> </u>	٦	
2a	Did the organization include an amount on F								」Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	the organization an							I	<del></del>
		(a) Current year		rior year_	(c) Two year		(d) Three	years back		ears back
1a	Beginning of year balance	1,844,289.	1	562,844.	1,50	0,320.	1,	<u>278,984.</u>	1,0	027,703 <u>.</u>
þ	Contributions	87,444. 75,909. 70,481. 78,326. 79,504.								
C	Net investment earnings, gains, and losses	256,363.		205,536.	-	7,957.		<u>143,010.</u>		171,777.
d										
е	e Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	2,188,096.	1	844,289.	1,56	2,844.	1.	500,320.	1,2	278,984.
2										
а										
b	CF 26									
С										
	The percentages in lines 2a, 2b, and 2c should equal 100%									
За	The percentages in lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:  Yes No									
	(i) unrelated organizations								3a(i)	X
	(i) unrelated organizations  (ii) related organizations  3a(ii) X  3a(iii) X									
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?					3b	$\neg$
4	Describe in Part XIII the intended uses of the	•								
Pai										
1	Complete if the organization answere		. Part IV.	. line 11a S	ee Form 990	. Part X.	line 10			
	Description of property	(a) Cost or of			or other		ccumulat	ed	(d) Book	value
	becomplied of property	basis (investin		basis (			preciation		(4) 5000	- 3.00
	Land	3233 (111703011			7,892.			·	267	,892.
	Land	<del></del>			$\frac{7,892.}{3,093.}$	1	391,4	11	$\frac{267}{2,181}$	
þ	Buildings	-		3,31	3,033.	Ι,	JJI,4	****	<u>4,101</u>	<u>,043.</u>
C	Leasehold improvements			A	7 760		10 6	0.2	20	166
d	• •			4	7,768.		18,6	04.	49	<u>,166.</u>
	Other		<u> </u>	<b></b>					2 472	707
<u>Tota</u>	l. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	x, colur	<u>nn (B), line 1</u>	U(c) )			. 🕨 🔽	4,4/8	<u>,707.</u>

Schedule D (Form 990) 2013

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🗶

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 THE DAN FOUNDATION, INC.		56-1	L696689	Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return		
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements		1	8,157	676.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a 134,	827.		
b	Donated services and use of facilities	2b			
¢	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d 299,	844.		
е	Add lines 2a through 2d		2e		671.
3	Subtract line 2e from line 1		3	7,723	005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 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		0.
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	omente With Evnene	5   5   Dotum	7,723,	005.
Pai	Reconciliation of Expenses per Audited Financial Stat	<del>-</del>	es per Hetu	m.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	2a	· I I	7 600	000
1	Total expenses and losses per audited financial statements		11	7,620,	800.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما			
a	Donated services and use of facilities	2a	<del></del>		
D	Prior year adjustments	2b			
C	Other losses Other (Describe in Part XIII )	2c 299,	811		
u ^	Add lines 2a through 2d	<u> 20   277,</u>	2e	299	844.
3	Subtract line 2e from line 1		3	7,320,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•		7,520,	<u> </u>
T a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	7,320,	
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Part	t V, line 4, Part	X, line 2, Part >	(I,
lınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information			
PAI	RT X, LINE 2:				
					_
EXI	PLANATION: UNDER THE STATUTE OF LIMITATI	ONS, THE FEDER	AL INFOR	RMATIONA	L
חים כו	NIDMO OF MUE ODCANIZATION FOR MUE VEADO	2011 พบอกมาน ว	012 ADE	CIID TEON	л шО
KC.	TURNS OF THE ORGANIZATION FOR THE YEARS	ZUII IRROUGH Z	UIS ARE	SUBUECI	10
EV.	AMINATION BY THE INTERNAL REVENUE SERVIC	ะ พงหง เรษพะหา	י מזו. דמינים	צמית כושי	
عمن	WINATION BY THE INTERNAL REVENUE SERVICE	B. MANAGEMENT	EVALUA.	IN IAK	•——
POS	SITIONS FOR THE 2011 THROUGH 2013 RETURN	S AND CONCLUDE	ר ייאויי ס	THERE AF	E
					<del></del>
NO	UNCERTAIN TAX POSITIONS AND BELIEVES TH	ERE IS NO INCO	ME TAX A	AFFECT C	N
THE	FINANCIAL STATEMENTS.				
<b>.</b> -	OM UT 1737 OD OMUMB 18-7-7-7-7				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:			<del></del>	
ים <b>ס</b>	THAT PYDPNOPO NEMBED ACATMON DEVICATION			200	ΩΛΛ
<u> </u>	NTAL EXPENSES NETTED AGAINST REVENUE			433,	844.
					<del></del>
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
33205	4		School	ule D (Form 9	90) 2013

