

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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. For the 2013 calendar year, or tax year beginning 2013, and ending 20 C Name of organization Danville Public Schools Education Foundation D Employer identification number Check if applicable Doing Business As Address change 65-1269109 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return P. O. Box 9600 434-799-6400 City or town, state or province, country, and ZIP or foreign postal code П Terminated Amended return Danville, VA 24543 G Gross receipts \$ 54.625 F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No **Stuart Pearson** Application pending 500 Piney Forest Rd. Ste. B, Danville, VA 24540 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ► L Year of formation M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: To support the educational activities and endeavors Activities & Governance of Danville Public Schools Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 12 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 54,625 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 65,996 54,625 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 50,787 48,427 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d-11(+24e) 206 3,915 Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) 18 50,993 52.342 19 Revenue less expenses. Subtract line 18 from line 12 15,003 2,283 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 48,788 51,071 21 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances. Subtract line 21 from 48,788 51,071 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparar (other than officer) is based on all information of which preparer has any knowledge min Sign Signature of office Date Here Stuart J. Pearson, Board Chairman <u>04-30-2014</u>

Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I If 4-29-14 Sharon Barksdale self-employed P00352467 Preparer Firm's EIN ▶ Firm's name ▶ Use Only Firm's address ▶ 341 Main Street, Suite 100, Danville, VA 24541 434-799-6400 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) √ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

Form 99					Page 2
Part I	III State	ment of Program Servi	ce Accomplishments		
			a response or note to any line in the	nis Part III	<u> </u>
7	-	ribe the organization's mi			
	To support t	he educational activities ar	nd endeavors of Danville Public School	ls	•••••
2			ignificant program services during th	ne year which were not listed on t	he
	•				🗌 Yes 🗹 No
_		scribe these new services			
3			ting, or make significant changes	in how it conducts, any progra	
		scribe these changes on S			☐ Yes 🗹 No
4		_	service accomplishments for each of	of its three largest program conju	oe as mossured b
•	expenses. S	Section 501(c)(3) and 501	(c)(4) organizations are required to r by, for each program service reported	eport the amount of grants and a	
4a	(Code:) (Expenses \$	23,055 including grants of \$	23.055) (Revenue \$	24,400)
			struction provided by Averett Universi		
	future colleg	a studios			
			·		
4b	(Code:) (Expenses \$	13,500 including grants of \$	13,500) (Revenue \$	12,228)
			ng high school seniors based on merit		

		·			
					····
4c	(Code:) (Expenses \$	5,000 including grants of \$	5,000) (Revenue \$	5,000)
	Summer can	np (Cougar Challenge Prog	ram) for elementary students with inst	ruction from local university person	nel. Students were
		o college and careers at an			
4d	Other progra	am services (Describe in S	Schedule (O.)		
	(Expenses \$			nue \$ 8,656)	
4e		m service expenses	51.717	- 0,030 /	

Part	Checklist of Required Schedules		,	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2		1
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	3		✓
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		✓
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	1	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	•	1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		▼
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		1
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		1
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		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	_	1
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

art	V 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		1
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	1	
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 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 disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
С	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	28b 28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
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		1
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? <i>If "Yes," complete Schedule R, Part VI </i>	27		1
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	37		

Pan				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	, \square
4			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	, ,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	J		
2a		1c	✓	<u> </u>
2.0			1	
b	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?.		<i>-</i>	
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	 	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
ь	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	- JD	 	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ĺ	
	account)?	4a		1
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.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	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 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			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<u> </u>	
_	and services provided to the payor?	7a		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7с		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	
g	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		
8	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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		/
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		. 1	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	1		
a b	Gross income from members or shareholders	1		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	, 1		
а	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.	-54		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		İ	
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schodula O	146		

