

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



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

tni	ternal Reve	nue Service	► Information	n about Fo	rm 990 a	and its instru	uctions is	s at www.i	irs.go	v/form990.		Inspect	tion
A	For the	2013 calend	dar year, or tax year begin	ning O	CT 1,	2013	and	ending §	SEP	30, 20	14		
В	Check if applicable	C Name o	f organization						D	Employer ide	entificat	ion number	-
	Addre chang	s KIWA	NIS CLUB OF D	ANVIL	LE FO	DUNDATI	ON						
Ī	Name chang		Business As						_	54	-148	5088	
ĺ	Initial		r and street (or P.O. box if m	aıl ıs not deli	vered to s	treet address)		Room/suite	E .	Telephone nu			
[Termir		BOX 1701			•				•	34)	792-780	38
	Ameno return	City or t	town, state or province, co	untry, and	ZIP or for	reign postal (code		G	Gross receipts \$,319.
[Application		/ILLE, VA 245	43					H(a) Is this a gro	up retur		
	pendir	F Name a	and address of principal off							for subordin	nates?	Yes	X No
_		<u> 120 E</u>	ENT CREEK RD.	, DAN	VILLE	E, VA	2454	0	H(b) Are all subordir	ates includ	ded? Yes	☐ No
<u> 1</u>			X 501(c)(3) 501(c))().	⋖ (ınser	t no.) 4	947(a)(1)	or 527	7	If "No," atta	ich a list	. (see instruct	ions)
_		te: ▶ N/A) Group exer			
		organization:	Corporation Trus	st As	sociation	LX Other	► FOU	ND L Year	r of for	mation: 199	0 M St	ate of legal don	<u>nicile: VA</u>
L	Part I	Summary											
	ც 1	Briefly describ	be the organization's missi	on or most	significal	nt activities:	SUPP	ORT FO	OR .	AREA CO	NCER	<u>NS</u>	
	Governance Covernance	Charlether h		. A			-	REC	En	150	۲		
E.	2	Check this bo	ox if the organization in the gover in the government.	ition discor	itinuea it	s operations	or disp	sec ormer	e inai	n ko por its r	et asset	S.	
			dependent voting members		•	•	lundar l	JAN 9	n = -	ုပ္	3	-	
•	~ ,		of individuals employed in	_	_	- '	80907	OMIN 3	672	2015	4		
			of volunteers (estimate if r		Gai 2013	r (rait v, iiie	29)	170		\$\$1	5 6		0
∞) 7a		ed business revenue from F	= -	lumn (C)	 line 12	-		N	114	7a		0.
FEB	٩ ١		business taxable income					The second second			7b		0.
_					000 1,					Prior Year	175	Current Ye	
SCAPINED S	a 8	Contributions	and grants (Part VIII, line	1h)						110,75	3.		,717.
	ਫ਼੍ਰੋਂ 9		ice revenue (Part VIII, line 2			•					0.		0.
@- 65.	9 10	Investment in	come (Part VIII, column (A)), lines 3, 4,	and 7d)					11,03	12.	6	,602.
F.	[±] 11	Other revenue	e (Part VIII, column (A), line	s 5, 6d, 8c	9c, 10c,	, and 11e)					0.		0.
	12	Total revenue	e - add lines 8 through 11 (r	must equal	Part VIII,	column (A),	line 12)			121,78	5.	243	,319.
	13	Grants and si	mılar amounts paid (Part I)	K, column (/	A), lines 1	I-3)				114,80	0.	237	,022.
	14	Benefits paid	to or for members (Part IX	, column (A), line 4)						0.		0.
	ဖ္မှ 15		er compensation, employee				es 5·10)		_		0.		0.
	do I		fundraising fees (Part IX, co		·-						0.	_	0.
	유 _ b		sing expenses (Part IX, colu		, .	-		<u> </u>			-		
	17		ses (Part IX, column (A), line			•		<u> </u>			8.		25.
	- 1		es. Add lines 13-17 (must e			n (A), line 25))	-		114,86			<u>,047.</u>
_	<u>19</u>	Hevenue less	expenses. Subtract line 1	8 from line	12 .					6,91			<u>,272.</u>
ję c	al an	Total accete ((Part X, line 16)					В	eginni	ng of Current \		End of Ye	
Acco	음을 20 - 21		s (Part X, line 26)		•					129,37	0.		<u>,972.</u>
Net	(⊂		fund balances Subtract li	ne 21 from	lina 20					129,37		1/1	<u>0.</u> ,972.
	Part II	Signatur		110 21 110111	1110 20			!		147,51	7 •	<u> </u>	, 314.
			I declare that I have examined	this return.	ıncludına	accompanying	a schedule	es and stater	ments.	and to the best	of my kr	nowledge and b	elief it is
			e. Declaration of preparer (oth										,
			Lew D.	4 Oa	ز				_	1-24	-15		
s	ign	Signatur	re of officer							Date			
Н	lere			RESIDE	NT								
		Type or	print name and title										
		Print/Type pre	parer's name		Prepare	nature	2	A-1	Date	Che	ck	PTIN	
	aid	_	FOSTER, CPA		All	A)	30	Ks	1- (9 - 15 self	employed	P012078	
	reparer				NEAL	& CO.,	LLP,	CPA'S	_	Fırm's Ell	V <u>5</u>	4-0643	136
U	se Only	Firm's addres	$s \rightarrow P.O. BOX 34$										
_		L	DANVILLE, V							Phone no	.(434	<u> </u>	<u> 220</u>
<u>N</u>	lay the I	RS discuss th	is return with the preparer	shown abo	ve? (see	instructions')					X Yes	□ No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2013) KIWANIS CLUB OF DANVILLE FOUNDATION	<u>54-1485088</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: SUPPORT FOR AREA CONCERNS		<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on	· · ·	
	the prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	LYes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense:	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	ers, the total expenses,	and
42	(Code) (Expenses \$237,022. including grants of \$237,022.) (Revenue		
→ a	GRANTS TO AREA CHARITABLE ORGANIZATIONS PROVIDING EDUCATIONS		—— '
		LIONAL AND	
	HUMANITARIAN SERVICES TO THE COMMUNITY		
			
