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COSAMINED JUN 0 7 2017

· 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A	For the 2	016 cale	ndar year, or tax year t	eginning		, 20	016, and er	ding				, 20		
В	Check if ap	oplicable	C Name of organization Da	anville Put	olic Schools Edu	cation Foun	dation			D	Employe	er identifica	ation nur	nber
	Address cl	hange	Doing business as									65-1269	109	
	Name chai	nae	Number and street (or P	O box if ma	il is not delivered to	street address) Roon	n/suite		E	Telephor	ne number		
	Initial retur	· 1	P. O. Box 9600				1			1		434-799-	6400	
$\bar{\sqcap}$	Final return/		- · · · · · ·	vince, count	ry, and ZIP or forei	gn postal code				1				
Ħ.	Amended		Danville, VA 24543		•					G	Gross re	ceipts \$		43,113
$\overline{\Box}$			F Name and address of pri	ncipal office	Stuart Pears	on			Hia) is the	_		subordinates?	Yes	
_	Application	pending	500 Piney Forest Rd.,						1			s included?	_	_
$\overline{}$	Tax-exem	nt etatue	501(c)(3)	501(c) () ◀ (insert no		1) or 52	7				list. (see in		
	Website:			<u> </u>) 4 (insert in	3) <u>[</u>	1) 01 32	<u> </u>	H(c) Gr	ouo ex	emption	number ►		
ĸ			✓ Corporation ☐ Trust	Associat	ion ☐ Other ▶		L Year of fo	rmatio	ــــــــــــــــــــــــــــــــــــــ	006		of legal do	micile	VA
	art I	Summ			IOIT CT OTHER P		E rear or io	- India		100	W Oldto	01 10gur 401	1110110	<u> </u>
			escribe the organization	n'e mieci	on or most sign	outicant activ	vituae: To	SUDDA	ort the s	duca	tional a	ctivities	and and	eavors
Ф				ופפוווו פ זוכ	on or most sign	iiicant activ	nues. 10	Supp	on time e	suuca	lional a	CHVILLES	ing end	Cavois
2	9	i Danviii	le Public Schools											
Activities & Governance	2 6	Shook th	nis box ▶☐ If the orga	ouzation (discontinued its	oporations	or dispos	od of	more t	han 2	504 of	ite not ac	eate	
Š	1		of voting members of			-			more	nan z	3 3	lis net as	30C13.	-
Ç				_		· ·				•	4			5
S	1		of independent voting	•	_	•		10)		•	5			5
Ę			mber of individuals em		-	`	v, iine za)	•		•	6			0
ţ			mber of volunteers (es					•		•	<u> </u>			8
•	1		elated business rever		•	·	· · ·	•		•	7a			0
	p v	vet unre	lated business taxable	e income	from Form 990	-1, line 34	· · · ·			r Year	7b		rrent Yea	0
		S		Van 6		(D) (E) =		-	Pric	T Teal			rient rea	
Revenue			tions and grants (Part			MEC	EIVĖD	_			29,935			43,113
			service revenue (Part					, 	#					
è			ent income (Part VIII, o						#					
_	11 (Other rev	venue (Part VIII, colum enue—add lines 8 thro	nn (A), line	s 5, 6d, 8ç, 9ç,	10crand 1	1 @) 2017	· // 🚳	<u> </u>					
							(A), line/12)/ P/			29,935			<u>43,113</u>
	13 6	Grants a	nd similar amounts pa	aid (Part I)	K, columnııı (A), lı	nes-1-3)					27,371			14,793
			paid to or for membe									ļ		
es	15 5		other compensation, e		·		lines 5-10							
Expenses	16a P		onal fundraising fees (•		·]				ļ		
Š) b T		draising expenses (Pa					- L	, , , , , , , , , , , , , , , , , , ,			<u> </u>		
ш	17		penses (Part IX, colur			•		·			249			413
	1		penses. Add lines 13-		•	olumn (A), l	ıne 25)	·			27,620	ļ		15,206
		Revenue	less expenses. Subtr	ract line 1	8 from line 12	<u> </u>	<u> </u>	.			2,315			27,907
Net Assets or Fund Balances	}							Be	ginning	of Curr	ent Year	Er	nd of Yea	ir
sets	20 T	otal ass	sets (Part X, line 16)					. L			58,883			86,790
A P	21 T		oilities (Part X, line 26)					. L_				<u></u>		
			ts or fund balances. S	Subtract li	ne 21 from line	20	<u> </u>	<u> </u>			58,883	<u> </u>		86,790
P	art II	Signa	ture Block											
Un	der penalti	es of perju	iry, I declare that I have exa	mined this r	etum, including acc	companying sc	hedules and	statem	ents, and	to the	best of	my knowled	dge and	belief, it is
tru	ie, correct,	and comp	lete Declaration of prepare	r (other than	officer) is based on	all information	of which pre	parer h	as any k	nowled	dge. 			
	ļ	—	Russell J.	<u> </u>	uggs						25/1	1/201	7	
Sig		Sign	nature of officer		00					Date	, ,	7		
He	ere	\	Russell L. Sc	ruggs,	Chairman									
	<u>_</u>	Тур	e or print name and title											
Pa	id	Pnnt/Ty	pe preparer's name		Preparer's signatu	re 2		Date			Check	[] if PTI	N	
	eparer	Sharor	n Barksdale		Sharon	_ Barke	dele	5	-11-1	17	self-em		P0035	2467
	se Only	Firm's r	name ►							Firm's	s EIN ▶			
_			address ► 341 Main Str	eet, Suite	100, Danville, V	A 24541				Phon		434	799-640	00
Ма	y the IRS		s this return with the				tions) .						√ Yes	
For	Paperwo	ork Redu	ction Act Notice, see t	he separa	te instructions.			Cat No	11282Y					90 (2016)

