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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α			<u>v 30,</u>	2014			
B 	Check applica	C Name of organization	D Employe	er identification number			
Ĺ	Add	ress change					
Ļ	Nan	e change KEY TO DANVILLE FOUNDATION	54-1343580				
Ļ	Initia	in built	•	ne number			
Ļ	Tern	ninated POST OFFICE BOX 3300		4)793-1753			
Ļ	_		F Group E	•			
L		cation pending DANVILLE, VA 24543	Number				
		· · · · · · · · · · · · · · · · · · ·		► X If the organization is not			
		te: ►N/A	•	I to attach Schedule B			
		xempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527		90, 990-EZ, or 990-PF).			
		of organization: Corporation Trust Association X Other LOCAL GOVE		T UNIT			
		les 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I					
_		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 2.			
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	CTIONS FOR H	·			
_	T .	Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>			
	1	Contributions, gifts, grants, and similar amounts received	1	 			
	2	Program service revenue including government fees and contracts	2	 			
	3	Membership dues and assessments Investment income SEE SCHEDULE O	3	 			
-C	4		4	2.			
%i∩7	Ι.	Gross amount from sale of assets other than inventory Less; cost or other basis and sales expenses 5b					
	b		-				
20	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<u>5c</u>				
	6	Gaming and fundraising events					
T S	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	-				
Ş	[¥ - 1,000 /					
	D		i				
UCA SERVENUE Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)					
		Less: direct expenses from gaming and fundraising events 6c					
5	C	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d				
Ŕ	7a	Gross sales of inventory, less returns and allowances 7a 7a	_00				
	'a	Less: cost of goods sold 7b					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule 0)	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	2.			
	10	Grants and similar amounts naid (list in Schedule 0)	_10				
	11	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors	11				
ý	12	Salaries, other compensation, and employee benefits	12				
Expenses	13	Professional fees and other payments to independent contractors	13	250.			
хре	14	Occupancy, rent, utilities, and maintenance	_14				
ú	15	Printing, publications, postage, and shipping	15				
	16	Other expenses (describe in Schedule 0)	16				
	17	Total expenses. Add lines 10 through 16	▶ 17	250.			
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-248.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	3,455.			
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0)	20				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u>▶ 21</u>	3,207.			
LHA	A For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)			

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

332171 11-25-13

	m 990-EZ (2013) KEY TO DANVILLE FOUNDATION		5	4 –	<u> 13435</u>	80	Page 2
P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond						
			(A) Beginning of year	L.,	(B) E	nd of year	
22	, , ,		<u>3,455.</u>	22		3,2	07.
23	·	<u> </u>		23			
24	,			24			
25		<u> </u>	3,455.			3,2	07.
26	,	<u> </u>	0.	26			0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		3,455.	27		3,2	07.
P	art III Statement of Program Service Accomplishments (s		_	(penses	
	Check if the organization used Schedule O to respond					for section and 501(c)	(4)
Wh	at is the organization's primary exempt purpose? ${f TO}$ ${f PROMOTE}$ ${f EDUCAT}$	IONAL DEV	ELOPMENT.		organization	ons and sec	tion
	cribe the organization's program service accomplishments for each of its three largest program services, ner, describe the services provided, the number of persons benefited, and other relevant information for o		ses In a clear and concise		4947(a)(1 for others.) trusts; op)	tional
28	TO PROMOTE EDUCATIONAL DEVELOPMENT IN !	THE CITY	OF DANVILLE				
	AND ITS SURROUNDING COUNTIES.						
				_	1		
	(Grants \$) If this amount includes foreign grants, or	check here			28a		
29							_
				_	- }		
				_	İ		
	(Grants \$) If this amount includes foreign grants, or	check here	▶ [29a		
30							
				_			
	(Grants \$) If this amount includes foreign grants, or	check here	▶ [30a		
31	Other program services (describe in Schedule O)	_					
	(Grants \$) If this amount includes foreign grants, or	check here	▶[31a		
32_	Total program service expenses (add lines 28a through 31a)				32		
Pá	art IV List of Officers, Directors, Trustees, and Key Employ	yees (list each one	even if not compensated - se	e the i	nstructions fo	or Part IV)	
	Check if the organization used Schedule O to respond	to any questic	on in this Part IV				
	1) Average hours			Ith benefits,	(e) Estim	
	(a) Name and title	week devoted to	W-2/1099-MISC)	employ	outions to ee benefit	amount of	
		position	(if not paid, enter -0-)		nd deferred ensation	compens	ation
JΑ	MES A. MOTLEY						
CH	AIRMAN	2.00	0.		0.		0.
	LINWOOD WRIGHT						
VI	CE CHAIRMAN	2.00	0.		0.		0.
ГE	LLY D. TUCKER						
SE	CRETARY	2.00	0.		0.		0.
CH	ARLES H. MAJORS	- ·- ·- ·					
rR	EASURER	2.00	0.		0.		0.
_			<u> </u>				
							_
_			<u> </u>		l		
_			<u> </u>				
					1		