			
4b	(Code) (Expenses \$) (Revenue)	.e \$)
		<u></u>	
	· · · · · · · · · · · · · · · · · · ·		
			
			
			
			
4c	(Code) (Expenses \$) (Revenue for the control of the c	ue \$)
		<u></u>	
		 _	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 237,022.		290 (2012)

Part IV Checklist of Required Schedules

1 is the organization discribed in section 501(c)(3) or 4947(s)(1) (other than a private foundation)? 1					
If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? "Yes," complete Schedule C, Part I 3 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 5 Is the organization a section 501(c)(4), 501 (c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 5 Is the organization maintain any othoric advised funds or any similar funds or accounts for Which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 5 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide circle to repair or debt negotiation services? If "Yes," complete Schedule D, Part II 5 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII 6 Did the organization report an amount for Industrial Schedule D, Part VII 7 Did the organization report an amount for Industrial Schedule D, Part VII, III, IX, or X as applicable. 8 Did the organization report an amount for Investments - program reliated in Part X, line 197 If "Yes," complete Schedule D, Part VII 8 Did the organization report an amount for investments - program reliated in Part X, line 197 If "Yes," complete Schedule D, Part X II 9 Did the organization report an amount for or investments - program reliated in				Yes	No
2 X 2 bit the organization required to complete Schedule 8, Schedule of Contributors 3 bit the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public officia? If 'Yes,' complete Schedule C, Part I' 3 section 501c(3) or ganizations. Did the organization engage in lobbying activities, or have a section 501(6) organization in effect during the tax year? If 'Yes,' complete Schedule C, Part II 5 is the organization ascetion 501(6), 601(6)(5), or 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewa Perceive 98-197 II 'Yes,' complete Schedule C, Part II 5 bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of announts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical arreas, or instruction of the second organization maintain collections of works of art, historical treasures, or other similar assesses? If 'Yes,' complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X or provide cerdor counseling, debt management, credit repair, or debt negotation services? 10 Yes,' complete Schedule D, Part IV 11 If the organization report an amount for Investments or the securities in Part X, line 10 If 'Yes,' complete Schedule D, Part VI 12 Did the organization report an amount for investments or other securities in Part X, line 10 If II 'Yes,' complete Schedule D, Part VI 12 Did the organization report an amount for investments or porgram related or part X, line 10 If II 'Yes,' complete Schedule D, Part VI 13 Did the organization included in consolidated, independent audited financial statements for the	1				
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similar amounts as defined in Revenue Procedure 88.19? If "Yes," complete Schedule D, Part II of Did the organization maintal may donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part III of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III of 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 courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VI 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 XI organization report an amount for the labities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI organization related in amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, l			4		X
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 2 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 2 2 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 II and IV 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 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 II 18 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited fi	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		·	2 0a	ļ	X
Form 990 (20	<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
			Form	990	(2013)

