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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 black lung

benefit trust or private foundation)

Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public

A	For th	e 2009 cal	lendar year, or tax year beginning $JUL 1$ , $2009$ and ending	JUN 30, 2010	
В	Check of		C Name of organization	D Employer identific	cation number
	applicab	use IRS	DANVILLE COMMUNITY COLLEGE EDUCATIONAL		
	Addre	ge print or	FOUNDATION, INC.		
	Name chang	ge   ''''	Doing Business As	54-13	213521
Ļ	Initial return	See	Number and street (or P 0 box if mail is not delivered to street address) Room/si		
Ļ	Termi ated Amer	Instruc-	1008 SOUTH MAIN STREET	(434	
Ļ	lretu <i>r</i> r	ו ו	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,355,497.
L_	Application pendi		DANVILLE, VA 24541	H(a) Is this a group re	
	•	F Nan	ne and address of principal officer:SHANNON HAIR	for affiliates?	Yes X No
_			8 SOUTH MAIN STREET, DANVILLE, VA 2454	— · · · · · · · · · · · · · · · · · · ·	
			us: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		ite: ► N/		H(c) Group exemption	
	art I	f organization		ear of formation 1982 N	State of legal domicile VA
	1		scribe the organization's mission or most significant activities: PROVIDING	C EDUCATIONAL	ACCTOMANCE
Governance	'	briefly des	scribe the organization's mission of most significant activities: FROVIDIN	G EDOCATIONAL	ADDIDIANCE
nar	2	Check this	s box In the organization discontinued its operations or disposed of m	acro than 25% of its not se	
Ş	3		of voting members of the governing body (Part VI, line 1a)	3	31
	4		of independent voting members of the governing body (Part VI, line 1b)	4	29
چ <u>چ</u>	5		ber of employees (Part V, line 2a)	5	0
<b>∑</b> §	6		ber of volunteers (estimate if necessary)	6	<u>0</u>
.;≩	-		s unrelated business revenue from Part VIII, column (C), line 12	7a	0.
0 4 ZUII Activities		_	ated business taxable income from Form 990-T, line 34	7a 7b	0.
		THOU OTHER	ated business taxable income norm offin 990-1, line 54	Prior Year	Current Year
ED MAR levenue	8	Contributi	ions and grants (Part VIII, line 1h)	1,764,621.	1,024,144.
_ a	9		service revenue (Part VIII, line 2g)	2,346.	4,018.
ᇽᅗ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	78,790.	137,107.
Zď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,023.	10,600.
	1		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,855,780.	1,175,869.
SCANNED Reveni	13		d similar amounts paid (Part IX, column (A), lines 1-3)	583,404.	399,089.
	14		paid to or for members (Part IX, column (A), line 4)	330/1011	
v	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	199,312.	171,324.
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		2.270211
ē	Ь		draising expenses (Part IX, column (D), line 25)		
ũ	17		enses Ran & Ed Win A, lines 11a-11d, 11f-24f)	1,747,779.	312,775.
	•	4	enses. Add lines 13-17 (must egyal Part IX, column (A), line 25)	2,530,495.	883,188.
			Ess expenses, Subtract line 18 from line 12	<674,715.	
200			% FEB 11 2011   \( \text{Y} \)	Beginning of Current Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	4,505,332.	5,114,094.
Net Assets or Find Ralances	21		Intres (QCDE26), UT	210,631.	371,402.
35	22		s or fund balances, Subtract line 21 from line 20	4,294,701.	4,742,692.
P	art II		ture Block		
		Under pena	ilities of perjuny if the lare that I have examined this return, including accompanying schedules and stateme te Decambon of proparer (ottler that officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge	e and belief, it is true, correct,
Sig	ın			1/6 ()	AN WIN
He	re	Sign	nature of officiar	Date	
		· <b>-</b>	ANNON HAIR		
_		Тур	e or print name and title		
Pai	d	Preparer's	Defeat D. Doy, Cla 14411	Check if Prepare (see ins	er's identifying number structions)
	- parer's	signature		employed >	
	Only	yours if	FOBIER & DORK P.C.	EIN ►	
		self-employ address, an	a Bitot Bon Elou		
_		ZIP + 4	DANVILLE, VIRGINIA 24541-0100	Phone no 🕨 (	434) 792-2101
<u>Ma</u>	y the l	RS discuss	s this return with the preparer shown above? (see instructions)		X Yes No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission. NONE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
3	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?  Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 137,964. including grants of \$ )(Revenue \$ 103,419.) COLLEGE SCHOLARSHIPS AWARDED PRIMARILY FOR STUDENTS TO ATTEND DANVILLE COMMUNITY COLLEGE WITH SOME SCHOLARSHIPS FOR DCC STUDENTS TO ATTEND FOUR YEAR INSTITUTIONS.
4b	(Code: )(Expenses \$ 414,926. including grants of \$ )(Revenue \$ 170,626.) COMMUNITY COLLEGE INITIATIVES AND NUMEROUS OTHER PROJECTS AND PROGRAMS.
4c	(Code: )(Expenses \$ 241,209. including grants of \$ 379,757.)(Revenue \$ ) PROVIDING TUITION ASSISTANCE TO TRADE ACT STUDENTS THAT ARE RESIDENTS OF CASWELL COUNTY, NORTH CAROLINA, PITTSYLVANIA COUNTY, VIRGINIA, AND DANVILLE, VIRGINIA.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ►\$ 794,099.

