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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection

and ending SEP 30, 2015 A For the 2014 calendar year, or tax year beginning OCT 1, 2014D Employer identification number Check if applicable C Name of organization Address change KIWANIS CLUB OF DANVILLE FOUNDATION Name change 54-1485088 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ (434) 792-7808 199 BRANDON COURT 243,634. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return DANVILLE, VA 24541-3505 H(a) Is this a group return Applica-ີ Yes ເXື No F Name and address of principal officer: GLEN D. GILES for subordinates? pending 120 BENT CREEK RD., DANVILLE, VA H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) H(c) Group exemption number ▶ J Website: ► N/A X Other ► FOUND L Year of formation: 1990 M State of legal domicile: VA Trust Association K Form of organization: Corporation Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT FOR AREA CONCERNS Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form-990-T, Inc-34 7b RECEIVED **Prior Year** Current Year 236,717 236,817. Contributions and grants (Part VIII, line 1h) S-080 Program service revenue (Part VIII, line 2g) 0 0. Investment income (Part VIII, column (A), lines 324, and 7d) 6,602 6,817. 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Partivill, column (A) line 12) 243,319. 243,634. 237,022 250,140. Grants and similar amounts paid (Part IX, column (A), lines-1-3)-0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 25 25. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 237,047 250,165. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 6,272 <6,531.> Beginning of Current Year End of Year 141,972 127,209. 20 Total assets (Part X, line 16) 0. 0 21 Total liabilities (Part X, line 26) 972. Net assets or fund balances. Subtract line 21 from line 20 | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Deen Signature of officer Sign GLEN D. GILES, PRESIDENT Here Type or print name and title PTIN Date Preparer e signature Print/Type preparer's name 1/21 P00720223 Paid STEPHEN M. GAY self-employed Firm's name | HARRIS, HARVEY Firm's EIN 54-0643136 NEAL Preparer Firm's address \triangleright P.O. BOX $34\overline{24}$ Use Only Phone no. (434)792-3220 **DANVILLE, VA 24543-3424** X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2014) KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Page 2
Par	t 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
	DOLLOKI LOK INCHI CONCENTIO
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
^	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$250, 140. including grants of \$250, 140.) (Revenue \$
Tu	GRANTS TO AREA CHARITABLE ORGANIZATIONS PROVIDING EDUCATIONAL AND
	HUMANITARIAN SERVICES TO THE COMMUNITY
46	(Code) (Expenses \$
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 250,140.
	Form 990 (2014

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		Ì	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on		Ì	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	}		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		ļ
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		
	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), 501(c)(4), and 501(c)(29) 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	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		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 "Yes,"			
	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	ļ	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3.7
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	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			
	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	1	x
	Part V, line 1	34	├	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	-	
36		36		x
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,	<u> </u>	
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
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				,· ',

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Form 990 (2014) KIWANIS CLUB OF DANVILLE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return .								
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)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>					
	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	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)?	4a		X					
þ	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c							
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	oc_							
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		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa							
U	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	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?								
b	A SERVE WALLES AND A SERVE AND								
c	C. Lil.								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year			x					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u>X</u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_X_					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90							
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter								
''	Gross income from members or shareholders								
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							
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
ь	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								
С	Enter the amount of reserves on hand			•-					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>					
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	222						

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KIWANIS CLUB OF DANVILLE FOUNDATION

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	1		•							
	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	1									
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		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		•								
	persons other than the governing body?	7b		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	X								
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							
<u>Sec</u>	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							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
	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?			7.7							
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	40.		v							
	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	406									
	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 NONE NONE NONE NONE	wallah									
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	ıvaild0	ıc								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website W Upon request Other (explain in Schedule O)	lfinan	cial								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	man	Liai								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	C. DILLION BARNETT, JR (434)799-4220 140 WESTMORELAND COURT, DANVILLE, VA 24541										
	140 WESTMORELAND COURT, DANVILLE, VA 24541		200								

Form **990** (2014)