Form 990 (2013) KIWANIS CLUB OF DANVILLE FOUNDATION

Part IV Checklist of Required Schedules (continued)

	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	,,,,,,,,,,,,	00-		v
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	 	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	_	X
				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		x	1

Form 990 (2013) KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1¢ 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a 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 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources 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? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

Form 990 (2013)

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7		_	
	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 7	;		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		·	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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		Х
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			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		_X_
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	_	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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 interest policy, and	d finan	cıal	
	statements available to the public during the tax year.	-		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion.	`	
	C. DILLION BARNETT, JR (434)799-4220			
	140 WESTMORELAND COURT, DANVILLE, VA 24541			

Form	990	(2013)	

KIWANIS CLUB OF DANVILLE FOUNDATION

54-1485088

Page 7

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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	an compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GLEN D. GILES	0.50							_		
PRESIDENT	0.50	Х	<u> </u>	X		_		0.	0.	0
(2) E. BUDGE KENT, JR.	0.50								_	
VICE-PRESIDENT		X		Х	<u> </u>			0.	0.	0
(3) DAVID T. CLARK	0.50								_	_
SECRETARY		X	_	X	⊨	ļ		0.	0.	0
(4) C. DILLION BARNETT, JR.	0.50	3,5		٠,					000	•
TREASURER	2.00	X	_	X	-			0.	900.	0
(5) LORETTA ARON	0.50	₹,							•	•
DIRECTOR	0.50	Х	-					0.	0.	0
(6) GUS S. DOLIANITIS	0.50	x						0.		0
DIRECTOR VOLENDRANGE	0.50	Α	_		\vdash	-			0.	0
(7) HARRY T. KOLENDRIANOS DIRECTOR	0.50	x						0.	0.	0
									·	
			_		_					
		-					-			
					-	-				
		_				-	_			
-										
		<u> </u>	-		├─	-				