# Form 990 (2009) FOUNDATION, Part IV 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_	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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.			
•	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.			
•	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.	ŀ		
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			İ
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
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		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	L
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		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (	2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			.,
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		.,	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		<u>X</u>
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 25	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	j		
	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			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
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		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2009)

FOUNDATION, INC. 54-1213521 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 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 Х provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 a Gross income from members or shareholders

Form 990 (2009)

12a

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

11a

11b

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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

Sec	tion A. Governing Body and Management		<del></del>		τ——	
			1	o a [	Yes	No_
	Enter the number of voting members of the governing body	1a		31		
	Enter the number of voting members that are independent	1b		29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	t 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 organizational documents since the prior Fo		0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5	<u> </u>	X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mber	of the			
	governing body?			7a_		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	ļ	_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following:					
	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 rea-	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before file	ling th	e form?	11	ļ	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	ļ	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise			
	to conflicts?			12b	ļ	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	'Yes,"	describe			
	in Schedule O how this is done			12c	<u> </u>	
13	Does the organization have a written whistleblower policy?			13	ļ	X
14	Does the organization have a written document retention and destruction policy?			14	ļ,	X
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	<u> </u>	X
4.	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	nent v	vith a			
	taxable entity during the year?			16a	ļ	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval			n		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anızatı	on's			ľ
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure			<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed NONE		<del></del> -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501)	c)(3)s only) av	allable for		
	public inspection. Indicate how you make these available. Check all that apply.					
10	Own website Another's website X Upon request			lean de		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest po	licy, and fina	ancial	
20	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books at DANVILLE COMM COLLEGE ED FDTN - (434) 797-8495	nd red	ords of the or	ganization:	_	
	1008 SOUTH MAIN ST, DANVILLE, VIRGINIA 24541		<del>-</del> -			
	TOUC COOTH FIATH DI, DANVILLE, VIRGINIA 24341			r	aan	0000
				FORM		21 III U 1

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# 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average hours	(c		Pos all f		n app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DARREN CONNER										
CHAIR	2.00	X		X				0.	0.	0.
DR. SHIRLEY D. PRIMIANO		-								
DIRECTOR	1.00	X			_	_		0.	0.	0.
PATRICK L. DALY		l								_
DIRECTOR JOHN W. COLLINS	1.00	X	ļ	<u> </u>	<u> </u>	-	_	0.	0.	0.
DIRECTOR	1 00	, .							•	•
JOHN B. HALL, JR.	1.00	^				┢	_	0.	0.	0.
DIRECTOR	1.00	v	i					0.	0.	0.
MACK DOSS	1.00	^	-			1		0.	· ·	0.
DIRECTOR	1.00	x						0.	0.	0.
ROSE R. HAWKINS	1.00	1	-		-	-				<u> </u>
DIRECTOR	1.00	x	1					0.	0.	0.
H. F. HAYMORE		ļ · · ·	$\vdash$							
DIRECTOR	1.00	X						0.	0.	0.
NAN FREED										
TREASURER	2.00	X		Х				0.	0.	0.
REBECCA L. MCGOVERN										•
DIRECTOR	1.00	Х				ļ		0.	0.	0.
SYLVESTA JENNINGS				1			ĺ			
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
DR. B. CARLYLE RAMSEY	1 00									
DIRECTOR	1.00	X	<u> </u>		Х	-	_	0.	0.	0.
EILEEN STENDIG	1 00	١.,								•
DIRECTOR MARY WERTZ	1.00	X	<u> </u>		-	├-	-	0.	0.	0.
DIRECTOR	1.00	l.						0	^	^
SHELIA G. WRIGHT	1.00	^	├	├	$\vdash$	1	H	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
LANDON R. WYATT JR.	1.00	1	<del> </del>	$\dagger$	<del>                                     </del>	+-	$\vdash$	<del> </del>		· ·
PAST CHAIR	2.00	x		1		-	1	0.	0.	0.
JOHN H. ZECHMAN, JR.		<del> </del>	<del>                                     </del>		H	†		<del>                                     </del>	<del></del>	<u> </u>
DIRECTOR	1.00	l <sub>v</sub>			Ì	1		0.	0.	0.