Part			for a	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management		1	
4.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
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		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6		✓
	one or more members of the governing body?	7a		√
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	· · · · ·	
100	Did the experientian boys level chapters, branches, or effiliates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	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		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13	<u></u>	✓
14 15	Did the organization have a written document retention and destruction policy?	14	 	✓
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	 -	✓ N
b	Other officers or key employees of the organization	15b		✓ N
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
L	with a taxable entity during the year?	16a	_	1
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b]
Secti	on C. Disclosure	100	<u> </u>	Ь
17	List the states with which a copy of this Form 990 is required to be filed ► Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501((c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Sharon Barksdale, 341 Main St., Suite 100, Danville, VA 24541 (434) 799-6400			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
		(C)								
(A)	(B)		-4 -1-		ition			(D)	(E)	(F)
Name and Title	Average					than c		Reportable	Reportable	Estimated
	hours per week (list any	officer and a director/trustee)				or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	ille)	stee	rustee		e	ensated				Organizations
(1) Stuart Pearson, Chair	Volunteer									
500 Piney Forest Rd., Ste. B, Danville, VA 24540		✓		✓				0	0	0
(2) Rebecca Bolton, Vice-Chair	Volunteer								•	
223 Parkview Place, Danville, VA 24541		✓		✓				0	0	0
(3) Russell Scruggs, Secretary/Treasurer	Volunteer									
719 Norfolk Place, Danville, VA 24541		✓		1				0	0	0
(4) Shannon Hair, Director	Volunteer									
1008 South Main St., Danville, VA 24541		✓				<u></u>		0	0	0
(5) R. Helms Dobbins, Director	Volunteer									
425 Hawthorne Dr., Danville, VA 24541		✓	<u> </u>					0	0	0
(6) Elmagene McDowell, Director	Volunteer		1							
1907 Halifax Road, Danville, VA 24540		✓			L			0	0	0
(7) Carrie H. Merricks, Director	Volunteer									
210 N. Woodberry Avenue, Danville, VA 24540		✓			<u> </u>			0	0	0
(8) Wendy Sampson, Director	Volunteer									
420 Maple Lane, Danville, VA 24541		✓	_		_			0	0	0
(9) Edward Polhamus	Volunteer								j	
193 Howeland Circle, Danville, VA 24541		✓	<u> </u>					0	0	0
(10)										
(11)										
(12)										
(13)										
(14)		_	_		_					-

	(A) Name and title		Position (do not check more than box, unless person is bo					an tee)	Reportable compensation	(E) Reportable compensation related				
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	ensation the nization related nization	n I
(15)														
(16)								-						
(17)								-						
(18)										_	+		<u></u>	
(19)											+			
(20)								_						
(21)														
(22)											+	<u>_</u>		
(23)														
(24)											1			
		1												
(25)														
1b c	Sub-total	 VII, Sectio	 n A					▶	0	•	0			(
d	Total (add lines 1b and 1c)						•	>	0		0			
2	Total number of individuals (including but reportable compensation from the organization)		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000) of		
3	Did the organization list any former of	ficer, direc	tor, c	r tri	uste	e.	kev e	emp	lovee, or high	est compen	sated	1	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	ındi	vidu	ıal					3		1
4	For any individual listed on line 1a, is the organization and related organizations													
_	individual										-	4		1
5	Did any person listed on line 1a receive of for services rendered to the organization								=	ation or indi		5		1
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ах
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
			_								•	_		
													_	
2	Total number of independent contractor	ors (includir	ng bu	it no	ot li	mit	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgan	ızat	ion	>							