332007 10-29-13

Form	990 (2013) KIWANIS	CLUB OF	DZ	M	/II	LL	E E	<u> 701</u>	UNDATION	54-1	485	088	P	age 8
Par	VII Section A. Officers, Directors, Tru		oloy	ees	an	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
		(list any hours for related organizations below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-Mi	าร	fr org an	ipensa rom the anizat d relat anizati	e ion ed
····														
	·	-												
											_			
1b	Sub-total						<u> </u>	 >	0.	9	00.			0.
	Total from continuation sheets to Part \ Total (add lines 1b and 1c)	/II, Section A							0.		0.			0.
	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d al	bove	e) wł	no re						0
	-									.			Yes	No
	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such indıvidual										3		x
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	50,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual .	_		4		x
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							elat	ed organization or indiv	idual for service:	S	5		x
	ion B. Independent Contractors		4							*				
1	Complete this table for your five highest c the organization Report compensation for										npens	ation i	rom	
	(A) Name and busines	s address	N	ONE	3				(B) Description of s	services	C	(C ompe	C) nsatio	n
			_											
							,	\neg				-		•
								7						
2	Total number of independent contractors		ot i	mite	d to		_	sted	l above) who received n	nore than	 			
	\$100,000 of compensation from the organ	iization 📂					<u>) </u>				<u></u>	Form	990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 236,717 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 236,717 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,104 6,104. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (iı) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 498 assets other than inventory b Less: cost or other basis 0 and sales expenses 498. c Gain or (loss) 498 498. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 243,319 6,602 Total revenue. See instructions. 332009 10-29-13 Form 990 (2013)

Par	t IX Statement of Functional Expense	S			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	237,022.	237,022.		· ·
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	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	Payroll taxes .				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying .				<u> </u>
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 Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		···		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				. <u>-</u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE CORPORATION COMMI	25.		25.	
b					
С					
d					
е	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24e	237,047.	237,022.	25.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2013)
Part X Balance Sheet

Par	τ ,	Balance Sheet				
		Check if Schedule O contains a response or no	te το any line in this Part Χ	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		5,336.	1	10,747
	2	Savings and temporary cash investments		18,090.	2	18,453
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L	.		5	
	6	Loans and other receivables from other disqual				
		section 4958(f)(1)), persons described in section	• • • • • • • • • • • • • • • • • • • •			
		employers and sponsoring organizations of sec				
Assets		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L	 	6	
SS	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges	· · · ·		9	
	10a	Land, buildings, and equipment: cost or other				
	_	basis. Complete Part VI of Schedule D	10a			
		Less. accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		105 051	11	440 550
	12	Investments - other securities. See Part IV, line	105,951.	12	112,772	
	13	Investments - program-related. See Part IV, line	¹¹ ·		13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11		129,377.	15	141 070
	16 17	Total assets. Add lines 1 through 15 (must equipment of accounts payable and accrued expenses	arime 34)	149,311.	16	141,972
	18	Grants payable	·	····	17	
	19	Deferred revenue	• •		18 19	
	20	Tax-exempt bond liabilities	•		20	···
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and forme	•			
₽		key employees, highest compensated employee	· · · · · · · · · · · · · · · · · · ·			
Liabilities		Complete Part II of Schedule L	oo, and dioqualities percente.		22	
ڌ	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	· .		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, pa	· ·		=-	
		parties, and other liabilities not included on line				
		Schedule D	, ,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	. 0
		Organizations that follow SFAS 117 (ASC 958	3), check here ▶ X and			
es S		complete lines 27 through 29, and lines 33 ar	nd 34.			
ဋ	27	Unrestricted net assets	Į.	129,377.	27	141,972
ğ	28	Temporarily restricted net assets			_28	
ğ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (A	ASC 958), check here ▶ 🔲			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	 -
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	
Z	33	Total net assets or fund balances		129,377.	33	141,972
	34	Total liabilities and net assets/fund balances		<u> 129,377.</u>	34	141,972

Form **990** (2013)

	990 (2013) KIWANIS CLUB OF DANVILLE FOUNDATION	54-1485088	Pa	age 12
Pa	t 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 24	3,3	319.
2	Total expenses (must equal Part IX, column (A), line 25)	2 23	7,0)47.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,2	272.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 12	9,3	377.
5	Net unrealized gains (losses) on investments	5	6,3	323.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-	
	column (B))	10 14	1,9	972.
Pa	t 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. X Cash — Accrual — Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C) .		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		LX_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	. 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit		
	Act and OMB Circular A-133?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	1

332012 10-29-13 Form **990** (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