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization	on nor any related	orga	nıza			nper	nsate			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box,	ox, unless perse fficer and a dire			rson is both an rector/trustee)		compensation from	compensation from related	amount of other
	week (list any	Ь—,					É	the	organizations	compensation
	hours for	ale						organization	(W-2/1099-MISC)	from the
	related	66 07	stee			agg.		(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	Individual trustee or director	Institutional trustee) ee	Ē		,		and related
	below	lan	tuton	E .	Key employee	oyee	ᆯ			organizations
	line)	횰	lnst	Officer	Ğ.	Highest compensated employee	Former			
(1) GLEN D. GILES	0.50			'						
PRESIDENT		Х		X				0.	0.	0.
(2) E. BUDGE KENT, JR.	0.50							•		
VICE-PRESIDENT		X		X	_	_		0.	0.	0.
(3) DAVID T. CLARK	0.50							_		
SECRETARY	0.50	X		X		-		0.	0.	0.
(A) C. DILLION BARNETT, JR.	0.50					1		•	000	_
TREASURER	2.00	X		Х	_			0.	900.	0.
(5) LORETTA ARON	0.50							•		_
DIRECTOR	0.50	X			_			0.	0.	0.
(6) GUS S. DOLIANITIS	0.50			•				^		_
DIRECTOR	0.50	X	-	_		├	_	0.	0.	0.
(7) HARRY T. KOLENDRIANOS	0.50							_		_
DIRECTOR		X	-					0.	0.	0.
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Form 990 (2014)

rai	T VII Section A. Officers, Directors, Tru		ploy	<u>/ees</u>			ighe	st C	j.	J	"]		
	(A)	(B)		(C) Position					(D)	(E)		(F)	
	Name and title	Average hours per	(do not check more than one				than		Reportable	Reportable		stimate	
	week			c, unle icer ar					compensation	compensation	a	nount	
		(list any	ē	T		Γ.	T		from the	from related organizations	Con	other pensa	
		hours for	Individual trustee or director				, n	Ì		(W·2/1099-MISC)		rom th	
		related	5e 01	See			age a		(W-2/1099-MISC)	(** = *********************************	1	janizat	
		organizations	trus	Institutional trustee		s e	Highest compensated employee				ar	d relat	ed
		below	Mdua	碧	ig i	Key employee	pest	賣			org	anızatı	ons
	· · · · · · · · · · · · · · · · · · ·	line)	를	155	Officer	, Š	물통	호					
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		<u></u>	<u> </u>	Ĺ	Ĺ	<u></u>	<u> </u>	Ļ					
	Sub-total								0.	900			0.
	Total from continuation sheets to Part \	II, Section A							0.	0			0.
	Total (add lines 1b and 1c)							<u> </u>	0.	900	•		0.
. 2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable			^
	compensation from the organization											Yes	No
_	Del the consequent on both and former officers								hahaat aanaaaaatad a			163	110
3	Did the organization list any former office			e, Ke	ey er	npic	yee	, Or	nignest compensated e	mpioyee on			v
	line 1a? If "Yes," complete Schedule J for							d at	har componentian from	the eventuation	3		X
4	For any individual listed on line 1a, is the s	=								trie organization			х
=	and related organizations greater than \$15										4		Λ
5	Did any person listed on line 1a receive or							CIAL	ed organization of indivi	idual for services	5		X
Sec	tendered to the organization? If "Yes," continuous B. Independent Contractors	ripiete Scriedui	e J /	101 5	ucn	pers	SULL			•	<u> </u>		Δ.
1	Complete this table for your five highest c	ompensated in	den	ende	nt c	ont	racto	ore t	that received more than	\$100 000 of comper	eation	from	
•	the organization. Report compensation for										.5411011		
	(A)	the calcidar y	cai	Cital	<u> </u>	71011	<u> </u>	7	(B)	your.)	
	Name and busines	s address	N	ONI	Œ				Description of s	ervices	Compe		n
				<u> </u>	_								
								1					
												_	
										_ <u></u>			
2	Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se li	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organ	nization -				(0					•	
											_	000 "	