Par	VIII	Check if Schedule O contains a response or note to	o any line in this	Part VIII		
		Ondok ii Gonedale O contains a response of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				
Grai Iour	b	Membership dues 1b]			
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	1			
	d	Related organizations 1d]			
ons, Sim	e	Government grants (contributions) 1e	1			
ž ž	f	All other contributions, gifts, grants, and similar amounts not included above 1f 54625				
훈형	_	and similar amounts not included above 1f 54625 Noncash contributions included in lines 1a-1f \$	4			
jo j	9 h	Total. Add lines 1a–1f	54625			
	'''	Business Code	34023		 	
enc	2a		 		<u> </u>	<u> </u>
æ	b					
jc S	С					
Sen	d					
Ë	е					
Program Service Revenue	f	All other program service revenue .				
<u>~</u>	g	Total. Add lines 2a–2f			T	<u> </u>
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				+
	5	Royalties	<u> </u>	 -	ļ <u></u>	
	"	(i) Real (ii) Personal	† · · · · · · · · · · · · · · · · · · ·	-		1
	6a	Gross rents	1			
	b	Less: rental expenses	1			
	С	Rental income or (loss)	1]	
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less. cost or other basis			1	
		and sales expenses .				
	C	Gain or (loss)			 	
	d	Net gain or (loss)	 		<u> </u>	
venue	8a	Gross income from fundraising events (not including \$				
Other Rev		of contributions reported on line 1c). See Part IV, line 18 a				
₹	b	Less: direct expenses b				
		Net income or (loss) from fundraising events .				<u>.</u>
	ya	Gross income from gaming activities. See Part IV, line 19 a				
	_	Less: direct expenses b				
		Net income or (loss) from gaming activities	 -	·		
		Gross sales of inventory, less	 		 	
		returns and allowances a				
	ь	Less: cost of goods sold b	1 l		1	
	1	Net income or (loss) from sales of inventory				<u> </u>
		Miscellaneous Revenue Business Code				1
	11a					
	b					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d			-	
	1 12	Total revenue. See instructions	E4 625		İ.	i .

Part	0 (2013) IX Statement of Functional Expenses				Page 10					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com									
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,555	2,555							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	45.872	45,872							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members									
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									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroli taxes									
11	Fees for services (non-employees):									
а	Management									
b	Legal	75		75						
С	Accounting									
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				_					
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization .									
23	Insurance									
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	State Annual Registration Fee	25		25						
b	Board Meeting Lunches	525		525						
С	Refund of unused spelling bee funds	3,290		3,290	<u></u>					
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	52,342	48,427	3,915						
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)									

Р	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pai	t X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	48,788	1	51,071
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-	4	
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees.			i I
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Schedule L		6	·
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment: cost or			, , , ,
	1	other basis. Complete Part VI of Schedule D 10a			'
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	_
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,788	16	51,071
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	- -	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Ś	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			1
Liabilities	}	disqualified persons. Complete Part II of Schedule L		22	-
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			1
ë		complete lines 27 through 29, and lines 33 and 34.			1
ä	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Ē	l	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			1
Net Assets or Fund Balances	1	complete lines 30 through 34.			1
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ě	33	Total net assets or fund balances		33	
_	34	Total liabilities and net assets/fund balances	48,788	34	51,071

Form 99	30 (2013)			Pí	age 12
Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			54,625
2	Total expenses (must equal Part IX, column (A), line 25)	2	•		52,342
3	Revenue less expenses. Subtract line 2 from line 1	3			2,283
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	18,788
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		į	51,071
Part	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 Accrual Other				Ì
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	i		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	· [
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l		
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	oplain ir			
	Schedule O.			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	· -		
	the Single Audit Act and OMB Circular A-133?		3a		✓

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Employer identification number