Open to Public Inspection

Name of the organization

Employer identification number

<u> </u>	T B	KTWWNTP	CLUB OF DAIN	АТГГЕ	FOUN	DATIO	N			4-1485	<u>, 088</u>	<u> </u>
Part I			ity Status (All organiz					ructions.				
he orga	nization is not a	private foundation	because it is: (For lines 1	l through 1	11, check (only one b	ox)					
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	heduie E.)								
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)((A)(iii).					
4	A medical res	earch organization of	operated in conjunction	with a hos	pıtal descr	rbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ne,
	city, and state	e:								_		
5			benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describ	ed in		
	1	(b)(1)(A)(iv). (Comple	*									
6	1		ent or governmental unit									
7 LX	An organizati	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed	ın
· · ·	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 🖳	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	ınd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	inves	tment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon	after June 3	30, 19	75.
,	See section	509(a)(2). (Complete	e Part III)									
10 🖳	An organizati	on organized and or	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	\$).				
11 📖	An organizati	on organized and or	perated exclusively for th	ne ben <mark>e</mark> fit (of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or sectio	n 509(a)(2). See se c	ction 509(a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1°	1e through	11h.						
	a Type I	b 🔙 T <u>y</u>	ype II c 🔙 Ty	ype III - Fu	nctionally i	ntegrated	c	ј 🗀 Тур	e III - No	n-functional	ily ınte	grated
е 📖	By checking	this box, I certify tha	at the organization is not	controlled	directly of	r indirectly	by one o	r more dis	qualified	persons otl	ner tha	an
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 50	9(a)(1) or	section 509	∂(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	ganization, check th	nis box									
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (iii) below	′ ,	Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?				·	11g(iii)		
h			about the supported or									
				-								
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization		notify the	(vi) ls	the	(vii) Amoun	t of mo	netary
or	ganization	` '	(described on lines 1-9	in col. (i) lis		organizat		organizati (i) organiz	ed in the	1 ' '	port	,
			above or IRC section (see instructions))	governing	document?	(i) of you	support/	U.S	5.?			
		<u>.</u>	(ace manuchona))	Yes	No	Yes	No	Yes	No			
]					
				ļ								
				<u> </u>			ļ . <u>.</u>					
					-			-				
					ļ <u> </u>				-	-		
Total												
						-						

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and			1.2.		(0/====	10 1010
	membership fees received. (Do not						
	include any "unusual grants.")	213,025.	278,353.	185,000.	110,753.	236,717.	1,023,848,
2	Tax revenues levied for the organ-			<u> </u>		, , , , ,	2,025,010.
	ization'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	213,025.	278,353.	185,000.	110,753.	236,717.	1,023,848.
5	The portion of total contributions	•					1,025,040.
	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)						981,797.
6	Public support. Subtract line 5 from line 4						42,051.
	ction B. Total Support					L	42,031.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	213,025.	278,353.	185,000.	110,753.	236,717.	
8	Gross income from interest,	22370231	2707333	103,000.		230,717.	1,023,848.
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	230.	615.	4,660.	5,947.	6,602.	18,054.
۵	Net income from unrelated business	250.	<u></u>	4,000.	3,341.	0,002.	10,054.
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.)						
44	Total support. Add lines 7 through 10						
12		ata (saa instructio	nna\			40	1,041,902.
	First five years. If the Form 990 is fo	•	, ,	al faccido au fific ta		12 501()(0)	
13			s iirst, secona, tnir	a, rourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
Se	organization, check this box and stopertion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (oolumn (fl)		44	4.04 %
	Public support percentage from 2012		-	Joiurnin (1))		15	
	33 1/3% support test - 2013. If the			 n line 12 and line :	14 io 22 1/20/		
100	stop here. The organization qualifies				14 18 33 1/3% 01 11	iore, check this box	k and ▶□
	33 1/3% support test - 2012. If the		•	• • •	lmo 15 to 00 1/00/		▶
	and stop here. The organization qual				III 15 IS 33 1/3%	or more, check th	IS DOX
17:		•			12 160 0: 166 4	and line 4.4 is 4.000	
176	10% -facts-and-circumstances tes						
	and if the organization meets the "facts and circumstances"					rt iv now the organi	zation
	meets the "facts-and-circumstances"					17 45 - 4	▶∟
	10% -facts-and-circumstances tes						U% Or
	more, and if the organization meets the						` —
10	organization meets the "facts-and-circ						
_10	Private foundation. If the organization	on did flot check a	DOX OF THE 13, 16	a, 100, 1/a, 0r 1/t		nd see instructions dule A (Form 990)	
					- Sche	CHIE A IPOTH WUIT	ロビットル・トノーン(リコマー