Schedule D (Form 990) 2013 THE DAN FOUNDATION, INC.  Part XIII Supplemental Information (continued)	56-1696689 Page 5
Part XIII   Supplemental Information (continued)	
RENTAL EXPENSES NETTED AGAINST REVENUE	299,844.
PART XI, LINE 2D AND PART XII, LINE 2D	
EXPLANATION: THESE AMOUNTS REPRESENT EXPENSES ON THE	FINANCIAL STATEMENTS
THAT ARE SHOWN AS COSTS ON THE SCHEDULE OF REVENUES	ON THE FORM 990
THAT ARE SHOWN AS COSTS ON THE SCHEDOLE OF REVENUES	ON THE PORP 990.
· · · · · · · · · · · · · · · · · · ·	- · · · · ·
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### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number THE DAN FOUNDATION, INC. 56-1696689 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	İ		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			1
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	İ		į
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			 
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of			l
а	The organization?	6a		_X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			_ <del></del>
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

56-1696689

THE DAN FOUNDATION, INC.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denetits	(a)-(i)(a)	reported as deterred in prior Form 990
(1) WILLIAM ZIEFLE	Ξ	0	0	0	0	0.	0	0
2	: 🗉	250,00	125,000	1,940.	26,60	23,340.	426,888.	0
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Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization	<del></del>								Em	ployer	ident	ificat	ion nu	mber
	THE DAN F	OUNDATIO	ON,	INC					56	-16	966	89		
Part I Excess Bene	efit Transacti	ons (section 5	i01(c)(	3) and	section 5	501(c)(4) org	anızatıon	s only)						
Complete if the	organization ansv	vered "Yes" on	Form	990, P	art IV, lin	e 25a or 25l	o, or Form	1990-EZ, F	art V,	line 40	)b			
1 (a) Name of disqualified (	(b) F	Relationship bet			lified	1.	a) Docorin	tion of tran	acactic	ND.		(d)	Corre	cted?
	person	person and o	rganız	ation		,,	Descrip	uon oi tiai	isaciic	,,, 		<u> </u>	es	No
												_ _		
												_	_	
						<del></del>						_ _		
· · · · · · · · · · · · · · · · · · ·												_		
· · · · · · · · · · · · · · · · · · ·												-		
2 Enter the amount of tax	incurred by the o	rganization mai	nagers	or dis	qualified	persons du	ring the y	ear under						
section 4958										<b>▶</b> \$				
3 Enter the amount of tax,	if any, on line 2,	above, reimbur	sed by	the or	rganizatio	on				<b>&gt;</b> \$				
Part II Loans to and	d/or From Int	erested Per	rsons	<u> </u>										
					7 Dant 1/	luna 20a ar I	000	Doet IV Ive		مالد کار درم		4.		
	organization ansv ount on Form 990				z, Part V,	line 36a or i	-om 990	Part IV, III	ie ∠o,	or ir tr	ie orga	ınızatı	on	
(a) Name of	(b) Relationship	(c) Purpose		oan to or	(6)	Original	/n Rala	nce due	(a)	) In	<b>(h)</b> Ap	proved	(i) W	/ritten
interested person	with organization	of loan		n the		al amount	(I) Dale	ince due	defa		bý bo comm	ard or	agree	ment?
			To	From	1				Yes No		Yes	No	Yes	No
			1.0	1 10111					163	140	163	140	163	140
	1	.,	1	<del> </del>										
														<u> </u>
								_						
Total						\$		,					İ	
Part III Grants or As	sistance Ber	nefiting Inte	reste	d Pe	rsons.									
Complete if the o	organization ansv	vered "Yes" on	Form 9	990, Pa	art IV, lın	e 27.								
(a) Name of interested i	person (	<b>b)</b> Relationship				Amount of ssistance	ĺ	(d) Type assistan					ose o	f
		interested per the organiz		ıa	a	SSISIAIICE		assistari	Ce		•	assist	ance	
					<del></del>						- 4-			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013 THE DA	N FOUNDATION, INC.		56-1696	689 Page 2
Part IV Business Transactions Involv	ing Interested Persons.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
	ĺ			Yes No
BETTY ORR, VICE PRESIDENT	WIFE OF DAN ORR, PR	94,743,	COMPENSATIO	Х
WILLIAM ANLYAN	BOARD MEMBER		INVESTMENT	Х
Part V Supplemental Information				
Provide additional information for response	onses to questions on Schedule L (see in	nstructions)		
COULT DADE THE DUCTATION OF				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	IG INTEREST	ED PERSONS:	
(A) NAME OF INTERESTED PER	SON:			
BETTY ORR, VICE PRESIDENT	OF INSURANCE SERVICE	as .		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	<u>) ORGANIZAT</u>	TION:	
WIFE OF DAN ORR, PRESIDENT	OF DAN			
(D) DESCRIPTION OF TRANSAC	TTON COMPENSATION			
(b) DESCRIPTION OF TRANSAC	TION: COMPENSATION			
	·			<del></del>
(A) NAME OF PERSON: WILLIA	M ANLYAN			
(D) DESCRIPTION OF TRANSAC	TION: INVESTMENT ADV	ISER AT AN	ILYAN & HIVE	LY
ASSET MANAGEMENT, PROVIDES	ADVICE FOR THE DAN	ENDOMMENT	FUND	
	1201 1011 1112 2121		10115	
		-		-
				<del> </del>

