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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)

OMB No 1545-0047 Open to Public Inspection

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

A r	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and e	enaing J	UN 30, 2011	
B	heck if pplicable	DANVILLE COMMONITY COLLEGE EDUCATIONAL	j	D Employer identific	cation number
	Addres Change	FOUNDATION, INC.			
	Name change	Doing Business As		54-1	213521
	Initial		Room/suite	E Telephone number	
	Termir	, ,		(434	
	Ameno			G Gross receipts \$	2,168,166.
	Applic			H(a) Is this a group re	
	pendir			for affiliates?	Yes X No
			4541	H(b) Are all affiliates inc	
1 1	ax·exe	mpt status. X 501(c)(3) 501(c) ()		1 ' '	list. (see instructions)
		e: ► N/A	<u>, </u>	H(c) Group exemption	·
			ID I Year		State of legal domicile VA
	ert I	Summary	·	or to matter = 2 = 10	Totale of legal definicite 122
•••••		Briefly describe the organization's mission or most significant activities: PROVI	DING	EDUCATIONAL	ASSISTANCE
Activities & Governance	•	strong december the organization of most significant activities.		2200111101112	
Ē	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not as	note.
ĕ		Number of voting members of the governing body (Part VI, line 1a)	ed of filore	3	27
ၓ္		Number of independent voting members of the governing body (Part VI, line 1b)			27
ο S		Total number of individuals employed in calendar year 2010 (Part V, line 1a)		5	0
ij		Total number of volunteers (estimate if necessary)		6	
÷		Total unrelated business revenue from Part VIII, colu <u>mp (C), line</u> 12		 i	0.
ĕ		Net unrelated business tevelide from Fart VIII, column to an ine 12		7a 7b	0.
		ver difference business (axade income #entition 1, 490-1, line 34)			• • • • • • • • • • • • • • • • • • • •
_	8	Contributions and greats (Red VIII line 1b)	-	Prior Year 1,024,144.	Current Year 1,313,988.
Revenue	۵	Contributions and grants (Part VIII line 1h)	_	4,018.	3,986.
Ver	9	Program service revenue (Part Inner2018 2 2012 2012		137,107.	
æ			-	10,600.	56,458.
		Other revenue (Part VIII, column (A) Ines 5 6 dr 80, 9c, 10c) and 11e)	-		<2,818.>
		Total revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)		1,175,869. 399,089.	1,371,614.
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	 	171,324.	124,553.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	124,555.
en en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	\n -	U •	<u> </u>
Ϋ́				312,775.	224 010
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	·	883,188.	234,910. 844,720.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	292,681.	526,894.
85		Revenue less expenses. Subtract line 18 from line 12	Do.		
Vet Assets or und Balances	20	Total accets (Bort V. line 16)	DE	ginning of Current Year 5,114,094.	End of Year 6,031,594.
aş Baş	20	Total assets (Part X, line 16)	-	371,402.	
	21	Total liabilities (Part X, line 26)	-	4,742,692.	48,285. 5,983,309.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		4,142,032.	3,303,303.
		Ities of perjury. I declare that I have examined this return, including accompanying schedules			. In a color of the back of the
					y knowledge and belief, it is
tiue,	COILEC	t, and complete Deckration of preparer (other than officer) is based on all information of whi	icii preparer	nas any knowledge	True 1/1
c:	_	Signatule of officer		Date	13151
Sig		SHANNON HAIR		Dato	
Her	e	Type or print name and title			
			<u> </u>	Date , Check	PTIN
Pald		Print/Type preparer's name Preparer's synature Preparer's synature		- / 14 / H	-
	arer	FIRM'S name FOSTER & DORR P.C.	MA		0
				Firm's EIN	· · · · · · · · · · · · · · · · · · ·
OZE	Only	Firm's address P.O. BOX 2100			434) 700 0101
	. Als. 19	DANVILLE, VA 24541-0100		Phone no (434) 792-2101
ma\	tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4c	(Code:								
	PROVIDING	TUITION	ASSIST	ANCE TO T	RADE ACT	STUDEN	THAT	ARE RESID	ENTS
	OF CASWELL	COUNTY,	NORTH	CAROLINA	, PITTSY	LVANIA	COUNTY,	VIRGINIA,	AND
	DANVILLE,	VIRGINI <i>A</i>	١.						
		-	-						
							-		
			· -· · -·						
					<u>-</u>				
	-				• •				
						-			

Other program services. (Describe in Schedule O.) (Expenses \$

including grants of \$

4e Total program service expenses 704,735.