Form 990	(2016)	Page 2
Part I	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
	Briefly describe the organization's mission	
	To support the educational activities and endeavors of Danville Public Schools	
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 🗹 No
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	—
		Yes ☑ No
	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	magaired by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
	Code:) (Expenses \$ 14,793 including grants of \$ 14,793) (Revenue \$	24 633 \
74	Awarded scholarships to area graduating high school seniors and current college students who attended Danville Publi	ic Schools
	pased on merit and need.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································	
		**
-		
	Other program and in a (December of Cabadula O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 14,793	 -
	17,700	Form 990 (2016)

Part	W. Chacklist of Paguired Schodules			age o
r ei ü	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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		1
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	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		_	_	

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
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		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	<u> </u>
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		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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	24d 25a		→
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			*
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	,	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		For	m 99 0	0 (2016

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Concodic C contains a response of flote to any line in this fact V	 -	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 0		L	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	L	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
þ	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		l	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_	ĺ	1,
_	account)?	4a		/
Ь	If "Yes," enter the name of the foreign country: ▶		1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
E				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
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	<u> </u>	<u> </u>	+
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			+
	gifts were not tax deductible?	6b	1	1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1	}	
	required to file Form 8282?	7c	<u> </u>	↓
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	ļ	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	 	┿
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├	-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	├	
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	 -	1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>	 	+
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	l	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	 	17
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
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:	1	[
a	Gross income from members or shareholders	1		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
100	against amounts due or received from them.)	 	ļ	-
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	┼	╁┈
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
-	Note. See the instructions for additional information the organization must report on Schedule O.	134	+	+
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans		1	Í
C	Enter the amount of reserves on hand	1		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	T-	+

Form **990** (2016)

Part		and i		"No"		
Tart	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI					
Section	on 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 1a 5					
	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.	. "	'	1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5	A. 1	,	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	(4)		,		
	any other officer, director, trustee, or key employee?	2		✓		
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓		
6	Did the organization have members or stockholders?	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?			,		
	one or more members of the governing body?	7a				
b	stockholders, or persons other than the governing body?	7b		./		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	\ <u>'</u>		_		
•	the year by the following:			-		
а	The governing body?	8a	1			
b	Each committee with authority to act on behalf of the governing body?	8b	✓			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
		40.	Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		/		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	[
	describe in Schedule O how this was done	12c		<u></u>		
13	Did the organization have a written whistleblower policy?	13	<u> </u>	/		
14	Did the organization have a written document retention and destruction policy?	14	<u> </u>	 		
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?		ļ			
9	The organization's CEO, Executive Director, or top management official	15a		1		
a b	Other officers or key employees of the organization	15b	 	1		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1	t — —			
16a			<u></u>			
	with a taxable entity during the year?	16a		1		
b						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	 	 		
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>		
17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Virginia					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply.		·-//-/·			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and		
	financial 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 re-	cords	s: >			
	Sharon Barksdale, P. O. Box 9600, Danville, VA 24543, 434-799-6400					