932007 02-04-10

Form 990 (2009)

<b>(A)</b> Name and title	(B) Average	(C)						<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F) Estimat	ed
Hame and the	hours		(check all				ly)	compensation from	compensation from related		amount other	of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former .	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compens from the organization and relations organizations	ne ition ited
ED FITZGERALD IV DIRECTOR	1.00	х						0.	0			0
SHAHNEZ AHMED DIRECTOR	1.00	х						0.	0		-	0
HARRY T. KOLENDRIANOS	1.00	^	-							+	····	
DIRECTOR	1.00	X				<u> </u>		0.	0	•	<del></del>	_ 0
KIT W. BARKHOUSER DIRECTOR	1.00	x						0.	0	Ì		0
BOBBYE RAYE WOMACK	1.00	^						0.		+	<del></del> -	
DIRECTOR	1.00	Х						0.	0			0
DENISE H. DERHAM	1									T		_
DIRECTOR EDDIE HERNDON	1.00	X				-		0.	0	+		0
DIRECTOR	1.00	X						0.	0			0
DONALD W. MERRICKS												
DIRECTOR BUDDY RAWLEY	1.00	X						0.	0	4		0
DIRECTOR	1.00	X			х			0.	0			0
HARRY SAKELLARIS									<u>_</u>	†		<u> </u>
DIRECTOR	1.00	X				<u> </u>		0.	0			0
1b Total						<u> </u>		0.	0	•		0
<ul> <li>Total number of individuals (including but compensation from the organization</li> </ul>	not limited to tr	iose	⊞St€	ea ac	oove	e) wr	10 re	eceived more than \$100	,000 in reportable			
							•	···			Yes	_
3 Did the organization list any former office			, ke	y em	ploy	yee,	or h	ighest compensated en	nployee on			.,
line 1a? If "Yes," complete Schedule J for  4 For any individual listed on line 1a, is the s			mn	onea	tion		l oth	or componentian from	the ergonization	$\vdash$	3	X
and related organizations greater than \$15									ine organization	-	4	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	unr/	elate	ed organization for serv	ces rendered to			
the organization? If "Yes," complete Sche Section B. Independent Contractors	dule J for such	pers	on					<del></del>		Ш	5	X
Complete this table for your five highest c the organization.     NONE	ompensated in	depe	ende	ent co	ontr	racto	rs ti	hat received more than	\$100,000 of compe	nsat	tion from	
(A)								(B)			(C)	
Name and busines	s address						$\dashv$	Description of s	ervices	Co	mpensation	on
							T					
						<u> </u>	+					
-					_							
											· <del>-</del> · ·	
Total number of independent contractors     \$100,000 in compensation from the organ		ot l	mite	d to		se li:	sted	above) who received n	nore than			

Form 990 (2009) FOUNDATION, INC.