FOUNDATION, INC. Form 990 (2010) 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	Ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		ļ
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		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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			x
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
	If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		
••	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	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^ -
J	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	··•		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	
		_	~~~	(AAAA)

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 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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	Х	
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):			.,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
00	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			J
04	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ų.
20	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	20		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		Α.
5 4	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35_	-	
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	3/_		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2010
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Form 990 (2010) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a C			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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	2a C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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 a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
ь	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
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 th	e organization solicit			
	any contributions that were not tax deductible?	v	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?	· ·	6b		
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 and sei	vices provided to the payor?	7a		X
þ	if "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a]	Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		Х
10	Section 501(c)(7) organizations. Enter:				
а	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]		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a]		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		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.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	<u>]</u>	<u> </u>	<u>L</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

Form **990** (2010)

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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.

	Check if Schedule O contains a response to any question in this Part VI				X
<u>Sec</u>	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	27			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Ī	5		X
6	Does the organization have members or stockholders?	Ī	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more member	s of the			
	governing body?		7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons	7	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin				
	by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Γ	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	ters, affiliates.			
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	ne form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	/e rise			
	to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	' describe			
	in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
ь	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a			
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ion's			
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s only) available f	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	t of interest policy, an	d fina	ncıal	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and re-	cords of the organizati	on: ▶		
	DANVILLE COMM COLLEGE ED FDTN - (434) 797-8495				
	1008 SOUTH MAIN ST, DANVILLE, VIRGINIA 24541				
			Form	990 (2010)

Form 990 (2010)

FOUNDATION, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	H		Pos all 1			oly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DARREN CONNER									_	_
CHAIR	2.00	X		Х				0.	0.	0.
DR. SHIRLEY D. PRIMIANO								_	_	_
DIRECTOR	1.00	X						0.	0.	0.
PATRICK L. DALY								_ :	_	_
DIRECTOR	1.00	X			<u>_</u>	<u> </u>	<u> </u>	0.	0.	0.
JOHN W. COLLINS	1							_		
DIRECTOR	1.00	X		_		<u> </u>		0.	0.	0.
JOHN B. HALL, JR.										
DIRECTOR	1.00	X				<u> </u>	ļ	0.	0.	0.
H. F. HAYMORE			İ							
DIRECTOR	1.00	X	ļ				ļ.,	0.	0.	0.
NAN FREED			l							
TREASURER	2.00	X		X				0.	0.	0.
REBECCA L. MCGOVERN										
DIRECTOR	1.00	X		<u> </u>				0.	0.	0.
SYLVESTA JENNINGS	1 00	3.7							_	
DIRECTOR	1.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
DR. B. CARLYLE RAMSEY	1.00	X				1	-	0.	0.	_
DIRECTOR	1.00	^	-	<u> </u>	-	 —	┝	0.	<u> </u>	0.
EILEEN STENDIG DIRECTOR	1.00	X	ļ					0.	0.	0.
MARY WERTZ	1.00					\vdash			· ·	0.
DIRECTOR	1.00	x						0.	0.	0.
SHELIA G. WRIGHT	1.00	<u> </u>	┢	\vdash		-	╁		0.	0.
DIRECTOR	1.00	x				1		0.	0.	0.
LANDON R. WYATT JR.	1.00		-	╁─	-		├	0.	· ·	
PAST CHAIR	2.00	X	1					0.	0.	0.
JOHN H. ZECHMAN, JR.	2.00	TA TA	\vdash	\vdash	\vdash	\vdash	\vdash		- 0.	-
DIRECTOR	1.00	x						0.	0.	0.
ED FITZGERALD IV	1.00	1	┢	 	├-	+	-	-		
DIRECTOR	1.00	X						0.	0.	0.
SHAHNEZ AHMED	1.00	1	-	+	\vdash			- 0.		
DIRECTOR	1.00	Х						0.	0.	٥.
	1.00	1 22		1	1		Ь.		<u> </u>	- 222