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 34 Ware any significant changes made to the organization is name. Otherwise, explain the change of Schedule 0 (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among other (sold), \$51 (old), \$51 (old	LP:	art V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the			X
33 Dut the organization engage in any significant actively not previously reported to the IRSP If Yes, provide a detailed description of each activity in Schedule 0 34 Were any significant changes make to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 35 Dut the organization have unreliated business gross income of \$1,000 or new during the year from business activates (such as those reported on line \$2, 69, and 79, among others)? 35 If Yes's to line \$2, 69, and 79, among others? 36 If Yes's to line \$2, 69, and 79, among others? 37 If Internation is section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete application in \$2, 69, and 19, among the year of Yes, complete application in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes completed policies in \$2, 69, and 79, among others; yes complete schedule I. Part II and enter the total amount involved 38 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization during the year year in \$2, 59, and \$2, 59, a	_	, , company and a second			
34 Were any significant changes made to the organization area. Otherwise, assubint the chaque of Schedule (See instructions) 34 documents if they reflect a change to the organization is name. Otherwise, seption the chaque of Schedule (See instructions) 35 bit the organization has unreligited business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 69, and 78, among others)? 5 if I'ves' in line Sch. has the organization field a Form 990-T for the year? If 'No,' provide an explanation in Schedule 0 5 Was the organization ascertion \$10(4), \$01(6)(5), of \$21(6)(5), or \$21(6)(6), organization subject to section \$033(6) notice, reporting, and proxy tax requirements forming the year? If 'Ses,' complete Schedule (Part III and the organization and the organization the form 1120-PC for this year? 5 I'ves,' complete application the Form 1120-PC for this year? 5 I'ves,' complete application the Form 1120-PC for this year? 5 I'ves,' complete schedule Port II and enter the total amount involved 10 between the organization the Form 1120-PC for this year? 5 I'ves,' complete Schedule I, Part II and enter the total amount involved 10 between the organization and the organizations. Enter: 6 Institute the schedule I, Part II and enter the total amount involved 10 between the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 it 'I'ves,' complete Schedule I, Part II and enter the total amount organization engage in any section 4956 to Part II and enter the total amount of tax unit medical to the organization or any of its prior Forms 990 or 990-E27 it 'I'ves,' complete Schedule I, Part II and enter the total amount of tax unit medical to the organization or any of its prior Forms 990 or 990-E27 it 'I'ves,' complete Schedule I, Part II and enter the total amount of tax unit medical to the organization or any of the total part of the organization or any of the total part of the organiza	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they reflect a change to the organization's name. Otherwas, explain the change on Schedule 0 (see instructions) 34 bit the organization have unreflest business gross with the properties on lines 2, 6a, and 7a, among others? 51 if Yes' to line 35a, has the organization field a Form 990-T for the year? If Yes', provide an explanation in Schedule 0 53b		activity in Schedule 0	33		X
35.a Dit the organization have unrelated business gross ancome of \$1,000 or more during the year from business activities (such as those reported on less 2, 6a, and 7a, among others)? If Yes' to line 35a, has the organization filed a Form 990-T for the year? If Yo,* provide an explanation in Schedule 0 Yes the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c)(6) notice, reporting, and proxy tax requirements studying the year? If Yes,* complete Schedule (C. Part III) Bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete Schedule Part 501 (b) (b) (b) (c) (c) (c) or ordinates a disposition of net assets during the year? If Yes,* complete schedule Part 501 (b) (c) (c) organizations the Form 1150-D (c) for mis year. Bit the organization be Form 1150-D (c) for mis year. Bit Has amount of political exponentizes, direct or indirect, as described in the instructions. If If Yes, complete Schedule (L. Part II) If Yes, complete Schedule (L. Part II) If year, complete Schedule (L. Part II) If year, complete Schedule (L. Part II) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on dregate and year or dist spinled persons during the year under specific spinled year or dist spinled persons during the year under specific spinled year or distance or the year or distance or year that spinled years or distance or distance or year that spinled years or distance or distance or year that spinled years or distance or years that spinled years or distance or years the year or year that spinled years or distance or years that years or year years the year year year year years y	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1	Ì	
on Inst 2, 68, and 7a, among others)? If 1/7es 10 hins 256, has the organization field a Form 990-T for the year? If No, provide an explanation in Schedule D Was the organization a section 501c(i/4), 501c(i/5), or 501(c)(i/6) organization a section 6003(i) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part II Sol. Did the organization undergo a legislation, dissolution, the remination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37		· · · · · · · · · · · · · · · · · · ·	34		X
b If "Yes" to line 35s, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 50 ft(c)4, 50 ft(c)(5), or 50 ft(c)(5) or 50 ft(c)(6) or 50	35 a	· · · · · · · · · · · · · · · · · · ·		1	
e Was the organization a section 501(c)(4), so 10(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 18 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Scheddle N 19 Center amount of political expenditures, direct or indirect, as described in the instructions 19 Did the organization for Form 1120-POL for this year? 20 Did the organization brown from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pion year and still outstanding at the end of the tax year covered by this return? 20 If "Yes," complete Schedule L, Part II and enter the total amount involved 21 Section 501(c)(7) organizations. Enter: 22 Intribution (SC(3)) organizations. Enter: 23 Intribution (SC(3)) organizations. Enter amount of Ex imposed on the organization during the year under section 4911 ► 0. section 4912 ► 0. section 5912 ← 91					X
requirements during the year? If "Yes, complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a. Enter amount of political expenditures, direct or indirect, as described in the instructions but the organization the Form II 190-00. Or the year? 38 but the organization file Form II 190-00. The year? 39 but the organization file Form II 190-00. The year? 39 but the organization file Form II 190-00. The year? if "Yes," complete Schedule I., Part II and enter the total amount involved 38 but N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 but 190-01. Section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year under its entages in an excess benefit transaction. But the organization engage in any section 4936 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a proy sex that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on the 40 reministed by the organizations. At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes, complete Form 888-f" 1 List the states with which a copy of this return is filed by DaNVILLE FOUNDATION TEREPRINE 2P DANVILLE FOUNDATION TEREPRINE 2P DANVILLE FOUNDATION TEREPRINE 2P A DANVILLE FOUNDATION TEREPRINE 2P A DANVILLE FOUNDATION TEREPRINE 2P A DANVI			35b	N/	Α_