54-1213521 Page **9** 

Statement of Revenue (D) (A) (B) (C) Revenue excluded from tax under sections 512, Total revenue Related or Unrelated exempt function business revenue revenue 513, or 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 5,371. e Government grants (contributions) f All other contributions, gifts, grants, and  $|_{1f}|_{1,018,773}$ similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ ightharpoonup |1,024,144.h Total. Add lines 1a-1f **Business Code** 2 a POLYMER EQUIPMENT SERV 310000 4,018. 4,018. Program Service Revenue f All other program service revenue 4,018. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 86,518. 86,518. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 1210603. assets other than inventory b Less: cost or other basis 1160014 and sales expenses 50,589. c Gain or (loss) 50,589. 50,589 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 30,214 Part IV, line 18 19,614. b Less: direct expenses 10,600. 10,600. 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 175,869. 65,207. 86,518. Total revenue. See instructions Form 990 (2009)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	399,089.	399,089.		
3	Grants and other assistance to governments,	33370031	3337003.		
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<del></del>	''''''''''''''''''''''''''''''''''''''
5	Compensation of current officers, directors,				<del>,,</del>
•	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	171,324.	171,324.		
8	Pension plan contributions (include section 401(k)	,			
_	and section 403(b) employer contributions)	İ			
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting	11,848.		11,848.	
d	Lobbying	•			<del>-</del> : ·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	23,357.		23,357.	
g	Other				······································
2	Advertising and promotion	900.		-	900
3	Office expenses				
4	Information technology				
5	Royalties				• • • • • • • • • • • • • • • • • • • •
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	•			
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates	<u>.                                  </u>			
2	Depreciation, depletion, and amortization	5,292.	5,292.		
23	Insurance	2,245.		2,245.	
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	COMMUNITY COLLEGE PROJE	218,394.	218,394.		***************************************
b	BAD DEBT EXPENSE	27,385.	,	27,385.	· · · · · · · · · · · · · · · · · · ·
С	SUPPLIES	8,322.		8,322.	-· · · · · · · · · · · · · · · · · · ·
d	BOARD MEETING EXPENSES	6,241.		6,241.	
е	SPECIAL EVENTS-RECEPTIO	5,111.		5,111.	
f	All other expenses	3,680.		3,086.	594
5	Total functional expenses. Add lines 1 through 24f	883,188.	794,099.	87,595.	1,494
:6	Joint costs. Check here Infollowing				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	i			

Part X Balance Sheet (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 2,101,754.1,766,184. 2 2 Savings and temporary cash investments 2,711. 117,298. 3 Pledges and grants receivable, net 3 78,000. 68,000. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 47,269. 7 25,052. Notes and loans receivable, net Inventories for sale or use 8 11,688. 18,629. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 229,077. basis. Complete Part VI of Schedule D 10a 118,642. b Less: accumulated depreciation 10b 115,726. 10c 110,435. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 2,148,184. 3,007,239. 13 investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 1,257. 15 Other assets. See Part IV, line 11 15 5,114,094. 4,505,332. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 19,437. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 197,557. 351,965. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24

> 5,114,094. Form **990** (2009)

4,742,692.

371,402.

829,620.

813,763.

3,099,309.

25

26

27

28

29

30

31

33

Net Assets or Fund Balances

Other liabilities. Complete Part X of Schedule D

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117, check here X and complete

Organizations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

13,074.

210,631.

995,163.

249,592.

3,049,946.

4,294,701.

4,505,332.

25

26

27

28

29

30

31

32

33

34

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	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
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	11.7-4717		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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			İ
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		Form	990 (	2009)

#### 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. ► See separate instructions.

2009 Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Inspection
Employer identification number

			FOUNDAT	ION, INC.						54	1-1213521
Pε	rt i	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.		
The	organi	zation is not a	a private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox.)			
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2				<b>0(b)(1)(A)(ii).</b> (Attach Sc							
3	$\overline{\Box}$			tal service organization	•	ın section	170(5)(1)	<i>(</i> Δ) <i>(</i> iii)			
4	一		•	operated in conjunction					/b\/4\/A\/ii	i) Entert	he hospital's name
•		city, and stat	-		With a 1105	pital acso.	11000 111 30		(6)(1)(7)(11	1). LINCI (	ne nospitars name,
5	X	•		benefit of a college or u	alvamity as	unad ar ar	acratad by		montal way	t alanamb	
5	<u> </u>				inversity ov	whea or of	berated by	a governi	nemai uni	i describe	ea in
_			(b)(1)(A)(iv). (Comple	·							
6	$\vdash$		-	ent or governmental uni							
7	Ш			eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in
		-	<b>b)(1)(A)(vi).</b> (Comple	•							
8		-		ection 170(b)(1)(A)(vi).							
9		An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershij	p fees, ar	nd gross receipts from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain exception	ons, and (	2) no more	than 33 1	/3% of its	support	from gross investment
		income and i	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon a	after June 30, 1975.
		See section	<b>509(a)(2).</b> (Complete	Part III.)							
10		An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	I).		
11		An organizati	on organized and or	perated exclusively for the	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
		more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(a	a)( <mark>3).</mark> Che	eck the box that
		describes the	e type of supporting	organization and compl	et <u>e lin</u> es 1	1e through	11h.				
		a Type	I Ь∟_	J Type II d	Typ	e III - Fund	tionally int	tegrated		d	Type III - Other
е	Ш	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other than
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2).
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
		supporting of	rganization, check th	ns box							
g	!	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described	ın (II) and (I	III) below,	Yes No
		the gove	erning body of the si	upported organization?							11g(i)
		(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)
		(iii) A 35% (	controlled entity of a	person described in (i)	or (II) above	∍?					11g(iii)
h		Provide the f	ollowing information	about the supported or	ganization	(s).					
						, ,					
(i)	Name	of supported	(ii) EIN	(iii) Type of	(IV) is the o	rganization	(v) Did you	u notify the	(vi) Is	the	(vii) Amount of
***		inization	(,	organization (described on lines 1-9	in col (i) lis	sted in your	organizat	ion in col	organizatio (i) organiz		support
				above or IRC section	governing	document?	(i) of you	r support?	\',' " U S	2	
				(see instructions))	Yes	No	Yes	No	Yes	No	
	NVI										
CO	MMU:	NITY CO	54-1268258	6	Х		X		X		819,158.
											· · · · · · · · · · · · · · · · · · ·
							-				
								1			
						<u> </u>		<del> </del>	<u> </u>	1	
						<del> </del>		<del>                                     </del>	<u> </u>	<del>                                     </del>	
						[					
			<u> </u>			<u> </u>	<b> </b>		<u> </u>		