Daga	7
raue	

Form	000	1001	0

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

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

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

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

Check this box if neither the organization noi	r any related	d orga	anız	atıo	n co	ompe	nsa	ited any curren	t officer, director	, or trustee.	
				((2)			T			
(A)	(B)	Position						(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated			
	hours per		officer and a director/trustee)				compensation	compensation from	amount of		
	week (list any hours for	8 2	5	0	<u>~</u>	욕포	Ē	from the	related organizations	other compensation	
	related	d V	St t	Officer	e e	nple	Former	organization	(W-2/1099-MISC)	from the	
	organizations	dua	힣	*	퓔	st c	۳	(W-2/1099-MISC)	,	organization	
	below dotted	1 2	la t		Key employee	崩	1	1		and related organizations	
	1	Individual trustee or director	Institutional trustee		e i	ens	Ì			organizations	
			99			Highest compensated employee		1	•		
					-						_
(1) Stuart Pearson, Chair	Volunteer						ļ				
500 Piney Forest Rd., Ste. B, Danville, VA 24540	ļ			✓_			L.	0	0		0
(2) Terri Hall, Vice-Chair	Volunteer		ļ		ļ		1				
421 Hawthorne Drive, Danville, VA 24541		✓	L_	✓			L.	0	0		0
(3) Edward Polhamus, Director	Volunteer				ļ			,	ļ		
193 Howeland Circle, Danville, VA 24541		✓		L	L.	L		0	0.		0
(4) R. Helms Dobbins, Director	Volunteer						ļ				
425 Hawthorne Dr., Danville, VA 24541		1		<u> </u>	L.		_	0	0		0
(5) Carrie H. Merricks, Director	Volunteer		1		ļ						
210 N. Woodberry Avenue, Danville, VA 24540	<u> </u>	✓	L		_	<u> </u>	_	0	0		0
(6)		ļ			(}		ļ .		
	ļ	 		_	ᆫ		L.		ļ		
(7)	ļ		}		ļ		1		4		
	ļ		ļ	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	·	L	
(8)	ļ		(}	1		ł	,	}		
	 	ļ	!		↓_	<u> </u>	<u> </u>	 		<u> </u>	
(9)	ļ	ł	{	İ	ł	ł	}		}	İ	
(40)	 	 	├ _	_	├-	 		 	 		
(10)	·	}	ł		}	}	1	ł	}		
(11)	 		-	<u> </u>	├-		├	 	 		
<u></u>		i	1				ĺ	}	1		
(12)	 		 	-	 	}	-	}	 		
<u> </u>	†	1)		Ì	ì]	ì		
(13)	 		\vdash	†-	\vdash	\vdash	\vdash	 	 		_
<i>5</i>	†	1			Ì]		1		
(14)	 		\vdash	t	 	†	 	 	 		
	 	1	Ì]	1		Ì				