032007 12-21-10

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru		mple	oyee			High	est	Compensated Employ	ees (continued)	1-	
(A)	(B)			-	C)			(D)	(E)	(F)	
Name and title	Average hours per	ر ا		Pos		n : app	МА	Reportable	Reportable	Estimated	
	week	۳	T	\ a_i	liiai	T	יעיי ד	compensation from	compensation from related	amount of other	
	(describe	director						the	organizations	compensatio	ก
	hours for	₩ 5	8			ated		organization	(W-2/1099-MISC)	from the	••
	related	Sta	frustee		ge	pens		(W-2/1099-MISC)		organization	ì
	organizations in Schedule	t tag	tional		No la	5 g	١			and related	
	O)	Individual	Institutional t	Officer	Key employee	Highest compensated employee	Fall			organizations	s
HARRY T. KOLENDRIANOS			<u> </u>								
DIRECTOR	1.00	X	ļ					0.	0.	(0.
BOBBYE RAYE WOMACK	1										_
DIRECTOR	1.00	X	┝	<u> </u>		-	ļ	0.	0.	(0.
DENISE H. DERHAM	1.00	x						0.	0.	,	^
DIRECTOR EDDIE HERNDON	1.00	^	\vdash	 		-	-	0.			0.
DIRECTOR	1.00	X			ŀ			0.	0.	، ا	ο.
HARRY SAKELLARIS					İ	1	<u> </u>				
DIRECTOR	1.00	Х						0.	0.	(0.
SANDIE CURRIE											
VICE CHAIR	1.00	X		X		<u> </u>	<u> </u>	0.	0.	(0.
GENE HAYES	1 00	,		.,						_	^
SECRETARY	1.00	X		X			├	0.	0.		0.
JEFFREY SHERMAN DIRECTOR	1.00	X						0.	0.		0.
SCOTT BATSON	1.00	1	\vdash		\vdash	╁	╁	- 0.	0.		<u>-</u>
DIRECTOR	1.00	X						0.	0.	(0.
1b Sub-total								0.	0.	(0.
c Total from continuation sheets to Part V	I, Section A							0.	0.		0.
d Total (add lines 1b and 1c)						<u> </u>		0.	0.	(0.
Total number of individuals (including but n	ot limited to th	ose	liste	ed a	pov	e) wl	ho r	eceived more than \$100	,000 in reportable		_
compensation from the organization	-							<u> </u>		Yes N	10 0
3 Did the organization list any former officer,	director or tru	etec	a ka	v en	مامد	VAA	or h	nichest compensated er	nnlovee on	Tes I	
line 1a? If "Yes," complete Schedule J for s			, KO	y C11	ipio	ycc,	01 1	iigilest compensated er	npioyee on	3 2	X
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	d otl	her compensation from	the organization		
and related organizations greater than \$15									•	4 2	X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	lion 1	from	any	y uni	relat	ed organization or indivi	dual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	per	son				5 2	X
Section B. Independent Contractors					4				*		
 Complete this table for your five highest co the organization. NONE 	mpensated in	aep	enae	ent c	onti	racto	ors t	that received more than	\$100,000 of compens	ation from	
(A)						-		(B)		(C)	
Name and business	address							Description of s	services (Compensation	
							_				
							\dashv				
	_									_	
2 Total number of independent analysis (فالمالة مساهر والمسا			٠	4-			t alana Vista and		···	
Total number of independent contractors (\$100,000 in compensation from the organi		iOt II	ımıte	a to	tno	ose II ()	Stec	abovej wno received n	nore than		
SEE PART VII, SECTION		ΓI	NU	AΤ	IO	N :	SH	EETS	!,	Form 990 (20	101
					,	'	- • •			1 Onn 330 (20	ıU)

Part VII Section A. Officers, Directors, Tri (A)	(B)	Т	oyee	:5, a "	<u>na r</u> C)	ııgn	est	(D)	ees (continuea)	(D
Name and title	Average hours	(с		Pos all	ition		oly)	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
TEVE WILKINSON										
IRECTOR	1.00	X			<u> </u>	_		0.	0.	0
		+	ļ	-			\vdash			
					<u> </u>					
		1								
		+	├—			<u> </u>	_			
		 		_						
		+	 			-	 -			
		-								•
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		+	 							
		\perp								
		+			_					
			\vdash			<u> </u>	\vdash			
		\top					<u> </u>			
		_	_		_	_			<u> </u>	-
		+		-			\vdash			
					1					