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	•							/EX
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats st	1 a	Federated campaigns .	. 1a				<u></u> -	
g ä	b	Membership dues	1b					
A, E	C	Fundraising events .	1c					
a g	d	Related organizations	1d					
S.E.	е	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran similar amounts not included abo		236,817.				
<u> </u>	_	Noncash contributions included in lines	1a-1f \$		226 017			
OB	<u>h</u>	Total. Add lines 1a-1f		Business Code	236,817.			
	^ -			Business Code	•			
, Ki	2a b							
S S	c							
<u>چ</u> ع	d							
Program Service Revenue	e							
م ا	f	All other program service reve						
	<u> </u>	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	6,167.			6,167.
1	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties	·					
			(i) Real	(ii) Personal				
1	6 a	·	ļ					
	b	•						
		Rental income or (loss)		<u> </u>				
		Net rental income or (loss) Gross amount from sales of	(a) Securities					
	/ a	assets other than inventory	(i) Securities 650.	(ii) Other				
	h	Less cost or other basis						
	J	and sales expenses	0.					,
	С	Gain or (loss)	650.					
-		Net gain or (loss)			650.			650.
ا به		Gross income from fundraisin	g events (not					
ğ		including \$	of					
Other Revenu		contributions reported on line	1c) See					
ia l		Part IV, line 18	а					
듄	_	Less direct expenses	b					
		Net income or (loss) from fund	_	. •				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses	b b					
		Net income or (loss) from game Gross sales of inventory, less	=					
- 1	io a	and allowances	a					
	h	Less cost of goods sold	b					
		Net income or (loss) from sale	•	—				1
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
ı	e	Total. Add lines 11a-11d		▶	243,634.	0.	0.	6,817.
1	_	Total revenue. See instructions.						

	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	ot include amounts reported on lines 6b, Bb, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	250,140.	250,140.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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 Fees for services (non-employees):				
11	Management				
a b	Legal				•
C	Accounting				
d	Lobbying				
e	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				<u> </u>
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			_	······································
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	BOARD MEETING EXPENSE	25.		25.	
b				- 	
C					
d					
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	250,165.	250,140.	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.				
	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 10,747. 3,194. Cash · non-interest-bearing 18,453. 18,823. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less, accumulated depreciation Investments - publicly traded securities 11 11 112,772. 105,192. 12 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 127,209 141.972. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 141,972. 27 127,209. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 141,972. 127,209. 33 33 Total net assets or fund balances 141,972 127,209. 34 Total liabilities and net assets/fund balances

Form 990 (2014)

Form	990 (2014) KIWANIS CLUB OF DANVILLE FOUNDATION	54-148	5088	Pag	_{1e} 12		
Par	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	243				
2	Total expenses (must equal Part IX, column (A), line 25)	2	250				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>31.</u> :		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			72.		
5	Net unrealized gains (losses) on investments	5	<8	, 2	<u>32.</u> :		
6	Donated services and use of facilities	6					
7	Investment expenses .	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	127	, 2	<u>09.</u>		
Par	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	<u>.</u>					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both			1			
	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	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	if the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?	_	3a		X		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_		
		_	Form 9	90 (2014)		

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 54-1485088 KIWANIS CLUB OF DANVILLE FOUNDATION