36 Did the organization undergo a liquidation, describing, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Did the organization before Yor, or make any lorans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37b If "Yes," complete Schedule L. Part If and enter the total amount involved 38c Section 501(c)(7) organizations. Enter amount of Eax imposed on the organization during the year under school 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on the organization during the year under school 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year under sections 4912 ≥ 0. is section 4915 ≥ 0. is section 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year under sections 4912, 4955, and 4956 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year under sections 4912, 4955, and 4955 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year under sections 4912, 4955, and 4955 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year under sections 4912, 4956 and 4955 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of Eax imposed on organization managers or disquilated persons during the year organization. At any time during the calendar year, did the organization have an interest in or a significant organization. Telephone no. ▶ (43.4) 793–175 4 List the states with which a copy of this return i	C				v
as a principal parts of Schedule N The arter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? The complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Intitation less and capital contributions molitude on line 9. for public use of club facilities Intition (SQ) organizations. Enter: Intition less and capital contributions molitude on line 9. for public use of club facilities Section 501(c)(7) organizations. Enter intition less and capital contributions molitude on line 9. for public use of club facilities Intition less and capital contributions. Enter amount of tax imposed on the organization during the year under: Intition less and capital contributions. Enter amount of tax imposed on the organization during the year under: Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization among the year unders excition 49112 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders excitions 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year unders excitions 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year year, was the organization aparty to a prohibited tax shelter transaction? If vest, complete form 8886-1 List the states with which a copy of this return is filled IN INONE The organization organization are in case of IN KEY TO DANVILLE FOUNDATION Telephone no. In 143 (19) (40) (40) (40) (40) (40) (40) (40) (40	00		350	-	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-PQL for this year? 38a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Different organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Different organization provided on the such and the such amount involved 38c Different organization file for the foldation of the such and the	30		20		X
b Did the organization file Form 1120-POL for this year? 38 in Did the organization file Form 1120-POL for this year? 38 in Did the organization force whom, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b ""Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: inhiation fees and capital contributions included on line 9, for public use of club facilities do Section 501(c)(3) ganatations. Enter amount of tax mposed on the organization during the year under: section 4911 ▶ 0, 's section 4912 ▶ 0, 's section 4955 ▶ 0, b 0. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of tax on line 40c reimbursed by the organizations. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? It "Yes," complete Form 896-T L List the states with which a copy of this return is filed ▶ NONE 1. List the states with which a copy of this return is filed ▶ NONE 1. List the states with which a copy of this return is filed ▶ NONE 1. Loated at ▶ 4.27 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM ZIP+4 ▶ 24543 3. At any time during the calendary year, did the organization have an interest in or a signature or other authority over a financial account; b 1. Yes, enter the name of the foreign country; ▶ 3. Section 4947(a)(1) nonexempt chartable trusts filing Form 990-EZ in beu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 1. If "Yes," enter the name of the foreign country; ▶ 3. Section 4947(a)(1) nonexempt chartable trusts filing Form 990-EZ in beu of Form 1041 - Check here and enter the amount of	37 9				┢
38 b Ut the organization force from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, Complete Schedule I, Part II and enter the total amount involved school 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 18 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911(b)			_		x
m a prior year and still outstanding at the end of the lax year covered by this return? If Yes, complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: a Inhalaton fees and capital contributions included on line 9 B Gross receipts, included on line 9 for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization 4958 excise sheeft transaction during the year, or did it engage in an excess benefit fransaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or includes a document or includes a d			0,0		
b M*res, complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(7) organizations. Enter is included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 8 Mindation fees and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 8 Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under: section 4911 ► 0_1; section 4912 ► 0_1; section 4955 ► 0_1 9 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? It if 'es; complete Schedule L, Part I 9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 9 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 400 reimbursed by the organization of the organization is the states with which a copy of this return is filed ► NONE 10 Located at ► 427 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM 21 The organization shocks are care of ► KEY TO DANYLLILE FOUNDATION Telephone no. ► (434) 793-175 11 Lost file states with which a copy of this return is filed ► NONE 12 The organization shocks are care of ► KEY TO DANYLLILE FOUNDATION Telephone no. ► (434) 793-175 13 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. 14 Last five states with which a copy of this return is filed ► NONE 14 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 14 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 15 Did the organiz			38a		x
39 Section 501(c)(3) organizations. Enter: Inhibition fees and capital contributions included on line 9 6 Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4915 ▶ 0. ; section 4915 ▶ 0. ; section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes", complete Schedule 1, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year was the organization of tax or properties of the sections 4912. Part I was also in the 40c elembursed by the organization organization of tax and the view of the organization organization organization is a port to a prohibited tax shelter transaction? If "Yes," complete form 8886-1 List the states with which a copy of this return is Bled ▶ NONE 10 Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; but the organization organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; but the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; but the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; but the organizat	b				