						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats	1 :	а	Federated campaigns	1a					
e a	1	b	Membership dues	1b	-				
am (s)		С	Fundraising events	1c					
<u>a</u> j	•	d	Related organizations .	1d					
S.E	,	e	Government grants (contribut	tions) 1e					
흕	1		All other contributions, gifts, gran						
훈동			similar amounts not included abo	ove 1f 1	313,988.				
Contributions, gifts, grants and other similar amounts			Noncash contributions included in lines	s 1a-1f \$		1 212 200			
**		<u>h</u>	Total. Add lines 1a-1f		<u> </u>	1,313,988.	, , , , , , , , , , , , , , , , , , ,		
_	•	_	DOLAMED EVILLOWE	ממים שואים	Business Code 310000		2 006		
Ş	2 :		POLYMER EQUIPME		310000	3,986.	3,986.		
Ser Lee		b						- · · · · · · · · · · · · · · · · · · ·	<u>-</u>
E S		c d							
Program Service Revenue		u e							-
۳ <u>.</u>			All other program service reve	enue					
			Total. Add lines 2a-2f	cri o c		3,986.			-
	3	-	Investment income (including	dividends, inter	est, and				
			other similar amounts)	•	•	81,423.			81,423.
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties						
				(ı) Real	(II) Personal				
	6 :	а	Gross Rents						
	ı	b	Less: rental expenses						
ŀ	•	C	Rental income or (loss)						
	•	d	Net rental income or (loss)		<u> </u>				
	7 :	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory		741,121.				
l			Less: cost or other basis		766 006				
İ			and sales expenses		766,086. <24,965.				
			Gain or (loss)	L	<u> </u>	<i>2</i>	-24 065		
	_		Net gain or (loss)			\24,903.	> <24,965.	? 	
울	8		Gross income from fundraisin including \$	ig events (not of					
₽			contributions reported on line						
Æ			Part IV, line 18	a roj. dee a	27,648.				
Other Revenu		ь	Less: direct expenses	t t	20 400				
0			Net income or (loss) from fund	_		<2,818.	\		<2,818.
			Gross income from gaming as	-					
			Part IV, line 19	а	· [
	ı	b	Less: direct expenses	t]			
		С	Net income or (loss) from gan	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	. а					
i			Less: cost of goods sold	t	·				
L		C	Net income or (loss) from sale		▶				
F			Miscellaneous Revenu	Je	Business Code	-			
	11								
		b							
	,	٦ 0	All other revenue		<u> </u>	 			-
		a	All other revenue Total. Add lines 11a-11d			-			1
	12	0	Total revenue. See instructions	• •		1,371,614.	<20,979.	> 0	. 78,605.
032009						1-10,11014.	-201010		Form 990 (2010)

FOUNDATION, INC. Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	110,436.	110,436.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	374,821.	374,821.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				······································
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	124,553.	47,834.	76,719.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits			_	
10	Payroli taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	14,622.		14,622.	
d	Lobbying			100.7	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	27,878.		27,878.	
g	Other	<u> </u>			
12	Advertising and promotion	2,000.		_	2,000.
13	Office expenses	312.		312.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,511.	693.	818.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0)	160 410	160 410		
a	COMMUNITY COLLEGE PROJE	168,419.	168,419.	0 511	
Ь	BAD DEBT EXPENSE	8,511.		8,511. 7,510.	
C	BOARD MEETING EXPENSES SPECIAL EVENTS-RECEPTIO	7,510. 1,533.	1,533.	1,310.	
d	· · · · · · · · · · · · · · · · · ·		999.	402	
e	OTHER EXPENSES	1,492. 1,122.	999.	493.	
f	All other expenses	1,122. 844,720.	704,735.	137,985.	2 000
25	Total functional expenses. Add lines 1 through 24f	044,/20.	/04,/33.	13/,983.	2,000.
26	Joint costs. Check here 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
03201	solicitation	<u> </u>	l	1	Form 990 (2010)