Pa	rt I	Reason for Public (Charity Status	(All organizations must co	omplete th	is part) Se	e instructions				
he	organ	zation is not a private found	ation because it is:	(For lines 1 through 11,	check only	one box.)					
1		A church, convention of ch			-						
2		A school described in secti					, , , ,				
3	一	A hospital or a cooperative			ection 170	/h)/11/A)/ii	ii)				
4	一	A medical research organiz					•	the hospital's name			
4	لبا	_	ation operated in co	onjunction with a nospita	i described	ı III SECIIO	ii iroto)(i)(A)(iii). cittei	the nospital s name,			
_	$\overline{}$	city, and state:									
5		An organization operated for		ollege or university owner	d or operat	ted by a g	overnmental unit describ	ed in			
		section 170(b)(1)(A)(iv). (C									
6	닏	A federal, state, or local government	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substa	antial part of its support	from a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust describe)(1)(A)(vi). (Complete Par	t II.)						
9		An organization that norma	•		•	contribution	ons, membership fees, a	nd gross receipts from			
•		activities related to its exen						= -			
		income and unrelated busin	•	•			• •	•			
				e (less section of reak) if	Off Dusine	sses acqu	illed by the organization	aiter June 30, 1975.			
40		See section 509(a)(2). (Cor		airrairr da daga farrar ibira ar	statu. Caa		20(-)(4)				
10	님	An organization organized a	•	•	•						
11	ш	An organization organized a	•	=	-		•	• •			
		more publicly supported or						Check the box in			
	_	lines 11a through 11d that	• •			•					
а	L_	Type I. A supporting orga	anızation operated,	supervised, or controlled	bý its sup	ported org	ganızatıon(s), typically by	giving			
		the supported organization	on(s) the power to re	egularly appoint or elect	a majority (of the dire	ctors or trustees of the s	upporting			
		organization. You must o	complete Part IV, S	Sections A and B.							
b		Type II. A supporting org	anization supervise	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving			
		control or management of	f the supporting or	ganization vested in the s	same perso	ons that co	ontrol or manage the sup	ported			
		organization(s) You mus		='	•			•			
c		Type III functionally inte	•	•	in connec	tion with :	and functionally integrate	ed with			
Ū		its supported organizatio	-				• •				
d		Type III non-functionally		•	•	•	•	zation(e)			
u	L	that is not functionally int	, -					` '			
		-	-		•		•	iveriess			
	_	requirement (see instruct	•	•							
е		☐ Check this box if the orga					ı Type I, Type II, Type III				
		functionally integrated, or	• •	onally integrated support	ing organi	zation.					
f		er the number of supported o	=				,				
g		vide the following information			Visa la tha a			() A (
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1.9		rganization n your	` '	(vi) Amount of			
		organization		above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)			
				(see instructions))	Yes	No	instructions;	matroctiona)			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014_	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants ")	278,353.	185,000.	110,753.	236,717.	236,817.	1,047,640.
2	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf	_				ļ	
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	278,353.	185,000.	110,753.	236,717.	236,817.	1,047,640.
5	The portion of total contributions					, [
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				`		
	amount shown on line 11,						
	column (f)						1,004,248,
6	Public support. Subtract line 5 from line 4						43,392.
	ction B. Total Support			<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	278,353.	185,000.	110,753.	236,717.	236,817.	1,047,640.
-	Gross income from interest,	270/3331	103/0001	22077000			1,047,040,
0	dividends, payments received on						
	securities loans, rents, royalties					!	
		615.	4,660.	5,947.	6,602.	6,816.	24,640.
_	and income from similar sources	015.	4,000.	3,5=1.	0,002.	0,010.	23,030.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		i				
	or loss from the sale of capital assets (Explain in Part VI.)						
44							1,072,280,
11 12		etc (see instructi	one)	I	<u> </u>	12	1,072,200,
13				d fourth or fifth to	ax vear as a sectio		
13	organization, check this box and stop		5 mot, 0000ma, triii	a, 100.11.1, 0. 11.11.1	,	(-)(-)	
Se	ction C. Computation of Publ	ic Support Pe	rcentage			····	
	Public support percentage for 2014 (column (fl)		14	4.05 %
	Public support percentage from 2013			("	• •	15	4.04 %
	33 1/3% support test - 2014. If the			n line 13. and line	14 is 33 1/3% or n		
.00	stop here. The organization qualifies					,	▶□
ŀ	33 1/3% support test - 2013. If the				l line 15 is 33 1/3%	or more, check the	s box
•	and stop here. The organization qual						▶ 🗀
17-	10% -facts-and-circumstances tes				e 13. 16a. or 16b. :	and line 14 is 10% o	or more.
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶
	10% -facts-and-circumstances tes					17a and line 15 is 1	0% or
Ę	more, and if the organization meets t						0,5 Oi
	organization meets the "facts-and-cir						
40							
<u>18</u>	Frivate roundation, it the organization	AT GIG HOLDIECK A	DOX OFFICE TO, TO	a, 100, 110, 01 171		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 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.)