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 it 1*res; complete Schedule I. Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization or 301(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If *Yes,* complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ NONE 42a The organization's blooks are in care of ▶ KEY TO DANVILLE FOUNDATION Telephone no. ▶ (434) 7.93-1.75 Located at ▶ 4.27 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM ZIP+4 ▶ 24543 b) All any time during the calendar year, did the organization have an interest in or a signature or other financial account; over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts. c) At any time during the calendar year, did the organization maintain an office outside of the U.S.? If *Yes,* ferrit be amount of tax-exempt interest received or accrued during the year? If *Yes,* Form 990 must be completed instead of Form 990-EZ 44a Did the organization maintain any donor advised funds during the year? If *Yes,* Form 990 must be completed instead of Form 990-EZ 44b Did the	39		7		
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. ■ Section 91(c)(3) and 501(c)(4) organizations. Did the organization epiage in any section 4956 secess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I Section 901(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ■ 0. ■ All organizations during the year under sections 4912, 4955, and 4958 ■ 0. ■ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T ■ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T ■ NONE ■ NONE ■ NONE ■ NONE ■ NONE ■ All organization's books are in care of ■ KEY TO DANVILLE FOUNDATION ■ Telephone no. ■ (434) 793-175 Located at ■ 427 PATTON STREET — ECONOMIC DEVELOPMENT DEPARTM Over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ■ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. A tary time during the calendar year, did the organization was interest in or a signature or other undounty. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. A tary time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Chec	a]		
Section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-€2? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations of 501(c)(3) and 501(c)(4) organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T 11. List the states with which a copy of this return is filed ▶ NONE 12. The organization's books are in care of ▶ KEY TO DANVILLE FOUNDATION Telephone no. ▶ (434) 793-175 (coated at ▶ 427 PATTON STREET = ECONOMIC DEVELOPMENT DEPARTM ZIP+4 ▶ 24543 b All any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; such as a bank account, securities account, or other financial accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country; ▶ See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country;	b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, Compilet Schedule L, Part I C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, compilete Form 8886-T 1 List the states with which a copy of this return is filled ▶ NONE 11 List the states with which a copy of this return is filled ▶ NONE 12 The organization's books are in care of ▶ KEY TO DANVILLE FOUNDATION Telephone no. ▶ (434) 793-175 13 Located at ▶ 427 PATTON STREET − ECONOMIC DEVELOPMENT DEPARTM ZIP+4 ▶ 24543 14 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ 25 See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 14 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 15 Yes, enter the name of the foreign country: ▶ 26 Exertion 4947(3)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes, Form 990 must be completed instead of Form 990-EZ but the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ but the organization persence one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form	40 a				
year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Section 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ■ 0. A Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Located at ▶ 427 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM ZIP + 4 ▶ 24543 A larly time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year If 'Yes,' enter the name of the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' form 990 EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' form 990-EZ 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (200 1458) About the organization receive any payment from or engage in any transaction with a controlled		section 4911 ▶ 0 . ; section 4912 ▶ ; section 4955 ▶ 0 .			
If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations and unity time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE List the states with which a copy of this return is filed ▶ NONE List the states with which a copy of this return is filed ▶ NONE Located at ▶ 427 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM All any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year At Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-E2 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2 Did the organization receive any payments for indoor tanning services during the year? Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payments from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form	b				
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d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed NONE 11 List the states with which a copy of this return is filed NONE 12 Located at 12 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM IN 2IP+4 245 A3 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 · Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No, " provide an explanation in Schedule O 44b If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No, " provide an explanation in Schedule O 44c If 'Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructio	C				l
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Lust the states with which a copy of this return is filed NONE Located at A27 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? If Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Yes If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ b Did the organization receive any payments for indoor tanning services during the year? d If Yes' to line 44c, has the organization filed a Form 720 to report these payments? If *No,* provide an explanation in Schedule O at a Did the organization have a controlled entity within the meaning of section 512(b)(13)? At a Did the organization and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (See instructions)	е		400		x
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Located at ► 427 PATTON STREET - ECONOMIC DEVELOPMENT DEPARTM At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country; See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 446 456 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 457 458 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (see instructions)			793	-17	53
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: At a put time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: At a Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No," provide an explanation in Schedule O 44d 44d 44d 44d 44d 44d 44d 44d 44d 44					 -
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c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes I 43 N/A Yes I 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 44d 45d Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (20 Form					
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Form 990-EZ (20	45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
Form 990-EZ (20	45 b]]		
	33217		Form 99	0-EZ (2013