Name	of the organization						E	Employer ic	dentificatio	n number
	lle Public Schools									69109
Par			rity Status (All orga						nstructio	ons.
The c 1 2 3 4	☐ A church, conv☐ A school desci☐ A hospital or a	vention of churcl ribed in section cooperative hos	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedi ation desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i (A)(iii).		(iii). Enter the
		e, city, and state								
5	section 170(b))(1)(A)(iv). (Com							vernmen	tal unit described in
6 7	An organizatio	n that normally	nment or governmenta receives a substantia ((A)(vi). (Complete Par	al part of					nit or fron	n the general public
8 9	An organization receipts from support from acquired by the	n that normally activities related gross investme e organization a	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unrelater June 30, 1975. Se	an 331/3% ions—sul lated bus ee sectio	of its subject to desiness tax n 509(a)(2	ipport fro ertain ex cable inc 2). (Comp	ceptions come (les olete Par	s, and (2) ss sectio t III.)) no more n 511 ta	e than 331/3% of its
10 11	An organization	on organized ar ne or more pub	i operated exclusively nd operated exclusive blicly supported organ describes the type of	ely for th nizations supportin	ie benefit described ig organiz	of, to point of the officer of the o	perform to to to to to to to to to to to to to	the funct a)(1) or se	tions of, ection 50	9(a)(2). See section
е	other than fou or section 509	ndation manage (a)(2).	that the organization ers and other than one	is not co e or more	ntrolled d publicly	rectly or support	indirectled organ	y by one izations of	or more described	I in section 509(a)(1)
f	organization, o	check this box								be III supporting
9	following person	ons?	he organization acce	-						nd Yes No
	(iii) below,	the governing bi	indirectly controls, eithody of the supported	organızat	ion?			describe	o in (ii) a	11g(ı)
h	(iii) A 35% cor	ntrolled entity of	on described in (i) abo a person described in ion about the support	n (ı) or (ıı) :	above? .					11g(ii) 11g(iii)
	Name of supported organization	(ii) EIN	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the S?	(vii) Amount of monetary support
			(See misa actions)	Yes	No	Yes	No	Yes	No	
(A)	<u> </u>									
(B)										
(C)										
(D)										
(E)										_
]		1			

Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	lease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						•
	membership fees received. (Do not						
	include any "unusual grants.")	23,731	61,595	42,903	65,996	54,625	248,850
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	23,731	61,595	42,903	65,996	54,625	248,850
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.						
	on B. Total Support	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(a) 2012	(6 Total
Valen	dar year (or fiscal year beginning in) Amounts from line 4				(d) 2012	(e) 2013	(f) Total
		23,731	61,595	42,903	65,996	54,625	248,850
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business					-	
3	activities, whether or not the business						
	is regularly carried on		•				
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)					:	
11	Total support. Add lines 7 through 10						248,850
12	Gross receipts from related activities, etc	. (see instruction	ons)		· · · ·	12	240,000
13	First five years. If the Form 990 is for th						n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6	6, column (f) dı	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2012 Sch	nedule A, Part	II, lıne 14 .			15	%
16a	331/3% support test-2013. If the organia						
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			. ▶ ☑
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	anization .		. ▶ □
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circu	ımstances" tes	t. The organiza	ation qualifies	as a publicly su	upported
	organization						. ▶ □
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m				-	•	publicly
	supported organization						. ▶ 🗀
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part III	Support Schedule	for Organizations	Described in Se	ction 509(a)(2)
	Ouppoit Comment	.o. o.gaineadone	, 2000: 120a ii. 00	00,011,000,01,121

(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.)

Secti	on A. Public Support			•			
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						_
	sold or services performed, or facilities furnished in any activity that is related to the	İ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	-						
с 8	Add lines 7a and 7b				 		
U	line 6.)						
Secti	on B. Total Support				l	[
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4,	(,		(=, ====	(0,000	(7)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
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.)						
13	(Explain in Part IV.)						
	and 12.)						
14	First five years. If the Form 990 is for the	L ne organization	ı's fırst, secon	d. third. fourth	. or fifth tax v	ear as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line	8, column (f) d	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2012 Sc	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In		 _				
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2013	-	·			18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box		-			-	
b	331/3% support tests—2012. If the organization						^
	line 18 is not more than 331/3%, check this	-	-	•	•		
20	Private foundation. If the organization d	a not check a	box on line 14,	, 19a, or 19b, (cneck this box	and see instru-	ctions ► 🗌