qualify under the tests listed bel Section A. Public Support	ow, please comp	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0) 2010	(D) ZOTT	10/2012	(4) 2010	19/2014	<u> </u>
membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						ļ
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						_
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		_				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					-	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			ļ			}
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years, If the Form 990 is for	:he organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	0 15		· · · · · · · · · · · · · · · · · · ·			
Section C. Computation of Public					T1	
15 Public support percentage for 2014 (lir			column (f))	•	15	9
16 Public support percentage from 2013					16	<u></u>
Section D. Computation of Inves					47	
17 Investment income percentage for 201			ne 13, column (i))	• •	17	
18 Investment income percentage from 2 19a 33 1/3% support tests - 2014. If the o			on line 14, and line	a 15 is more than	33 1/3% and line 1	
19a 33 1/3% support tests - 2014. If the of more than 33 1/3%, check this box an						, is list
b 33 1/3% support tests - 2013. If the						and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						· · · ▶ [
	GIG HOL CHECK A	. 207 9111110 17, 10			hedule A (Form 99	0 or 990-EZ) 20
432023 09-17-14				30		J J. JJO LEJ 20

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1_1_		
2	ļ	
3a		
50		
3b		
3c		
1		
<u>4a</u>		
4b		
4c		
5a_		
5b_		
5c		
6		
7		
-		
8		
9a		
9b		
9c		_
40-		
10a		
10b		
n 990 or 99	0- EZ)	2014

Learning Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Schedule A (Form 990 or 990-EZ) 2014 KIWANIS CLUB OF DANVILLE FOUNDATION 54-1485088 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 1 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) i Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) 7 Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7: 8 b d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

,		Z) 2014 KIWA Information part for any add		•	•	urt II, line 10; F	Part II, line 17a	or 17b; and Part III	l, line 12.
•									
						 			
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SCHEDULE D

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.lss.gov/form990.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Nam	e of the organization KIWANIS CLUB OF DA	NVILLE FOUNDATION	Employer identification number 54-1485088
Par		ed Funds or Other Similar Funds or	
4 544	organization answered "Yes" to Form 990, Part IV, lin		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
_	Aggregate value of grants from (during year)		
3 4	Aggregate value at end of year		· · ·
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	unde
3	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
O	for charitable purposes and not for the benefit of the donor		-
	impermissible private benefit?	or donor advisor, or for any other purpose contr	Yes No
Pai		ganization answered "Ves" to Form 990, Part IV	
	Purpose(s) of conservation easements held by the organizat		, , , , , , , , , , , , , , , , , , , ,
1	Preservation of land for public use (e.g., recreation or e		ly important land area
		Preservation of a certified	
	Protection of natural habitat	Freservation of a certified	instance structure
_	Preservation of open space	find appearation contribution in the form of a	annon ation agreement on the last
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total average of accompanies		į.
a	Total correction restricted by conservation assembles		2a
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic sti		20
C	Number of conservation easements included in (c) acquired		20
a	listed in the National Register	alter 6/17700, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the orga	·
3	year	incacca, extinguished, or terminated by the organ	anization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	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 (A	SC 958), not to report in its revenue statement.	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (A)	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS		
а	Revenue included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		. > \$