Form 990-EZ (2013) KEY_TO DANVILLE FOUNDATION

54-1343580 Page 3

rom	1990-EZ (Z013) KEY TO DANVILLE FOUNDATIO	N		_	<u>54-1343</u>	<u> </u>		raye 4
	1				-		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities	s on behalf of or in o	opposition to	candidates for ou	blic office?			
	If "Yes," complete Schedule C, Part I	0 011 2011411 01 01 111 0	, p p o o	o cantaldatos to: po		46		x
D	art VI Section 501(c)(3) organizations only					40 1		
L_e		401 150 1			50 151			
	All section 501(c)(3) organizations must answer questions 47			ne tables for line	s 50 and 51.			
	Check if the organization used Schedule O to respond to any	question in this Pa	art VI		 -			بيا
					F		Yes	
47	Did the organization engage in lobbying activities or have a section 501(h) elec	tion in effect during t	he tax year?	? If "Yes," complete	Sch. C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," c				Ī	48		X
	Did the organization make any transfers to an exempt non-charitable related or	-				49a		X
	If "Yes," was the related organization a section 527 organization?	gameanom			ł	49b		
	· · · · · · · · · · · · · · · · · · ·	/athor than afficare	durantara tu	ينما لحم ممطين] 			
50	Complete this table for the organization's five highest compensated employees	**	unectors, u	usiees and key en	ipioyees) wilo ea	ren red	eiveu	nore
	than \$100,000 of compensation from the organization. If there is none, enter "N							
	(a) Name and title of each employee	(b) Average ho		(C) Reportable	(d) Health benefits contributions to) Estim	
		per week devote	ed to □	ompensation (Forms W-2/1099-MISC)	employee benefit	1	ount of	
	NONE	position	i		plans, and deferred compensation	, cor	mpensa	ation
								