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, aı	nd F	lighes	st C	ompensated E	mployees (contin	nued)		
			ĺ		-	C)			İ				
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)	(F)		
	Name and title	Average hours per	box,	unles	s pe	rson	ıs both	an	Reportable compensation	Reportable compensation from	I	nated	
		week (list any				_	or/trust		from	related		unt of her	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	향호	Former	the	organizations		ensation)
		related organizations	중합	Ę	ĕ	3	est	Ter	organization (W-2/1099-MISC)	(W-2/1099-MISC)	I	n the lization	
		below dotted	9 2	na		항	ë co		(.,,			elated	
		(line)	l st	쿭		8	pen !		1		organ	zations	
			Ď	Ê		ļ	Highest compensated employee		}				
(15)				-	-	-							
						_							
(16)		 	{						1				
(17)			<u> </u>	-	-			 	 				
(4.0)				 _	ļ .			_			ļ		
(18)													
(19)			-										
(20)		 	-	-	1		ļ	-	 		<u> </u>	<u></u> -	
			<u> </u>	_	_			L					
(21)			1										
(22)				<u> </u>		<u> </u>			 	ļ			
(23)			-	├	-	-	<u> </u>	┝	 				
(20)			<u> </u>			L							
(24)			-										
(25)					<u> </u>			T					
1b	Sub-total	L	<u> </u>	<u>L</u> .		<u></u>	L						0
c	Total from continuation sheets to Part		on A					•	0	 			0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0		·		0
2	Total number of individuals (including bu reportable compensation from the organ		d to ti	hos:	e lis	ted	abov	e) w	vho received m	ore than \$100,0	00 of		
3	Did the organization list any former or	fficer direc	etor (or t	ruei	-	kev i	emi	olovee or hid	nest compensat	ed [Yes	No
	employee on line 1a? If "Yes," complete								· · · · ·		3		✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ıble	COI	npe	nsatio	on a	and other com	pensation from t	he		
	organization and related organizations		ıan \$	150	,00	0?	f "Ye	s,"	complete Sci	hedule J for su			
	individual							•			4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization												1
Section	on B. Independent Contractors												<u> </u>
1	Complete this table for your five highest compensation from the organization. Re												ax
	year.							$\overline{}$	(B)		(C)		
	(A) Name and business ad	dress							Description of	services	Compen		
								+					
				_									
								$oxed{\Box}$					
2	Total number of independent contract							o t	hose listed at	oove) who			
	received more than \$100,000 of compen	sation from	the c	orga	niza	tion	<u> </u>				F	m 99 0	(004)
											FOI	in フゴし	, (ZU16

P	art VI						rage s
		Check if Schedule O contains a re	sponse or note to	any line in t	nie Dart VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Tts:	돌 1	a Federated campaigns 1a			revenue	- 	512-514
Contributions, Gifts, Grants	and Other Similar Amounts	b Membership dues 1b	,				
ţ	₽ (c Fundraising events 1c			1	1	
渡	ا إيّا	d Related organizations 1d				1	
ış,	ΪĒ	e Government grants (contributions) 1e			ļ		
į	<u>ا ا</u>	f All other contributions, gifts, grants.					
<u>.</u>	≨	and similar amounts not included above	43,113				
를:	ğ 9	9 Noncash contributions included in lines 1a-1f: \$					
		h Total. Add lines 1a-1f		42.44	_		
≘			Business Code	43,11	3		<u> </u>
ĕ	28	a					ļ
Ž	t	b					<u> </u>
ટું.					 	+	
Š	C	d			+		
Ē	e	·			+		
Program Service Revenue	f	All other program service revenue.			+	 -	
_=	 -	Total. Add lines 2a-2f	•		 		<u> </u>
	3	Investment income (including divid	lends, interest,			T	T
		and other similar amounts)	▶				
	4	Income from investment of tax-exempt b	ond proceeds ▶				
	5	Royalties	▶		 		
		(i) Real	(ii) Personal			 	
	6a				j		
	b	remai expenses					į
	C	11001110 01 (1033)			1	1	
	d 70	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
	7a	- To a modification suits of the coccurrences	(ii) Other			 	
		assets other than inventory			1		
	Ь	Less: cost or other basis and sales expenses .					
	1 .						
	C						
	d	Net gain or (loss)	▶			···	
nue	8a	Gross income from fundraising					
ē	"	events (not including \$			1		1
Other Reve	1	of contributions reported on line 1c).					!
er F		See Part IV line 18	}		j	[ì
Ę	Ь	Loop: direct our are]	
0	C	Net income or (loss) from fundraising				[
	9a	Gross income from gaming activities.	events . ►				
		See Part IV, line 19 a	İ				
	b	Less: direct expenses b					Ì
	С	Net income or (loss) from gaming activ	vituos				
	10a	Gross sales of inventory, less	vities ►				
ı		returns and allowances a					
- 1	b	Less: cost of goods sold					
L	с	Net income or (loss) from sales of inver	ntory ▶				Î E
		Miscellaneous Revenue	Business Code				
	11a						
-	b						
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions.					
				43 113			

Form **990** (2016)