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

819,158.

Schedule A (Form 990 or 990-EZ) 2009

# DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION, INC. 54-12135

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

54-1213521 Page 2

	(Complete only if you checke	d the box on line 5	i, 7, or 8 of Part I.)				•
Se	ction A. Public Support		····				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	- ''	-				
	membership fees received. (Do not						
	include any "unusual grants.")	959,530.	232,624.	1169030.	894,871.	909,557.	4165612.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	959,530.	232,624.	1169030.	894,871.	909,557.	4165612.
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)						1460604.
6	The state of the s						2705008.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	959,530.	232,624.	1169030.	894,871.	909,557.	4165612.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	62,992.	61 665	102 745	221 260	100 100	F 4 0 0 0 0
^	and income from similar sources  Net income from unrelated business	02,992.	61,665.	102,745.	221,268.	100,169.	548,839.
9					;		
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	71.	97.	313.			481.
11	_ ' '			313.			4714932.
12	Gross receipts from related activities,	etc. (see instruction				12	4/14/32.
	First five years. If the Form 990 is for			d fourth or fifth ta	l N Vear as a section		
	organization, check this box and stop		,,,,	-, , , , , , , , , , , , , , , , , , ,	or your ao a oconor	1 00 1 (0)(0)	ightharpoons
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	57.37 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	55.57 %
16a	33 1/3% support test - 2009. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies		•				$\triangleright X$
b	33 1/3% support test - 2008. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	zation
	meets the "facts-and-circumstances"						▶ □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
44	organization meets the 'facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>ı, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	<u>.</u> ▶
					Sche	dule A (Form 990	or 990-EZ) 2009

Section A. Public Support	Organizations	Described in	Section 509(a	(Complete only	y if you checked the bo	ox on line 9 of Part I
	(-) 000F	#N 0000	4-1-0007	/ n 0000	4 1 0000	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	1					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-					i	
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						,
furnished by a governmental unit to	1					
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)			1 10 1 3 193	111 1111	11.7	
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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						1744
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital		, ,_				
assets (Explain in Part IV.)					+	
13 Total support (Add lines 9, 10c, 11, and 12)	the ergentant	first second div	d formals == 641- 4		501(-)(0)	-4
14 First five years. If the Form 990 is for check this box and stop here	or the organization's	s mst, secona, thir	u, iourui, or iiith t	ax year as a secti	on out (c)(3) organiz	ation,
Section C. Computation of Pub	lic Support Po	rcentage	<del></del>			
15 Public support percentage for 2009				<del></del>	15	
			olumn (1))		15	%
16 Public support percentage from 200 Section D. Computation of Inve					16	%
17 Investment income percentage for 2			12 oakuma (6)		47	
<ul><li>17 Investment income percentage for 2</li><li>18 Investment income percentage from</li></ul>			ie io, column (t))		17	%
•	-	•	an line 4.4	. 15 io manus Alu :	22.1/20/	%
19a 33 1/3% support tests - 2009. If the						/ IS NOT
more than 33 1/3%, check this box						<b>▶</b> ∟
<b>b 33 1/3% support tests - 2008.</b> If th						and 🛌 🦳
line 18 is not more than 33 1/3%, ch  20 Private foundation. If the organizati						
I III O I Gallizati	on dia not check a	50x 011 IIIE 14, 19	a, or 190, check ti		nstructions hedule A (Form 99)	0 or 000 EZ 000