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				}				
						 		
						-		
			Ì					
				· · · 		+		
						}		
						Ш		
	Total number of other employees paid over \$100,000	▶ .						
51	Complete this table for the organization's five highest compensated independent	it contractors who ea	ach received	f more than \$100,0	100 of compensa	tion fr	om the	
	organization. If there is none, enter "None." NONE			·				
	(a) Name and business address of each independent contractor		(b) Typ	pe of service	(c) (ompe	nsatior	1
				·				
	 							
	. <u> </u>							
					ł			
	T 1.1							
	Total number of other independent contractors each receiving over \$100,000							
52	Did the organization complete Schedule A? Note. All section $501(c)(3)$ organization	itions and 4947(a)(1)) nonexemp	ot	_			_
IE Z	charitable trusts must attach a completed Schedule A	ulon and atalamanta and	d to the beet	f my knowledge		Yes	3	<u> No</u>
under Declar	penalties of perjury, I declare that I have examined this return, including accompanying sched ration of preparer (other than officer) is based on all information of which preparer has any know	ules and statements, and riedge	u to the best o	my knowledge and	Jener, it is true, com	ect, and	comple	B(0
				i				_
Sigi	Signature of officer				Date			
Her	TELLY D. TUCKER, SECRETARY	111 1911	Maria	,	Muld			
	Type or print name and title	m w	M		 			
		1 10	ata	Check X	If PTIN			
		/_// 108	ate					
Paid	d R. STEPHEN WILKINSON,	Man I	[[4]]	self- employ			_	
_	parer CPA MANAGEMENT	wycuru 11	1///	<u> </u>	P004	<u>،36</u> 0	004	
	Only Firm's name WILKINSON CONSULTING &	CPA PLC		Firm's EIN	► 48-129	69:	34	
Joe	Firm's address > 217 PINEY FOREST ROAD			Phone no.				
	DANVILLE, VA 24540							
Agu +					▶ 3	Yes	,	No
nay I	the IRS discuss this return with the preparer shown above? See instructions							
					Fe	orm 99	IU-EZ ()	2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ 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	the organizat	ion							Employer	r identificati	on nu	mber
		KEY TO	DANVILLE FOU	NDATI	ON_				5	4-1343	580	<u> </u>
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	oox.)					
1 🖳	A church, co	nvention of churche	s, or association of chui	rches desc	enbed in se	ection 170)(b)(1)(A)(i).				
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
<u></u>	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 X		•	ent or governmental un				,, ,, ,					
7 📖	-		eives a substantial part	of its supp	oort from a	governme	ental unit d	or from th	e general	public desc	rıbed i	n
		(b)(1)(A)(vi). (Comple										
8			section 170(b)(1)(A)(vi).			_						
9 📖	-	=	eives: (1) more than 33						=	-	-	
		•	nctions - subject to certa	-						_		
			axable income (less sec	tion 511 ta	ex) from bu	ısınesses	acquired b	y the org	janization	aπer June 3	U, 197	5.
40		509(a)(2). (Complete	e Part III.) perated exclusively to te	et for publ	lic cafety (See eestid	n 500(a)(41				
10	-	-	perated exclusively for the		-			•	rn, out the	numneae c	of one	or
''	-		ations described in secti									<i>3</i> 1
		· · · · · · · ·	organization and compl				L). 000 36 0	5000	nanon on	OOK TIO DOX	triat	
	a Type			ype III - Fu			۱ ،	TV	ne III - No	n-functionall	v intec	arated
e 🗀	• • •		it the organization is not	• •	-	_		-			-	-
с			han one or more publicl									••
f		=	ten determination from	-					()()		(-/(-/	
·		rganization, check th	_		•	. , ,,	, . , , ,					
g	•	•	organization accepted ai	ny gift or c	ontributior	from any	of the foll	owing pe	rsons?	•		
J	_		rectly controls, either a							,,	Yes	No
			upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e? .					11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganızation	(s).							
												