300-22) 20 10

Schedule A (Form 990 or 990-EZ) 2013 KIWANIS CLUB OF DANVILLE FOUNDATION 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)

Sec	etion A. Public Support	Ow, please com	piete i artiri				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		1	}			
	any activity that is related to the organization's tax-exempt purpose		-	ł			
3	Gross receipts from activities that		· · · · · · · · · · · · · · · · · · ·	† · · · · · · · · · · · · · · · · · · ·	<u> </u>		
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
А	Tax revenues levied for the organ-		 		 	 	
-	ization's benefit and either paid to					\	
	or expended on its behalf						
5	The value of services or facilities				 		
5	furnished by a governmental unit to						
	the organization without charge						
_	· · · · · · · · · · · · · · · · · · ·		-		 		
	Total. Add lines 1 through 5	 -			· · · · · · · · · · · · · · · · · · ·	 	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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	
	amount on line 13 for the year			-	 	+	-
	Add lines 7a and 7b			 	 	 	
	Public support (Subtract line 7c from line 6) ction B. Total Support	,		,. <u>-</u>		<u> </u>	
		(-) 0000	(h) 2010	(=) 0011	(-1) 0010	(-) 0010	// Total
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Gross income from interest,			 -	 		
108	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		 				
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · ·			<u> </u>		-	
11	Add lines 10a and 10b Net income from unrelated business			-	 		
• • •	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on					 	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		 		 		
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth f	tax year as a secti	on 501(c)(3) organiz	cation,
<u></u>	check this box and stop here	- Cumpart Da					
	ction C. Computation of Public					Τ τ	
	Public support percentage for 2013 (iii		-	column (t))	•	15	
<u>16</u>							%
	ction D. Computation of Inves					· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for 20	•		ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2	·	· ·		4 .	18	<u>%</u>
19	a 33 1/3% support tests - 2013. If the	_				•	1 / is not
	more than 33 1/3%, check this box an	=		•	- · · ·		
ı	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, chec		-			_	₹
<u>20</u>	Private foundation. If the organization	ula not check a	DOX on line 14, 19	a, or 19b, check t	inis box and see in	structions	

Schedule A	(Form 990 or 990-EZ)	2013 KIWANIS	CLUB OF	DANVILLE	FOUNDATION	54-1485088 Page 4
Part IV	Supplemental In	formation. Provid	e the explanation	ons required by Pa	FOUNDATION art II, line 10, Part II, line	17a or 17b; and Part III, line 12
	Also complete this pa				, , , ,	
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				<u> </u>		
						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