` Schedule A (F	orm 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Danvil	le Public Schools Education Foundation		65-1269109
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	17	1
2	Aggregate contributions to (during year) .	53,178	797
3	Aggregate grants from (during year)	51,067	625
4	Aggregate value at end of year	49,242	1,829
5	Did the organization inform all donors and		
_	funds are the organization's property, subject	-	
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		• •
Dos		 	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.	ared "Vee" to Form 000 Bort IV line	7
		ered "Yes" to Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held to		
	☐ Preservation of land for public use (e.g., r☐ Protection of natural habitat		of a certified historic structure
	Preservation of open space	Preservation	of a certified historic structure
2	Complete lines 2a through 2d if the organizar	tion held a qualified conservation contribu	tion in the form of a conservation
_	easement on the last day of the tax year.	tion held a qualified conservation contribu	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a cer		
d	Number of conservation easements include		
_	historic structure listed in the National Regist		1 1
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	
	tax year ►		, ,
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written poli		
	violations, and enforcement of the conservat	ion easements it holds?	· · · · · · Tyes 🗌 No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported		s of section 170(h)(4)(B)
	***************************************		· · · · · · · 🗀 Yes 🗌 No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		financial statements that describes the
_	organization's accounting for conservation e		
Part		ctions of Art, Historical Treasures,	
		ered "Yes" to Form 990, Part IV, line 8	
18	If the organization elected, as permitted und works of art, historical treasures, or other s		
	public service, provide, in Part XIII, the text of	•	
h	-		
b	If the organization elected, as permitted un works of art, historical treasures, or other s	similar assets held for public exhibition,	
	public service, provide the following amounts		
	(i) Revenues included in Form 990, Part VIII,	line 1	· · · · ▶ \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works following amounts required to be reported un		_ · · ·
a	Revenues included in Form 990, Part VIII, line		***
Þ	Assets included in Form 990, Part X		> S

Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures, o	r Oth	er Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):							
а	Public exhibition		d	□ Loan	or exchange	progra	ams	
b	Scholarly research							
C	☐ Preservation for future generations	3						
4	Provide a description of the organization		and expla	in how t	hey further th	e orga	inization's exem	pt purpose in Part
	XIII.		•					p. p p
5	During the year, did the organization	solicit or receive	donation	s of art,	historical trea	sures,	, or other simila	r
	assets to be sold to raise funds rather							☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.	answered "Yes					•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:			
							An	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planation	n has been pr	ovided	d in Part XIII .	\square
Par	V Endowment Funds.							
	Complete if the organization	answered "Yes"	" to Forn	n 990, P	art IV, line 1	0		
		(a) Current year	(b) Prio	or year	(c) Two years b	oack (d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses			i				
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a)) l	held as	s:	•
а	Board designated or quasi-endowmen			, ,				
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		0%.					
За	Are there endowment funds not in the	e possession of th	e organiz	ation tha	at are held an	d adm	ninistered for the	•
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
ь	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired o	n Schedi	ule R?			3b
4	Describe in Part XIII the intended uses	s of the organization	on's endo	wment fu	unds			
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" to Forn	n 990, P	art IV, line 1	1a. Se	ee Form 990, F	Part X, line 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	r other basis		ccumulated	(d) Book value
		(investm	ent)	(0)	ther)	dep	preciation	
1a	Land							<u> </u>
b	Buildings							
С	Leasehold improvements			-				
d	Equipment							
e	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X	. column	(B), line 10(c)).) .	•	 -