	IX Statement of Functional Expenses				Page 10
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	44 702	44.700	The state of the s	
3	Grants and other assistance to foreign	14,793	14,793		1 - 2 - 1 -
·	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				1
4 5	Benefits paid to or for members 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	95		95	
C	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	<u></u>			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			 	
20	Interest	ļ	 	 	
21 22	Payments to affiliates	 			
23	Insurance		 	 	
24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		}	}	
	(A) amount, list line 24e expenses on Schedule O.)				
а	State Annual Registration Fee	25		25	
b	Board Meeting Lunches	293		293	<u> </u>
C					
d	All other and are		 	 	
95	All other expenses Total functional expenses. Add lines 1 through 24e	15.555	44.700		
<u>25</u> 26	Joint costs. Complete this line only if the	15,206	14,793	413	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720) Infollowing SOP 98-2 (ASC 958-				

P	art X				
		Check if Schedule O contains a response or note to any line in this Par		· · · .	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	58,883	1	86,790
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	- · · · -		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ş		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	·
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9_	
	10a	Land, buildings, and equipment: cost or]	
	1	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	 	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	58,883	16	86,790
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	<u> </u>
Liabilities	22	Loans and other payables to current and former officers, directors,)	
Ĕ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
į	00	· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	•	[
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		25	
_	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		20	
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
ğ	28	Temporarily restricted net assets •		28	
Q.	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Jr F	}	complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Zet	33	Total net assets or fund balances	58,883		86,790
_	34	Total liabilities and net assets/fund balances		34	00,790
_					

Form 99	90 (2016)			Pa	ge 12
Part	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		4	3,113
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	5,206
3	Revenue less expenses. Subtract line 2 from line 1	3		2	7,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	8,883
5	Net unrealized gains (losses) on investments	5		8	6,790
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9_			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-	_	
	33, column (B))	10			6,790
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🖸 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	4		'n
	Schedule O.				<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	- (,
	reviewed on a separate basis, consolidated basis, or both:			, E	7 (E
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		المُرِّدُ ا	3	3
b			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	₹ ±, ^	13.	***
	separate basis, consolidated basis, or both:		1 440 1 440 2 5	4	, "
	Separate basis Consolidated basis Both consolidated and separate basis				<u></u>
С			- [[
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın in		ļ	
	Schedule O.			<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b		ergo the			}
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits.	3b		

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2016 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of	Name of the organization Employer identification number						
	Public Schools Education Found					65-126	
Part							ns
	ganization is not a private founda		•		-		
	A church, convention of church						
	A school described in section		·			•	
	A hospital or a cooperative hosA medical research organization						iii) Enter the
7 .	hospital's name, city, and state	•	njunotion with a nosp	ntai acsoi	ibca iii s		inji zakor tao
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 [A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
	described in section 170(b)(1)						
	A community trust described in						
9 L	An agricultural research organi						
	or university or a non-land-gra university:	nt college of agri	iculture (see instructio	ons). Ente	r the nam	ie, city, and state of	the college or
10 E	An organization that normally i	eceives: (1) more	e than 331/3% of its su	ipport fro	m contrib	outions membershir	fees, and gross
	receipts from activities related	to its exempt ful	nctions—subject to co	ertain exc	eptions.	and (2) no more thai	า 33¹/₃% of its
	support from gross investment acquired by the organization a	t income and uni fter June 30, 197	related business taxat 75. See section 509/	ble incom 1)(2), (Con	e (less se Inlete Pa	ection 511 tax) from	businesses
11 [An organization organized and						
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	rm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly support	•		• •		, ,	
	Check the box in lines 12a thro	-			_	·	_
а	Type I. A supporting organ						
	the supported organization supporting organization. Ye					ne directors or trust	ees of the
b	☐ Type II. A supporting organ	•	•			upported organizati	on/e) by having
_	control or management of						
	organization(s). You must						.,
С	☐ Type III functionally integ						ally integrated with,
	its supported organization(
d	Type III non-functionally i						
	that is not functionally integrated requirement (see instruction						d an aπentiveness
е	☐ Check this box if the organ	•	•		•		II Tupo III
•	functionally integrated, or	Type III non-func	tionally integrated sur	oportina a	organizat	atitis a Type I, Typt Ion.	en, typem
f	Enter the number of supported of						[
<u>g</u>	Provide the following information	n about the supp	orted organization(s).				
(i	Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-10	(iv) is the o		(v) Amount of monetary	(vi) Amount of
			above (see instructions))	docur		support (see instructions)	other support (see instructions)
				Yes	No		
				103			
(A)							•
(B)							
(C)			 				
(D)			 	 			
			 				