Pa	rt X	Balance Sheet			
	_ ·		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	1,766,184.	2	874,713.
	3	Pledges and grants receivable, net	117,298.	3	<u>653,688.</u>
	4	Accounts receivable, net	68,000.	4	32,000.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	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			
γņ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	25,052.	7	23,150.
As	8	Inventories for sale or use	100	8	
	9	Prepaid expenses and deferred charges	18,629.	9	16,236.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	110 105		
		Less: accumulated depreciation 10b	110,435.	10c	
	11	Investments - publicly traded securities		11	164 544
	12	Investments • other securities. See Part IV, line 11	2 007 020	12	164,544. 4,267,263.
	13	Investments · program-related. See Part IV, line 11	3,007,239.	13	4,267,263.
	14	Intangible assets	1 057	14	
	15	Other assets. See Part IV, line 11	1,257.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,114,094. 19,437.	16	6,031,594.
	17 18	Accounts payable and accrued expenses	19,43/.	17	14,019.
	19	Grants payable Deferred revenue	351,965.	18	34,266.
	20	Tax-exempt bond liabilities	331,903.	19	34,200.
(0	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,	~ ~~	21	
Ē		highest compensated employees, and disqualified persons. Complete Part II			
Ę		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	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	371,402.	26	48,285.
		Organizations that follow SFAS 117, check here ▶ X and complete	0.1/1020	20	10/2031
ç		lines 27 through 29, and lines 33 and 34.			•
2 2	27	Unrestricted net assets	829,620.	27	1,177,174.
ala	28	Temporarily restricted net assets	813,763.	28	1,554,424.
<u> </u>	29	Permanently restricted net assets	3,099,309.	29	3,251,711.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here		-	
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
YSS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	4,742,692.	33	5,983,309.
	34	Total liabilities and net assets/fund balances	5,114,094.	34	6,031,594.

Form **990** (2010)

LOHI	1990 (2010) FOUNDATION, INC.	34-	.1213251	. Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
			-		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,37	11,6	514.
2	Total expenses (must equal Part IX, column (A), line 25)	2			720.
3	Revenue less expenses. Subtract line 2 from line 1	3	52	26,8	394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,74	12,6	592.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	71	.3,7	723.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,98	33,3	309.
Pa	rt XII Financial Statements and Reporting		•		-
	Check if Schedule O contains a response to any question in this Part XII				
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	[X
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			Τ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated 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 Sir	ngle Au	dit		ł
	Act and OMB Circular A-133?	•	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	<u> </u>	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	t.) See ins	tructions.		
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)			
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).		
2 🔲			'0(b)(1)(A)(ii). (Attach Sc							
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).			
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name.
	city, and stat								•	•
5 X	An organizati	on operated for the	benefit of a college or u	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in
		(b)(1)(A)(iv). (Comple		•	•	•	•			
6 🗀			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).			
7		•	eives a substantial part				,, ,, ,	or from the	general r	oublic described in
		(b)(1)(A)(vi). (Comple				9-1-1111			90.,014.,	
8 🔲			ection 170(b)(1)(A)(vi).	(Complete	Part II.)					
9 🗔			eives: (1) more than 33			rom contri	butions, n	nembershi	o fees lan	nd aross receipts from
			nctions - subject to certa							
			axable income (less sec							
		509(a)(2). (Complete			,			,		
10			perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	1).		
11	-		perated exclusively for the		•			•	v out the	purposes of one or
			ations described in secti							
			organization and compl				,		-,,-,-	
	a Type	i b 🗀	Type II	Тур	e III - Func	tionally int	egrated		d 🗔	Type III - Other
е 🔲	By checking	this box, I certify tha	nt the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	- •
			han one or more publicly		-	-				
f			ten determination from							· · · · ·
		rganization, check th			•					
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?	
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons d	lescribed	ın (II) and (I	III) below,	Yes No
	the gov	erning body of the si	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?)						11g(ii)
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) above	₈ ?					11g(iii)
h	Provide the f	ollowing information	about the supported or	ganızatıoni	(s).					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	ı notify the	(vi) Is		(vii) Amount of
	anization	` '	organization (described on lines 1-9		sted in your			organization (i) organiz	on in col ed in the	support
			above or IRC section	governing	document?	(i) of your	support?	``´ ~us	2	
DANVI	TTD		(see instructions))	Yes	No	Yes	No	Yes	No	
		54-1268258	6	v		v		v		E02 C0C
COPINO	NIII CO	54-1200250	0	X	-	Х		X		593,606.
										