SCHEDINE N	+ c T :: - T :: -	Linidation Tormination	vation Discoli	HOD OF CIGNE	finant Dieny	Accepted Accepted	OMB No 1545-0047
(Form 990 or 990-EZ)		plete if the organiza	ation answered "Yes" to	Form 990, Part IV, lines	31 or 32; or Form 99	Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.	2013
Department of the Treasury Internal Revenue Service		<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule N</li> </ul>	or any articles of dissoit. 90-EZ. Jule N (Form 990 or 990	Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	is.	06600	Open to Public Inspection
Name of the organization	1 444	NOTH WOLLDAN ROLLING	=				Employer identification number
Part I Liquidation, Ter	ion, Termination, or Dissolu	ution. Complete this	part if the organization a	nswered "Yes" to Form 99	90, Part IV, line 31, or	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Part I can be duplicated if additional	plicated if additional
1 (a) Desc distribut	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
:							

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) (2013)

**2**d

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2a

Yes No

56-1696689

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	m 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0.
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	ear, th
Liquidation, lermination, or Dissolution (continued)	Note. If the organization distributed all of its assets during the tax year, the
an	

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or c. If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III Form 990-EZ, line 36 Part II can be duplicated if additional space is needed

-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
INVEST	INVESTMENT IN SUBSIDIARY	01/01/13	0	1/A			
i							

	e of the organization:
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	or key em
	, trustee,
	director,
;	l any officer,
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a Become a director or trustee of a successor or transferee organization?

**b** Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

8

8 8

2a

332152 09-12-13

Schedule N (Form 990 or 990-EZ) (2013) THE DAN FOUNDATION, INC.	56-1696689 Page 3
Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, Also complete this part to provide any additional information	line 2e.
Also complete this part to provide any additional information	
COMPONE N DACE 2 DADE II.	
SCHEDULE N, PAGE 2, PART II:	
EXPLANATION: THE SUBSIDIARY ORGANIZATION, DIVERS ALERT NETWO	ORK
dil diminizioni in bobbiblimi onominimi bivano imani imani	y 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
(FORMERLY DAN HOLDINGS, INC.), WAS CONVERTED ON 1/1/13 FROM	A
CORPORATION TO A NOT-FOR-PROFIT TAXABLE ORGANIZATION. ALL OF	F THE
CORPORATION'S OUTSTANDING STOCK WAS CANCELLED. NO ASSETS WE	משרעידנושה
CORPORATION 5 COISTANDING STOCK WAS CANCELLED. NO ASSETS WEL	VE VECETAED
IN EXCHANGE FOR THE CANCELLED STOCK.	
	.,
	<del></del>
	<del></del>
<del></del>	

### **SCHEDULE 0**

(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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