(E)		150.0					
LOTAL		1 44 44 5 44 5 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Who wastership his had - it is		I'm a Cabou beau		

Part	Support Schedule for Organiza	tions Descri	bed in Section	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	·
	(Complete only if you checked the						
	Part III. If the organization fails to	qualify under	r the tests list	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨 🛭	(a) 2012	(b) 2013	(c) 2014_	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,996	54,625	39,360	29,935	43,113	233,029
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	03,770	34,023	37,500	27,700	13,119	200/027
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	65,996	54,625	39,360	29,935	43,113	233,029
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				٤.	÷	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	65,996	54,625	39,360	29,935	43,113	233,029
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				<u> </u>	11-4	233,029
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization re	n's first, secon			ear as a section	
	ion C. Computation of Public Suppor			Id solumn (f)		14	100 %
14 15 16a		hedule A, Part ization did not	II, line 14 . : check the box	 x on line 13, a	 and line 14 is 3	15	%
b	this box and stop here. The organization	ization did not i qualifies as a	check a box of publicly support	on line 13 or 1 orted organiza	6a, and line 15		nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ 	s-and-circumst cumstances" to	tances" test, cest. The orgar	check this box nization qualifie	and stop here es as a publicly 	s Explain in supported
b	10%-facts-and-circumstances test-2 15 is 10% or more, and if the organiz	2015. If the organical	ganization did in ne "facts-and-	not check a b	ox on line 13, s" test, check	16a, 16b, or 11 this box and	7a, and line stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

17

18

20

19a

Schedule A (Form 990 or 990-EZ) 2016 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (f) Total **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . Gross receipts from activities that are not an unrelated trade or business under section 513 revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5. . . . 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 Add lines 7a and 7b Public support. (Subtract line 7c from Section B. Total Support (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 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 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 Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) . . .

Investment income percentage from 2015 Schedule A, Part III, line 17

331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization

331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization \Box Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

%

%

17

18

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	on A. All Supporting Organizations			
		Company or	Yes	No
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.	1		
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).	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.	3a	** ***	*:
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.	3b		
С	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.	3c	17/2	Ž.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	Ää.	1
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.	4b		
С	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.	4c		
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).	5a		
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?	5b	11	<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a foan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<u> </u>
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 .	9a	Ò.	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	- 3	33, °.;
С	Did a disqualified person (as defined in line 9a) 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 .	9c	22	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	,	, ,
ь	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.)	108		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]		-
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		l
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
sect	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,		,
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
3ecti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	, , , , , , , , , , , , , , , , , , ,	** /
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	}	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	_	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	94		
instructions for short tax year or assets held for part of year):	À		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	l,		
factors (explain in detail in Part VI):	2		* /
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The The The The	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporting	n organization (see

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	Page /
Sec	tion D - Distributions	of capporting Organ	izations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Ourrent Tear
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity	and the bases of cable		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	sponsive	
	(provide details in Part VI). See instructions.	 <u>.</u> <u>.</u>		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6		£*	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:		- 🔆 💲 🔻	
a		1 - 1 1 1	1,3,7	14 45 . 1
b			18. 18.	
с	From 2013		13 15 4	
d	From 2014	to the state of th		
	From 2015		-). J#: .	* * * * * * * * * * * * * * * * * * * *
f_	Total of lines 3a through e		, , , , , , , , , , , , , , , , , , ,	× , ; ; ,
g	- 1) - Joans	i de as e		<u>}</u> ,
	Applied to 2016 distributable amount		31,3	
_ <u>i</u>	Carryover from 2011 not applied (see instructions)		* ` ,	·
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years	,		
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			1
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6				
U	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013	H		
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

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Dana	-

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Department of the Treasury Internal Revenue Service Name of the organization