				 	 				 	
				 		<u> </u>		-	 	
Total				<u>l</u>	<u> </u>			<u> </u>		593,606.
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Forn	n 990 or 990-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 FOUNDATION, INC.

[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 fails to qualify under the tests	ed the box on line 5 s listed below, plea	i, 7, or 8 of Part I o ase complete Part I	r if the organization	n failed to qualify i	under Part III If the	e organization
Sec	ction A. Public Support			<u> </u>	·		
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(a) 2009	(-f) 2000	4-1 0040	(0 T-1-1
	Gifts, grants, contributions, and	(4) 2000	(0) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	232,624.	1169030.	894 . 871 .	909.557.	777,598.	3983680.
2	Tax revenues levied for the organ-			031/0/11	30373376	7777330.	3703000.
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	-					
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	232,624.	1169030.	894,871.	909,557.	777,598.	3983680.
5	The portion of total contributions					, 3 3 0 0	3303000.
	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)						1489425.
6	Public support. Subtract line 5 from line 4	**************************************	111111 11 17 PI 1-14 M/11/	1-7		·····	2494255.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	232,624.	1169030.	894,871.	909,557.	777,598.	3983680.
8	Gross income from interest,						
	dividends, payments received on	•					
	securities loans, rents, royalties						
	and income from similar sources	61,665.	102,745.	221,268.	100,169.	83,816.	569,663.
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 IV)	97.	313.				410.
11	Total support. Add lines 7 through 10						4553753.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<u></u>	organization, check this box and stor					· · · · · · · · · · · · · · · · · · ·	<u>▶</u>
	ction C. Computation of Publ		 			· · · · · · · · · · · · · · · · · · ·	E 4 88
	Public support percentage for 2010 (• • •	•	olumn (f))		14	54.77 %
15		•				15	57.37 %
108	33 1/3% support test - 2010. If the o				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				►X
	33 1/3% support test - 2009. If the o				ine 15 is 33 1/3%	or more, check the	IS DOX
17-	and stop here. The organization qual	•	• •				▶□
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets the "factoring decirous meets					T IV now the organ	ization
ļ.	meets the "facts-and-circumstances"					7a andles and s	
	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts-and-circ						·
	gammanon mooro mo nacro-and-cin	complances lest.	THE OIGHINZALION C	lacilies as a babil	ny supported orga	unzation	

Schedule A (Form 990 or 990-EZ) 2010

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please com	piete Part II.)	 				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10 (f) Total	1
	Gifts, grants, contributions, and	<u>.,,-</u>	1-7-2	1.7.2	15,2000	1 10, 20	i) Total	
	membership fees received. (Do not							
	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					 		
٠	are not an unrelated trade or bus-							
	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		ļ					
6	Total. Add lines 1 through 5 .					<u>.</u>		
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					<u> </u>		
8	Public support (Subtract line 7c from line 6)			'				
Sec	ction B. Total Support		-A	·	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10 (f) Total	
	Amounts from line 6	(2) 2000	(3) 230.	(6) 2000	(4) 2003	(6) 20	TO (I) Total	
	Gross income from interest.				-			
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
h	Unrelated business taxable income		 -					
U								
	(less section 511 taxes) from businesses					ŀ		
	acquired after June 30, 1975				ļ			
	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				Ī			
	assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	organization,	
	check this box and stop here						_	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage					
15	Public support percentage for 2010 (I	ine 8, column (f) c	divided by line 13, o	column (f))		15		%
16	Public support percentage from 2009	Schedule A, Pari	t III, line 15			16		%
	ction D. Computation of Inves							
	Investment income percentage for 20			ne 13, column (fl)		17		%
	Investment income percentage from				••	18		^\ %
	33 1/3% support tests - 2010. If the			on line 14, and had	a 15 is more than		nd line 17 is not	
. 50	more than 33 1/3%, check this box a						TOTAL 17 IS NOT	
Ŀ								ل
	33 1/3% support tests - 2009. If the							
20	line 18 is not more than 33 1/3%, che						nization .	닏
	Private foundation. If the organization	n did not check a	DOX on line 14, 19	a, or 19b, check t				<u> </u>
03202	23 12-21-10				Sc	hedule A (F	orm 990 or 990-EZ	1 201

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.