THE DAN FOUNDATION, INC.	56-1696689
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
REFERRALS, AND PROMOTES DIVE SAFETY THROUGH RESEARCH, ED	UCATION,
PRODUCTS, AND SERVICES.	
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: BETTY ORR, VICE PRESIDENT OF INSURANCE SERV	ICES, IS THE WIFE
OF DAN ORR, PRESIDENT EMERITUS.	
FORM 990, PART VI, SECTION A, LINE 4:	
EXPLANATION: THE NAME OF THE ORGANIZATION WAS CHANGED FR	OM DIVERS ALERT
NETWORK TO THE DAN FOUNDATION EFFECTIVE 1/1/13.	
FORM 990, PART VI, SECTION B, LINE 11:	_
EXPLANATION: THE 990 IS REVIEWED AND APPROVED BY THE BOA	RD OF DIRECTORS
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: EMPLOYEES ARE REQUIRED TO FILE A DISCLOSURE	FORM DESCRIBING
ANY ACTIVITIES OR PERSONAL INTERESTS THAT COULD LEAD TO	A CONFLICT OF
INTEREST. THERE ARE TWO TYPES OF DISCLOSURE FORMS. ONE	OF THE FORMS IS
FILED ANNUALLY AND THE OTHER IS FILED WHENEVER AN EMPLOY	EE PARTICIPATES IN
ANY DECISION REGARDING BUSINESS DEALINGS BEING CONSIDERE	D OR THEN ENGAGED
IN BY THE ORGANIZATION, INCLUDING THE PURCHASE OF GOODS	OR SERVICES.
EMPLOYEES NOT ENGAGED IN SUCH ACTIVITIES NEED ONLY AFFIR	M THIS FACT ON THE
APPLICABLE FORM.	

Schedule O (Form 990 or 990-EZ) (2013)

A CURRENT, ANNUAL CONFLICT OF INTEREST DISCLOSURE MUST BE ON FILE IN EACH EMPLOYEE'S PERSONNEL FILE WHILE EMPLOYED AT THE DAN FOUNDATION. ACTIVITIES THAT POSE A POTENTIAL CONFLICT OF INTEREST MUST BE REPORTED TO A SUPERVISOR AND THE HUMAN RESOURCES OFFICE IMMEDIATELY. POTENTIAL CONFLICTS OF INTEREST THAT ARE IDENTIFIED WILL BE FORWARDED TO THE PRESIDENT, WHO WILL SUBMIT IT TO THE DAN FOUNDATION BOARD OF DIRECTORS FOR REVIEW AND ANY APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION FOR THE CEO IS STRICTLY DETERMINED AND DECIDED UPON BY THE BOARD OF DIRECTORS. FOR OTHER OFFICERS, TOP MANAGEMENT AND KEY EMPLOYEES, SALARIES ARE COMPARED AGAINST VARIOUS COMPENSATION SOURCES INCLUDING NATIONAL, STATE AND LOCAL AVERAGES PROVIDED BY BLR (BUSINESS AND LEGAL REPORTS). FOR TOP MANAGEMENT, THE FOUNDATION HAS ALSO USED THE ASSOCIATION COMPENSATION AND BENEFITS STUDY PROVIDED BY ASAE AND THE CENTER FOR ASSOCIATION LEADERSHIP. THE FOUNDATION ALSO TAKES INTO ACCOUNT THE LENGTH OF SERVICE, NUMBER OF EMPLOYEES SUPERVISED, AND ANY SPECIAL CREDENTIALING THE EMPLOYEE CARRIED THAT ENHANCED THEIR JOB SKILLS. BASED ON THESE CRITERIA, THE FOUNDATION THEN DETERMINES WHETHER THE EMPLOYEE'S CURRENT SALARY FALL WITHIN THE RANGE OF SALARIES BASED ON THE RESOURCES AND ADJUSTMENTS MADE IF APPLICABLE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UNLESS REQUIRED BY GOVERNMENTAL ORGANIZATIONS OR ENTITIES, OR BY INDIVIDUALS OR CORPORATIONS WHO REQUEST THIS INFORMATION AS A CONDITION OF MAKING