Danvil	le Public Schools Education Foundation	:	65-1269109
Par		rised Funds or Other Similar Fun	
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	19	1
2	Aggregate value of contributions to (during year)	42,633	480
3	Aggregate value of grants from (during year) .	14,793	413
4	Aggregate value at end of year	84,304	2,486
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to th	•	
6	Did the organization inform all grantees, donors, a	_	
•	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par	t II Conservation Easements.		<u> </u>
	Complete if the organization answered the	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a gualified conservation contribute	on in the form of a conservation
-	easement on the last day of the tax year.	eid a quaimed conservation contribution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
ď	Number of conservation easements included in		
u	· · · · · · · · · · · · · · · · · · ·		
3	Number of conservation easements modified, trans		L
3	tax year ▶	sterred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	metion apparent is located	
4 5	Does the organization have a written policy re-		proction bandling of
•	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec		
·	Stan and volunteer hours devoted to monitoring, inspec	ung, nanding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	na handling of violations, and enforcing	conservation assements during the year
•	S	ig, nariding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above eatiefy the requirements of	f section 170/h\/4\/B\/i\
•		z z(u) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports		· · · · · · · L Yes L No
9	balance sheet, and include, if applicable, the text of	of the footpote to the organization's fu	e and expense statement, and
	organization's accounting for conservation easeme		idiolal statements that describes the
Par	Organizations Maintaining Collection		Other Similar Assets
	Complete if the organization answered		
	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
ь	If the organization elected, as permitted under S		
_	works of art, historical treasures, or other similar	r assets held for public exhibition, e	ducation or research in furtherance of
	public service, provide the following amounts relati	ing to these items:	decation, of research in furtherance of
			~ •
	(i) Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • • •	
2	(ii) Assets included in Form 990, Part X	historical transuras or ather armite	r appets for financial cars, provide the
-	If the organization received or held works of art following amounts required to be reported under S	., miscondar treasures, or other simila SEAS 116 (ASC 059) relating to these :	i assets for ilitariciai gairi, provide the
_		· · · · · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1		🟲 💲
b	Assets included in Form 990, Part X		> S

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	D (Form 990) 2016 Page 2
3	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
а	☐ Public exhibition d ☐ Loan or exchange programs
b	Scholarly research Control of the c
C	☐ Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII.
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
Pari	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b	If "Yes," explain the arrangement in Part XIII and complete the following table: Amount
	
C	Beginning balance
d	Additions during the year
e	Distributions during the year
f	Ending balance
2a	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII
Par	
_ rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
	(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back
1a	Beginning of year balance
b	Contributions
C	Net investment earnings, gains, and
	losses
d	Grants or scholarships
е	Other expenditures for facilities and programs
f	Administrative expenses
g	End of year balance
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
а	Board designated or quasi-endowment ▶ %
b	Permanent endowment ▶ %
С	Temporarily restricted endowment ▶ %
	The percentages on lines 2a, 2b, and 2c should equal 100%.
3a	Are there endowment funds not in the possession of the organization that are held and administered for the
	organization by: Yes No
	(i) unrelated organizations
	(ii) related organizations
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4	Describe in Part XIII the intended uses of the organization's endowment funds.
Par	Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) (depreciation

LandBuildingsLeasehold improvementsEquipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .

e Other . .