		CLUB OF D						<u>54-14</u>			<u>e 2</u>
Par	t III Organizations Maintaining C	ollections of A	t, Histor	ical Tr	easures, or O	ther S	Simil	ar Asse	ts (contini	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the	following that are	a signi	ficant	use of its	collection	rtems	
	(check all that apply):										
а	Public exhibition	d			hange programs						
b	Scholarly research	е	L Oti	ner							
C	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they	further t	he organization's	exempt	purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, histo	rıcal trea	sures, or other sin	nılar as	sets		_		
	to be sold to raise funds rather than to be ma	untained as part of t	he organiz	ation's co	ollection?				Yes		<u>No</u>
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the or	ganızatıo	n answered "Yes"	to For	m 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntribution	ns or other assets	not inc	luded		_	_	
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year .						1d				
е	Distributions during the year .						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for esc	row or co	ustodial account l	ability?		L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete it	the organization an	swered "Y	es" to Fo	rm 990, Part IV, lir	ne 10			 		
		(a) Current year	(b) Prio	r year	(c) Two years bac	k (d)	Three	ears back	(e) Four	years ba	<u>ıck</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses								<u> </u>		
d	Grants or scholarships										
е	Other expenditures for facilities					į					
	and programs	<u> </u>									
f	Administrative expenses								ļ		
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that a	ire held a	ınd admınıstered f	or the	organi	zation	_		
	by									Yes 1	No_
	(i) unrelated organizations	•			•				3a(i)	<u> </u>	
	(ii) related organizations .								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	n Schedul	e R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds							
Pai	t VI Land, Buildings, and Equipm		_								
	Complete if the organization answere					t X, line	10.				
	Description of property	(a) Cost or o			,	Accu		I	(d) Book	value	
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land							-			
b	Buildings			-		-					
С	Leasehold improvements										
d	Equipment .										
<u> </u>	Other .			<i>(</i> -1 · ·			-	_			
Taka	Add lines to through to (Column (d) must e	ausi Form 990 Part	x column	(R) line	TUC)						0.

Schedule D (Form 990) 2014

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 20.14

5

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

Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

% × Employer identification number 54-1485088 ¥es □ 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States KIWANIS CLUB OF DANVILLE FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION							DEWONTA MEM
OF DANVILLE, VIRGINIA - 810 MAIN STREET - DANVILLE VA 24541	54-0505982	501(C)(3)	100,000	0			RENOVALION OF NEW
							REPLACED WORLD WAR I
KIWANIS CLUB OF DANVILLE							PLAQUES THAT HAVE BEEN DAMAGED OVER VEARS
P.O. BOX 1/01 DANVILLE, VA 24543	54-0638437	501(C)(3)	5,473,	0			OPERATING
DANVILLE SCIENCE CENTER							PAYMENT ON THREE YEAR
677 CRAGHEAD STREET							PLEDGE TOWARD BUILDING OF
DANVILLE, VA 24541	54-1776405	501(C)(3)	16,667.	0.			THE DIGITAL DOME
							RENOVATION AND
DANVILLE MUSEUM OF FINE ARTS AND							CONSTRUCTION OF
HISTORY - 975 MAIN STREET -				,			DOWNSTAIRS TO MAKE IT
DANVILLE, VA 24541	23-7125187	501(C)(3)	110,000.	0.			USER FRIENDLY FOR YOUNG

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

432101

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (H) PURPOSE OF GRANT OR ASSISTANCE: RENOVATION AND CONSTRUCTION OF (d) Amount of non-cash assistance DOWNSTAIRS TO MAKE IT USER FRIENDLY FOR YOUNG PEOPLE (c) Amount of cash grant (b) Number of recipients DANVILLE MUSEUM OF FINE ARTS AND HISTORY NAME OF ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance PART II, LINE 1,

Page 2

54-1485088

KIWANIS CLUB OF DANVILLE FOUNDATION

Schedule I (Form 990) (2014)

Part III

Schedule I (Form 990) (2014)

30

432102 10-15-14

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection

Employer identification number Name of the organization 54-1485088 KIWANIS CLUB OF DANVILLE FOUNDATION 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