2010
Open to Public Inspection

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 54-1213521 \end{array}$

Par	TI Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, II	ne 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 advise	ed funds
	are the organization's property, subject to the organization'	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	-	used only
	for charitable purposes and not for the benefit of the donor	-	
	Impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pat	······································	organization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hist	torically important land area
	Protection of natural habitat	Preservation of a certif	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	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 s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	ire
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, i	released, extinguished, or terminated by the	organization during the tax
	year ▶	, ,	3
4	Number of states where property subject to conservation e	easement is located >	
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements du	uring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes t	the organization's accounting for
	conservation easements.		
Pa	T III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Fore	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc	cribes these items.	
ь	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financial	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12:20-10

Schedule D (Form 990) 2010

	•	COMMUNITY	r COPPEGE	EDUCATIONA		. 12	1 25 2 1	_	_
		ION, INC.					<u> 13521</u>		<u>je 2</u>
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant use	e of its o	collection	ıtems	
	(check all that apply):	_	<u></u>						
а	Public exhibition	d		hange programs					
Ь	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co					ın Part	XIV.		
5	During the year, did the organization solicit or		•	•	ar assets	_	٦		
-	to be sold to raise funds rather than to be ma						Yes	ш	No
	Escrow and Custodial Arrang reported an amount on Form 990, Par	t X, line 21.				'art IV, I	ine 9, or 		
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for contribution	ns or other assets no	ot included		_		
	on Form 990, Part X?					<u> </u>	Yes	ш	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amount		
c	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes		No
-	If "Yes," explain the arrangement in Part XIV.								
Pa	t V Endowment Funds. Complete it	the organization an	swered "Yes" to Fo	orm 990, Part IV, line	7 -		·		
	}	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	rs back	(e) Four	years t	jack
1a	Beginning of year balance	3,099,309.	3,049,946	 	1				
b	Contributions	152,402.	49,363						·····
C	Net investment earnings, gains, and losses	69,779.	76,089			····	<u> </u>		
d	Grants or scholarships	69,779.	76,089	. 99,298	•		ļ		
e	Other expenditures for facilities								
	and programs			 	 		ļ		
f	Administrative expenses			 	 			· · · · ·	
9	End of year balance	3,251,711.	3,099,309	3,049,946	<u>·l</u>		E		
2	Provide the estimated percentage of the year	r end balance held a							
a	Board designated or quasi-endowment		_%						
ь	Permanent endowment	% %							
C		•			. tha avecas=ad				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid	and administered for	the organizat	.ion	Г	Yes	
	by:							res	No X
	(i) unrelated organizations						3a(i)		$\frac{x}{x}$
	(ii) related organizations		a Cabadala Do				3a(ii)	-+	
	If "Yes" to 3a(ii), are the related organizations	•					3b		
Pa	Describe in Part XIV the intended uses of the rt VI Land, Buildings, and Equipm								
	Description of investment	(a) Cost or o basis (investr	1 ' '		Accumulated lepreciation		(d) Book	value	;
1a	Land								
	Buildings								
c	Leasehold improvements								
d	Equipment								

Schedule D (Form 990) 2010

0.

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

Part VII Investments - Other Securities. S	See Form 990, Part X, line 12	•		
(a) Description of security or category (including name of security)	(b) Book value	(c) M	lethod of valua and-of-year mark	
(1) Financial derivatives				ter value
(1) Financial derivatives (2) Closely-held equity interests				<u> </u>
(3) Other				
(A)				
(B)		 		
(C)		· <u>-</u> ·		
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII Investments - Program Related.	See Form 990, Part X, line 1			
(a) Description of investment type	(b) Book value		lethod of valua nd-of-year marl	
(1) EQUITY SECURITIES	2,249,796.	END-OF-YEAR	MARKET	VALUE
(2) DEBT SECURITIES	2,017,467.	END-OF-YEAR	MARKET	VALUE
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	1 267 262			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, lir				
(a) Description	. <u></u>		(b) Book value
(1)	-,			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X			>	
(a) Description of liability	, mio 20.	(b) Amount		
(1) Federal income taxes		(-)		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				`
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	ne 25)	cate that man de the		- -
2. FIN 48 (ASC 740)	o ule organization s financial statem	ents that reports the organization's	i liability for uncertai	n tax positions under
032053 12-20-10			Sch	edule D (Form 990) 2010

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.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Inspection **Employer identification number**