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

Pa	TI Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the								
	organization answered "Yes" to Form 990, Part IV, lin-	e 6	·								
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year										
2	Aggregate contributions to (during year)										
3	Aggregate grants from (during year)										
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 advi	sed funds								
	are the organization's property, subject to the organization's		Yes No								
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only								
	for charitable purposes and not for the benefit of the donor of										
	impermissible private benefit?	, , ,	Yes No								
Pa	TII Conservation Easements. Complete if the organization	ganization answered "Yes" to Form 990,									
1	Purpose(s) of conservation easements held by the organizat										
	Preservation of land for public use (e.g., recreation or p		storically important land area								
	Protection of natural habitat	<del></del>	tified historic structure								
	Preservation of open space	<del></del>									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last								
	day of the tax year.										
	•		Held at the End of the Tax Year								
а	Total number of conservation easements		2a								
b	Total acreage restricted by conservation easements		2b								
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c								
d	Number of conservation easements included in (c) acquired	``,	2d								
3	Number of conservation easements included in (c) acquired after 6/17/06  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax										
	year >	,									
4	Number of states where property subject to conservation ea	sement is located									
5	Does the organization have a written policy regarding the per										
	violations, and enforcement of the conservation easements i		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) above		-								
	and section 170(h)(4)(B)(ii)?	, ,	Yes No								
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and								
	include, if applicable, the text of the footnote to the organiza	•									
	conservation easements.										
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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, no	ot to report in its revenue statement and b	palance sheet works of art, historical								
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of								
	the footnote to its financial statements that describes these	•									
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,								
	or other similar assets held for public exhibition, education, of										
	these items:										
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$								
	(ii) Assets included in Form 990, Part X		> s								
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi									
	the following amounts required to be reported under SFAS 1		<u> </u>								
а			<b>▶</b> \$								
	Assets included in Form 990, Part X		> \$ > \$								

Schedule D (Form 990) 2009

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC. Schedule D (Form 990) 2009 54-1213521 Page **2** Part III 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): Public exhibition Loan or exchange programs Scholarly research h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 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? Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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? \_\_\_ Yes No b if "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If "Yes," explain the arrangement in Part XIV. **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 3,049,946.2,069,941. 1a Beginning of year balance 49,363. 967,101 **b** Contributions 76,089. 112,202. c Net investment earnings, gains, and losses 76,089. 99,298 d Grants or scholarships Other expenditures for facilities and programs Administrative expenses 3,099,309.3,049,946. g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment 100.00 Permanent endowment c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Voc. No. by: (i) unrelated organizations

(ii) related organizations

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4	Describe in Part XIV the intended uses of the organization's endowment funds.
~	Describe in Fait Ary the intended uses of the ordanization's endownient funds.

	162	140
3a(i)		X
3a(ii)		X
3ь		

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.												
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value								
1a Land		2,500.		2,500.								
<b>b</b> Buildings		194,382.	91,360.	103,022.								
c Leasehold improvements				· ·								
d Equipment												
e Other		32,195.	27,282.	4,913.								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)												

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 FOUNDATION,			54-1213521 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
Financial derivatives			
Closely-held equity interests			
Other			
			<del></del>
	-		
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶		······································	······································
Part VIII Investments - Program Related. Se	ee Form 990. Part X. line 13		
(a) Description of investment type		(c) Method of	valuation:
(a) Description of investment type	(b) Book value	Cost or end-of-yea	ar market value
EQUITY SECURITIES	1,676,071.	END-OF-YEAR MAR	KET VALUE
DEBT SECURITIES	1,331,168.	END-OF-YEAR MAR	KET VALUE
			<u>.                                    </u>
	<del></del>		
			<del>- · · · · · · · · · · · · · · · · · · ·</del>
	2 007 220		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	3,007,239.		
Part IX Other Assets. See Form 990, Part X, line	15 Description		(h) Pools volus
(6)	Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line			<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X,	ine 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes			
		-	
	<del></del> -		
	<del>-</del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)		
2. FIN 48 Footnote. In Part XIV. provide the text of the foot		financial statements that recent 4	ho organizationia liability for

uncertain tax positions under FIN 48. 932053 02-01-10

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations J Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

### DANVILLE COMMUNITY COLLEGE EDUCATIONAL

.Schedule G (Form 990 or 990-EZ) 2009 FOUNDATION, INC.