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did yo	u notify the	(vi)	ls the tion in col.	(vii) Amount	of mor	netary
orga	inization		(described on lines 1-9	jn col. (i) li	sted in your document?	organizat	tion in col. r support?	(i) organi	ized in the l	supp	oort	-
			above or IRC section (see instructions))		,		· · · · · · · · · · · · · · · · · · ·		S.?			
			(555	Yes	No	Yes	No	Yes	No			
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Total					L		<u> </u>		<u> </u>			

332021

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

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.)

Se	ction A. Public Support						
Cale	ndar 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		1				
	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		1	1		}	}
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly		ĺ				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				-		
_	column (f)	ļ		ļ	 		 _
	Public support. Subtract line 5 from line 4 ction B. Total Support		1	<u> </u>	<u> </u>	<u></u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009	(8) 2010	(6) 2011	(u) 2012	(e) 2013	(i) iotai
-	Gross income from interest,			 			
Ü	dividends, payments received on						
	securities loans, rents, royalties	1		1			
	and income from similar sources						
9	Net income from unrelated business			 			
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			 -	 		
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructiv	ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth t	ax year as a section		
	organization, check this box and stop	-					
Sec	tion C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (I	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2012. If the o	rganization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	•			•		
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t IV how the organ	ization
	meets the "facts-and-circumstances"	•	•		•		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
	organization meets the "facts-and-circ		=		-		₽ ⊨
18	Private foundation. If the organization	1 did not check a	box on line 13, 16	a, 160, 1/a, or 1/t			
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	low, please con	piete i ait ii.)				
Calendar 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 per-				}	1	
formed, or facilities furnished in				1		
any activity that is related to the organization's tax-exempt purpose			1			
3 Gross receipts from activities that				 		
are not an unrelated trade or bus-			}		j	
iness under section 513						
4 Tax revenues levied for the organ-		 			 	
ization's benefit and either paid to					1	
or expended on its behalf						
·		ļ			 	
5 The value of services or facilities		}			1	
furnished by a governmental unit to						
the organization without charge		 				
6 Total. Add lines 1 through 5				ļ	 	
7a Amounts included on lines 1, 2, and]	1	j l	
3 received from disqualified persons		ļ		<u> </u>		
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				1	1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)					† · · · · · · · · · · · · · · · · · · ·	
Section B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4) 2000	(6) 25.0	10/2011	(0/2012	10,2010	(1) 10141
10a Gross income from interest,		,		 	 	
dividends, payments received on				\		
securities loans, rents, royalties				1		
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		<u> </u>				
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is		1				
regularly carried on					<u> </u>	
12 Other income. Do not include gain						
or loss from the sale of capital		1		}	1	
assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12)					 	
14 First five years. If the Form 990 is for the	he organization!	s first, second, thir	d. fourth, or fifth to	ax vear as a section	on 501(c)(3) organiza	ation.
check this box and stop here	or gui naution i	, 5000110, 41111	_, , 0, (, <u></u> ao a ooone	55 . (5)(5) 5. 94.1120	▶ [□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lin			column (f))		15	
		•		• •	16	%
16 Public support percentage from 2012 Section D. Computation of Invest					10	
=			na 13 column (6)		147	
17 Investment income percentage for 2013			ie 13, column (I))		17	
18 Investment income percentage from 20				46	18	%
19a 33 1/3% support tests - 2013. If the or	-					/ is not
more than 33 1/3%, check this box and	-	-				▶∟⊥
b 33 1/3% support tests - 2012. If the or	-					nd
line 18 is not more than 33 1/3%, check		•				▶Щ
20 Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th	iis box and see in:	structions	
32023 09-25-13				Sch	edule A (Form 990	or 990-EZ) 2013

332023 09-25-13

Also co	0 or 990 EZ) 2013 KE) emental Information explete this part for any a	idditional information.	See instructions)			
						
			·			
						
						
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			·			
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		<u> </u>				
						
						

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.

Attach to Form 990 or 990-EZ.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization KEY TO DANVILLE FOUNDATION	Employer identification number 54-1343580
FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:	
LOCAL GOVERNMENT UNIT	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUON OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	