		CLUB OF D							Page 2
Par									
3	Using the organization's acquisition, accessi	on, and other recor	ds, check any	of the following t	nat are a s	significant	use of its	collection	ıtems
	(check all that apply):								
а	Public exhibition	•		or exchange prog	grams				
b	Scholarly research	•	e L Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	iin how they fu	rther the organiza	ation's exe	empt purp	ose in Part	t XIII.	
	During the year, did the organization solicit of				ther simıla	r assets	_	_	
	to be sold to raise funds rather than to be m							<u>Yes</u>	No.
Par			lete if the orga	nization answere	d "Yes" to	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa			· · · · · · · · · · · · · · · · · · ·					
	Is the organization an agent, trustee, custod	ian or other interme	diary for contr	butions or other	assets no	t ıncluded	_	7	
	on Form 990, Part X?						ــا.	」Yes	∟_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fe	ollowing table:						
						-		Amount	
	Beginning balance					1c	 -		
	Additions during the year					1d	 		
е	Distributions during the year	•		•		1e	 		
f	Ending balance		•			1f	L		
	Did the organization include an amount on F	•					. L	」 Yes	∐ No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior y	ear (c) Iwo y	ears back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance			 -					
ь	Contributions			- 					
C	Net investment earnings, gains, and losses								
d	Grants or scholarships		 		 			<u> </u>	
е	Other expenditures for facilities			1					
_	and programs		-			<u> </u>			
f	Administrative expenses		 					 	
g	End of year balance					<u> </u>			
2	Provide the estimated percentage of the cur	rrent year end balan		umn (a)) neid as:					
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
0-	The percentages in lines 2a, 2b, and 2c shows there endowment funds not in the percentage.	•	ration that are	bold and admini	savad fav	+b			
3a	Are there endowment funds not in the posse	ession of the organi.	zanon mai are	neid and adminis	stered for	tne organi	zation	Г	V N-
	by: (i) unrelated organizations								Yes No
	(i) unrelated organizations (ii) related organizations	•				•	•	3a(i)	
.	If "Yes" to 3a(ii), are the related organization	se lietad ae ragijirad	on Schedula I	22	•			3a(ii) 3b	
4	Describe in Part XIII the intended uses of the						•	_ db _	l.
Par			ownent lands					·	
<u> </u>	Complete if the organization answere		0. Part IV. line	11a. See Form 9	90. Part X	line 10			
	Description of property	(a) Cost or) Cost or other		Accumulat	ed	(d) Book	value
	Secondarion of property	basis (invest	1 -	basis (other)	1	epreciation	1	(a) Dook	Tuluu
19	Land		'		1	,			
	Buildings								
	Leasehold improvements		-	•					
	Equipment						-+		
	Other				 				
	. Add lines 1a through 1e. (Column (d) must	egual Form 990. Pai	rt X. column (B), line 10(c).)				-	0.
									<u>-</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

	t XI Reconciliation of Revenue per Audited Financial Stat		54-1485088 Pag	ge 4
	Complete if the organization answered "Yes" to Form 990, Part IV, line		ue per Meturn.	
1	Total revenue, gains, and other support per audited financial statements	124.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•	1	
a	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		
e	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		. -	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return.	
	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	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
ď	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
а	investment expenses not included on Form 990, Part VIII, line 70			
a b	Other (Describe in Part XIII)	4b		
		4b	. 4c	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18		. 4c 5	
b c 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	.)	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b, F	5	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

|--|

OMB No 1545-0047

Employer identification number

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

% X KIWANIS AQUATIC CENTER AT Schedule I (Form 990) (2013) THE YMCA'S NEW FACILITY -54-1485088 (h) Purpose of grant or assistance RENOVATION OF NEW Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PERATING ACILITY. SIGN Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, EMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 100,000 855. cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table KIWANIS CLUB OF DANVILLE FOUNDATION (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. rf applicable 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 54-0505982 54-0505982 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization YOUNG MEN'S CHRISTIAN ASSOCIATION YOUNG MEN'S CHRISTIAN ASSOCIATION OF DANVILLE, VIRGINIA - 810 MAIN OF DANVILLE, VIRGINIA - 810 MAIN STREET - DANVILLE, VA 24541 STREET - DANVILLE, VA 24541 or government Part Part II

Page 2 (f) Description of non-cash assistance 54-1485088 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2013) KIWANIS CLUB OF DANVILLE FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

26

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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

OMB No 1545-0047

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. Inspection Name of the organization **Employer identification number** KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: FOUNDATION FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 INFORMATIONAL RETURN BEFORE FILING. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE UPON REQUEST OF THE PRESIDENT OF THE ORGANIZATION

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

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