54-1213521 Page 2

11.0	ırt I	Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with			iv, line 18, or reported	more than \$15,000
			(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOURNAMENT (event type)	RACE (event type)	(total number)	col. <b>(c)</b> )
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	20,275.	9,939.		30,214.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	20,275.	9,939.		30,214.
	4	Cash prizes			<del></del>	
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,258.	6,356.		19,614.
	10	Direct expense summary. Add lines 4 through	* *		<b>&gt;</b>	( 19,614.
Pa	11	Net income summary. Combine line 3, colum  Gaming. Complete if the organization		OOO Dort IV line 10 over		10,600.
L		\$15,000 on Form 990-EZ, line 6a.	answered res to Form	1990, Part IV, line 19, or h	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			<del></del>	
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary. Combine line 1	1, column (d), and line 7		<u> </u>	
9	Ent	ter the state(s) in which the organization opera	itee gaming activition:			Yes No
		the organization licensed to operate gaming ac	_	states?		9a
		No," explain:				
	_			·		
10a	\/\c	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the town		40-
		Yes," explain:	evokea, suspended or te	erminated during the tax y	ear?	10a
11		es the organization operate gaming activities v	with nonmembers?			
	ls t	the organization a grantor, beneficiary or truste		r of a partnership or other	entity formed to	11
	adı	minister charitable gaming?				12

# DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Sch	edule G (Form 990 or 990-EZ) 2009 FOUNDATION, INC.	<u> </u>	1 Pa	1ge 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			İ
	The organization's facility	<u>%</u>		İ
	An outside facility	%		İ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			İ
	Name	_		
	Address ▶	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			İ
	Name	_		
	Address	_		
16	Gaming manager information:			
	Name	_		
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	_		
		_		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	<b>  </b>	ļ
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$		l	ĺ

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I			,		:			OMB No 1545-0047	545-0047
(Form 990)	···		Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Stat	es tes		2009	60
Department of the Treasury Internal Revenue Service		Сотр	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" on Fo  ▶ Attach to Form 990.	on Form 990, Par m 990.	rt IV, line 21 or 22.		Open to Public Inspection	Public stion
Name of the organization	DANVILLE FOUNDATIC	COMMUNITY INC.	COLLEGE	EDUCATIONAL				Employer identification number 54-1213521	n number 13521
Part   General Ir	General Information on Grants and Assistance	d Assistance							
1 Does the organiz	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	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	Istance, and the select	lon	
cntena used to a	criteria used to award the grants or assistance?	tance?						Yes	% ×
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	States.				
Part # Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	l Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	[
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	5,000. Check this	box if no one recipien	t received more th	an \$5,000. Use Pa	irt IV and Schedule I-1	(Form 990) if addition	al space is needed	<b>▲</b>
1 (a) Name and ac	1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant e
								:	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	d government org	anizations					<b>A</b>	
3 Enter total numb	Enter total number of other organizations	,						•	
۱,	For Privacy Act and Paperwork Reduction Act Notice	tion Act Notice	see the Instructions f	structions for Form 990.				Schedule I (Form 990) 2009	9002 (000

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

FOUNDATION, INC.

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

54-1213521

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance ٥. ٥. 137,964. 241,209, (c) Amount of cash grant 150 200 (b) Number of recipients ASSISTING TRADE ACT STUDENTS WHO ARE RESIDENTS OF COUNTY, VIRGINIA AND CITY OF DANVILLE, VIRGINIA SCHOLARSHIPS AWARDED TO COMM COLLEGE STUDENTS CASWELL COUNTY, NORTH CAROLINA, PITTSYLVANIA (a) Type of grant or assistance

Schedule I (Form 990) 2009

### SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service **Continuation Sheet for Form 990** 

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009
Open to Public Inspection

Name of the Organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Employer Identification number 54-1213521