CHARITABLE CONTRIBUTIONS. (E.G. IT PROVIDES THESE DOCUMENTS TO STATE

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization  THE DAN FOUNDATION, INC.	Employer identification number 56-1696689
CHARITABLE SOLICITATION LICENSING AGENCIES AS PART OF THE	IR LICENSING
PROCESS AND ALSO TO CORPORATIONS WHO REQUEST THESE DOCUME	NTS AS A CONDITION
TO RECEIVE MATCHING GIFTS; IT ALSO PROVIDES THESE ITEMS T	O BANKS AND OTHER
VENDORS AS REQUIRED FOR FINANCING OR TO DO BUSINESS).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CANCELLATION OF SUBSIDIARY'S COMMON STOCK	-12,621,613.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: OVERSIGHT OF THE AUDIT:	
THE AUDIT COMMITTEE HAS OVERSIGHT FOR THE AUDIT OF THE FI	NANCIAL
STATEMENTS.	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

(g) Section 512(b)(13) Š controlled entity? Direct controlling Yes 56-1696689 Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity Total income Exempt Code **©** section Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Primary activity Primary activity INC. THE DAN FOUNDATION, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Part Part II

Schedule R (Form 990) 2013

Page 2 56-1696689

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2013 THE DAN FOUNDATION, INC.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	6	(e) Predominant income (related, unrelated, colluded from tax under sections 512-514)	(f) Share of total income	, (g) Share of end-of-year assets	ı	rhonate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(j) (k) .  General or Percentage managing ownership
			_									
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corporung the tax	oration or Trust Co	omplete if the	organization	answered "Ye	s" on Form 9	90, Part IV, I	ine 34 be	cause it had o	ne or more	e related
(a) Name, address, and EIN of related organization	Z. c	Prin	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp., S corp., or trust)		(f) Share of total income	and and and and and and and and and and	(g) Share of Perend-of-year ow	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
ACCIDENT & GENERAL INSURANCE COMPANY 98-0135525, GRAND CAYMAN GRAND CAYMAN CAYMAN LETANDO	CE COMPANY, LTD, GRAND CAYMAN, BWI,	d CM & dittom to	dy r mark	CAYMAN	4 / 5							
1 1712	0	MEMBERSHIP FULFILLMENT	/ / 81.ES		G 4/2							×
ALERT		ADMINISTRATIVE SUPPORT / PRODUCT SALES	ATIVE PRODUCT			1						<b>*</b>
							<del></del>					
332162 09-12-13		:		38						Schedule	e R (Form	Schedule R (Form 990) 2013

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# Part V Transactions With Related Organizations Complete of the organization answered "Yes" on 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  1. 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?	as with one or more r	elated organizations listed	in Parts II:1V2	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				*
a Sale of assets to related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				
k Lease of facilities, equipment, or other assets from related organization(s)				*
<ul> <li>Performance of services or membership or fundraising solicitations for related org:</li> </ul>	related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			tn X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> <li>n Reimbursement paid by related organization(s) for expenses</li> </ul>				d t
				ф Б
S Uther transfer of cash or property from related organization(s)	40.000	1		1s   X
II the answer to any of the above is res, see the instructions for infor	wno must complete t	nis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	plyed
(1) DAN SERVICES, INC.	A	66,245.	66,245.ACTUAL RENT PAYMENTS RECEIVED	EIVED
(2) DIVERS ALERT NETWORK	A	330,516.	330,516.ACTUAL RENT PAYMENTS RECE	RECEIVED
(3) DIVERS ALERT NETWORK	×	6,300,000.ACTUAL	ACTUAL PAYMENTS MADE	
(4)				
(5)				
(9)				
332 163 00-12-13	39		Schedule R (I	Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 THE DAN FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

(j) (k)	Obspropor- bondie amount in box 20 managing ownership dilocations? of Schedule K-1 partner?  Ves No (Form 1065) Yes No				
(9)	Code V-UBI Ga amount in box 20 m of Schedule K-1 E (Form 1065)				
3	Disproportionate allocations?				
(6)	Share of end-of-year assets				
(J)	Share of total income				
(e)	partners sec 501(c)(3) 0rgs 7				
(g)	Predominant income parties se (related, unrelated, orgs orgs excluded from tax under section 512-514) <b>yes No</b>				
(0)	micile foreign :ry)				
(a)	Primary activity				
(a) (b) (c) (d)	Name, address, and EiN of entity				

Schedule R (Form 990) 2013