Part VII	Investments—Other Securities. Complete if the organization answ		m 990 Part IV	line 11h See Fori	n 990 Part X line 12
	(a) Description of security or category (including name of security)		(b) Book value	(c) M	lethod of valuation and-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other			<u>-</u>		
(A)					
(B)		*			
(C) (D)			· ·	-	
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related Complete if the organization answers		m 990, Part IV,	line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) N	lethod of valuation nd-of-year market value
(1)			-		
(2)					
(3)			<u>-</u>		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" to For	m 990, Part IV,	line 11d. See For	n 990, Part X, line 15.
) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					· · · · · · · · · · · · · · · · · · ·
(8)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			•
Part X	Other Liabilities. Complete if the organization ansuline 25.				ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·	
(1) Federal II					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	71	-			
	b) must equal Form 990, Part X, coi (B) line 25)	d. 16 - 1 - 1 - 6 - 6 - 6 - 6	-4- 4- 45	-t1-f 1 1 1 1	
	r uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under				
organization	3 hability for uncertain tax positions under	1 114 40 (AGO 140). ONE	owners in tite text	or the loothole has b	CON PIOTICEU III FAIL AIII

Part	Reconciliation of Revenue per Audited Financial State		er Return	•
	Complete if the organization answered "Yes" to Form 990		1 2 1	
1	Total revenue, gains, and other support per audited financial statemen	ts	· 1 -	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
а	Net unrealized gains on investments	. 2a	_	
b	Donated services and use of facilities	. 2b	_	
C	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		
b	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li	-		
Part	XII Reconciliation of Expenses per Audited Financial State		per Retu	m.
	Complete if the organization answered "Yes" to Form 990), Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	. 2b		
С	Other losses	. 2c		
d	Other (Describe in Part XIII.)	. 2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	. 4a		
ь	Other (Describe in Part XIII.)	. 4b		
С	Add lines 4a and 4b		. 4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	. 5	
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			

Schedule D (Fo	rm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

i	
5	
5	990
?	Form (
	· Attach to Form 990.
	•
1	

20

OMB No. 1545-0047

Open to Pub Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Pub	ındation						62-1269109
General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	in records to subs award the grants o	stantiate the amou or assistance?	Int of the grants or	assistance, the g	rantees' eligibility to	or the grants or assistance	e, and ☑ Ves ☐ No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.		3
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Go	vernments and eceived more the	Organizations i	n the United St Il can be duplica	tates. Complete if ated if additional s	the organization answapace is needed.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)				: !			
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
10)							
(1)							
12)							
2 Enter total number of section 501(c)(3) and government organizat 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and govi	ernment organization the line 1 table	organizations listed in the line 1 table	ne 1 table			A . A
or Paperwork Reduction Act Notice see the Instructions for Form 990	see the Instructions	for Form 990			Cat No sousse		Sobodial (Form 000) (2042)

Schedule I (Fo	Schedule (Form 990) (2013)	ď
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

	י מינייון כמון בס מקווסמיכם וו מכמוניסוומן סףמכס וס ווככמכם:	Space is incode.			·	
!	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships	arships	16	13,500			
2 Study	2 Study skills classes for high school students	23	4,317			
3 Mentor	3 Mentoring high school students for college	14	23,055			
4 Mentor	4 Mentoring elementary school students for college	12	000'5			
c.						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, line	e 2, Part III, column	(b), and any other addition	onal information.

Grants are for specific items and activities. Purchase orders or other documentation are used that are approved by Foundation board members and Danville Public Schools administration to assure that money is spent on specific items and services that have been approved for purchase. Invoices and other documentation are checked also to make sure money is expended on approved items. Two signatures are required on all checks.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
Danville Public Schools Education Foundation	65-1269109
Part III Line 4d	

Study skills classes for high school students to prepare them for college	\$4,317
Contribution to Danville Public Schools for math and science activities in the middle schools	\$2,055
Contribution to Danville Public Schools for middle school supplies	\$500
Refund of unused spelling bee proceeds	\$3,290
Part VI Line 11	
E. COO	
Form 990 was reviewed by the chief officer of the board of the Danville Public Schools Education Four	idation.
Form 990 is available upon request to all board members.	
Part VI Line 19	••
Documents are available to the public upon request. Information about program accomplishments are	included in public meetings of the
Danville Public Schools Board and other means of advertisement, such as newspapers, websites, etc.	

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
	·	
·		
······		