FOUNDATIO	54-121	54-1213521										
Part I Continuation of Officers, D		ust	tee			Em	plq		t Compensated I	Employees		
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average hours	Position (check all that apply)					lv)	Reportable compensation	Reportable compensation	Estimated amount of		
	per	(0,	(check all tha			1 1		from	from related	other		
	week	5				85 0		the .	organizations	compensation		
		Individual trustee or director				Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
		ze or	Rate			ensate		(// 2 /000 /////		and related		
		ual fru	onal t		ax old	1001				organizations		
		ndivid	Institutional trustae	Officer	Key employee	Belga Sales	Former					
SANDIE CURRIE		F	⊢	Ť		F	-					
VICE CHAIR	1.00	Х		х				0.	0.	0.		
GENE HAYES												
SECRETARY	1.00	X		Х				0.	0.	0.		
JEFFREY SHERMAN	1 00						Ì		_			
DIRECTOR SCOTT BATSON	1.00	Х		_			<u> </u>	0.	0.	0.		
DIRECTOR	1.00	Х						0.	0.	0.		
STEVE WILKINSON	1.00	^				<del>                                     </del>		0.	<u> </u>	· ·		
DIRECTOR	1.00	x		İ				0.	0.	0.		
		-										
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization DAN FOU	VILLE NDATIO			LLEGE	EDUC.	ATIONA	L		mployer 4-12		ication n :1	umber
Part I Excess Benefit 1	ransacti	ons (section	on 501(c)(3) ar	nd section	1 501(c)(4)	organizatio	ns only).					
Complete if the organ	ization ansv	vered "Yes"	on Form 990	, Part IV,	line 25a or	25b, or For	m 990-E	Z, Part	V, line 40	Db.		
(a) Name of disq	ualified pers	son					(c) Corrected					
(2) ((3))					\-, -	Description o					Yes_	No
											-	
											-	
					<del></del>				· · ·			
						. —						
2 Enter the amount of tax impos	sed on the o	organization	managers or	disqualifi	ed person:	s during the	vear un	der			<del> </del>	
section 4958		Ū	· ·		•	· ·			▶ \$			
3 Enter the amount of tax, if any	, on line 2,	above, reim	bursed by the	e organiza	ition				▶ \$			
F-22												
Part II Loans to and/or	From Int	erested l	Persons.									
Complete if the organ					line 26, or	Form 990-E				aravad	1	
(a) Name of interested (b) Loan to or f person and purpose the organization			(c) Original p		(d) Bala	ance due		In ault?	by bo	proved ard or	(g) W	
person and purpose		1	-					1		nittee?	<del></del>	
STUDENT LOANS REC	То	From X	25	052	2	5,052.	Yes	No X	Yes	No	Yes	No X
CITY OF DANVILLE,		X	25,052. 140,000.			8,000.		X	X	<del> </del>	X	Λ
OIII OI DIENVILLE,			140,000.			0,000.			**		21	
						·						
									1			
Total	•			▶ \$		3,052.				······		
Part III Grants or Assist	ance Ber	nefiting lı	nterested I	Persons	s.							
Complete if the organ	ization ansv	wered "Yes"	on Form 990	, Part IV,	line 27.							
(a) Name of interested p	erson		(b) Relations			ted person	and				d type o	f
				the or	ganization					assistar		
								<b></b>				· · ·
					<del></del>							
								<del> </del>				
		-										· ·
Part IV Business Transa	ctions Ir	volving I	nterested	Person	s.			<del></del>				
Complete if the organ	ization ansv	wered "Yes"	on Form 990	, Part IV,	line 28a, 2	8b, or 28c.						
(a) Name of interested p		(b) F	Relationship b person and th	etween ir	nterested	(c) Amo			Descrip transact			aring of ration's lues?
											Yes	No

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:
FOUNDATION
FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT WILL REVIEW, APPROVE,
AND SIGN THE FORM 990 BEFORE SUBMITTING.
FORM 990, PART VI, SECTION C, LINE 19: THE SECRETARY HAS POSSESSION OF THE
DOCUMENTS AND WILL PROVIDE COPIES OF THE DOCUMENTS IF REQUESTS ARE MADE.
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: STUDENT LOANS RECEIVABLE
(A) NAME OF PERSON: CITY OF DANVILLE, PITTSYLVANIA COUNTY, HALIFAX COUNTY
(A) PURPOSE OF LOAN: SITE PREPARATION WORK FOR NEW MAINTENANCE BUILDING
FORM 990, PAGE 4, LINE 34
RELATED ORGANIZATION
THE FOUNDATION WAS ESTABLISHED TO ENHANCE THE ACADEMIC EXCELLENCE OF
DANVILLE COMMUNITY COLLEGE AND IMPROVE THE COLLEGE'S ABILITY TO SERVE
ITS STUDENTS
FORM 990, PAGES 7 & 10 PARTS VII AND IX LINE 5
COMPENSATION OF KEY EMPLOYEES
DANVILLE COMMUNITY COLLEGE PROVIDES COMPENSATION TO KEY EMPLOYEES NOTED
ON FORM 990, PART VII. THIS IS REPORTED AS AN IN- KIND SUPPORT AND NO
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  932211 02-03-10  Schedule O (Form 990) 2009

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

COMPENSATION	N IS	PAID	то	TH	HESE	IND	IVIDUALS	BY	DANVI	LLE	COMMU	נומנ	רצ כ	COLLEGE	
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