Pan VII	Investments—Other Securities. Complete if the organization answer	ered "Yes" on For	m 990 Part IV lir	e 11b. See Form	990 Part X line 12
	(a) Description of security or category	764 165 611161	(b) Book value	(c) Met	nod of valuation.
	(including name of security)			Cost or end	of-year market value
(1) Financial				ļ	
	neld equity interests			 	
(3) Other					
()				ļ	
(B)				ļ	
(C)					
(D) (E)				 	
(F)			L	 	
(G)				 	
(G) (H)				 	
	1)				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.				* ' '
rait viii		arad "Vac" on Far	m 000 Port IV lir	o 11a Soo Form	000 Part V line 13
	Complete if the organization answer	ered res on For			
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(4)				 	
(1)				 	
(2)				 	
(3)			<u> </u>	 	
<u>(4)</u>					
<u>(5)</u>				 	
(6)				 	
(7)				 	
(8)			-	 	
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
raitix	Complete if the organization answer	ared "Vec" on For	m 000 Part IV lir	ne 11d See Form	000 Part Y line 15
		Description	111 930, 1 art IV, III	ie 11d. dee 1 dilli	(b) Book value
(1)					
(2)				 	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					 · ·
(9)					
	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities.	(-)			
وعدين هدو	Complete if the organization answer	ered "Yes" on For	m 990 Part IV lir	ne 11e or 11f. See	Form 990 Part X
	line 25.	700 011101	000, 1 0, 11, 11, 11	10 110 01 111. 000) i omi 000, i ak x,
1.	(a) Description of liability	(b) Book value	T		
(1) Federal in					
(2)					
(3)					
(4)		· · · · · · · · · · · · · · · · · ·			
(5)			_ _ _		
(6)					
(7)					
(8)					
(9)					
•	o) must equal Form 990, Part X, col. (B) line 25)				
	uncertain tax positions. In Part XIII, provide	the text of the foots	ote to the organization	n's financial etateme	ents that reports the
	ansorum un positions, in Fait Ain, provide	, 1110 TOYL OLD 1110 100111	ow with organization	m o mianciai Statomic	a. roporto trio

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

1	Pane	. 4
	raue	, –

Pari	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Payonus pay	Poturn
r all	Complete if the organization answered "Yes" on Form 990, I	•	neturi.
	Total revenue, gains, and other support per audited financial statements		141
1	the state of the s		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امما	
a	Net unrealized gains (losses) 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	_ 2 7.2.6.
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
_	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Heturn.
	Complete if the organization answered "Yes" on Form 990, I		
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:	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	<u>_</u>
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	_ <u></u>
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; Part X, line

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

2016

OMB No 1545-0047 •

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

Open to Public Inspection

Schedule I (Form 990) (2016)		Cat No 50055P	S		s for Form 990.	ee the Instructions	For Paperwork Reduction Act Notice, see the Instructions for Form	For
•					in the line 1 table	ganizations listed	ł	က
			ine 1 table	tions listed in the	ernment organiza	501(c)(3) and gov	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
								(12)
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(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(p) EIN	1 (a) Name and address of organization or government	-
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	the organization and nal space is needed	ients. Complete if uplicated if additio	nestic Governm Part II can be d	ations and Don ore than \$5,000.	mestic Organiz that received m	sistance to Do or any recipient	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	٣
		States.	inds in the United	the use of grant fu	es for monitoring	zation's procedur	Desc	~
nce, and	the grants or assistar	rantees' eligibility for	r assistance, the g	unt of the grants o	stantiate the amou	in records to subservants or	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	_
6016031-00					Assistance	on Grants and	Part I General Information on Grants and Assista	۵
Employer identification number	E						Name of the organization	Sar S
lower identification number							and the organization	Z

Part III	Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		ils. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	arships	14	14,793			-
ဗ						
4						-
w						-
9						
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Part IV	Supplemental Information. Provide the information	the information re	quired in Part I, line	2; Part III, column	mation required in Part I, line 2; Part III, column (b); and any other additional information.	ional information.
Grants are f	Grants are for specific items and activities. Purchase orders or other documentation are used that are approved by Foundation board members and Danville Public Schools' administration to assure that money is spent on specific items and services that have been approved for purchase. Invoices and other documentation are checked also to make sure money is expended	ders or other docume ices that have been a	ntation are used that a pproved for purchase	re approved by Found Invoices and other d	ation board members and Di cumentation are checked al	anville Public Schools' administration so to make sure money is expended
on approved	on approved items. Two signatures are required on all checks.	hecks.				-
•			; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		_
						Schedule I (Form 990) (2016)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 20**16**

∠⊎10 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Danville Public Schools Education Foundation	65-1269109
Part VI Line 11	.,
Form 990 was reviewed by the chief officer of the Board of Danville Public Schools Education Founda	tion.
Board members were informed when the 990 was completed Form 990 is available upon request to al	l Board members.
Part VI Line 19	
Documents are available to the public upon request. Information about program accomplishments are	included in public meetings of the
Danville Public Schools Board and other means of advertisement, such as newspapers, websites, etc	·
·	
	<u> </u>
•••	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	·

Schedule O (Form 990 or 990-EZ) (2016)