FOUNDAI	ION, INC.				54-1213	521
Part I Fundraising Activities required to complete this par	 Complete if the organization answ t. 	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with plividuals or entities (fundraisers) pure	ation of ation of I fundra al (includo profess	non-g gover dising ding o	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	 :
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
lotai			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from re	egistration
				-		
		,			· · · <u>-</u>	
		-				

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

Schedule G (Form 990 or 990-EZ) 2010

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Schedule G (Form 990 or 990-EZ) 2010 FOUNDATION, INC. 54-1213521 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ${ t GOLF}$ (add col. (a) through TOURNAMENT RACE col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Charitable contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes 5 Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? Yes **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2010 032082 01-13-11

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Sch	edule G (Form 990 or 990 EZ) 2010 FOUNDATION, INC.	<u> 54-1</u>	<u>213521</u>	Page 3
11.	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility		13a	%
b	An outside facility		13b	 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:	··	
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o if "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt		
	of gaming revenue retained by the third party > \$			
c	e If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column			
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	rmation	(see instruc	ctions).
				
	Sahadula 1	C (Fare	. 000 000) ET) 0040

% × **Employer identification number** Schedule I (Form 990) (2010) ONGER IN USE BY THE DCC 54-1213521 CAND & BUILDING LOCATED Open to Public OMB No 1545-0047 EDUCATIONAL FOUNDATION Inspection (h) Purpose of grant ON CAMPUS OF DCC NO or assistance _____ ____ 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance LAND & BUILDING valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 110,436.BOOK VALUE Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. DANVILLE COMMUNITY COLLEGE EDUCATIONAL Ö (d) Amount of cash grant (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance FOUNDATION, INC. (P) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1008 SOUTH MAIN STREET - DANVILLE, 1 (a) Name and address of organization COMMONWEALTH OF VIRGINIA, STATE BOARD FOR COMMUNITY COLLEGES or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) VA 24540 Part Part II LHA

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Schedule I (Form 990) (2010) FOUNDATION, INC.

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.

Part III can be duplicated if additional space is needed.

Page 2

54-1213521

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS AWARDED TO COMM COLLEGE STUDENTS	150	126,936.	.0		
ASSISTING TRADE ACT STUDENTS WHO ARE RESIDENTS OF CASWELL COUNTY, NORTH CAROLINA, PITTSYLVANIA COUNTY, VIRGINIA AND CITY OF DANVILLE, VIRGINIA	200	247,885.	0.		
Part IV Supplemental Information. Complete this part to provide the	de the information	required in Part I, I	ine 2, and any other	information required in Part I, line 2, and any other additional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:	••				
COMMONWEALTH OF VIRGINIA, STATE BOARD	RD	FOR COMMUNITY COLLEGES	COLLEGES		
(H) PURPOSE OF GRANT OR ASSISTANCE:	: LAND &		BUILDING LOCATED ON CAMPUS	CAMPUS OF	
DCC NO LONGER IN USE BY THE DCC EDU	UCATIONA	DCC EDUCATIONAL FOUNDATION,	ON, INC.		

Schedule I (Form 990) (2010)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

P 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.

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

2010

Open To Public Inspection

Name of the organization DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION. INC.

Employer identification number

	11D111 1 011							<u> </u>	<u> </u>	т	
Part I Excess Benefit	Fransaction	ns (secti	on 501(c)(3) and section	n 501(c)(4) organization	ns only)					
					line 25a or 25b, or Fori			V, line 40)b.		
1								.,	<u></u> .	(c) Corr	rected?
(a) Name of disc	jualified perso	n			(b) Description of	of transa	action			Yes	No
							_		· · ·	163	-100
									_	-	
					 -						
											
				-					_	<u> </u>	_
2 Enter the amount of tax impo	sed on the org	janizatior	n managers	s or disqualifie	ed persons during the	year un	der				
section 4958								▶ \$			
3 Enter the amount of tax, if any	y, on line 2, at	ove, rem	nbursed by	the organiza	tion			▶ \$			
···											
Part II Loans to and/or	From Inte	rested	Persons	3.							
Complete if the organ	ization answe	red "Yes	on Form	990, Part IV, I	ine 26, or Form 990-E2	Z, Part \	/, line 38	Ba.			
(a) Name of interested	(b) Loan to	or from	(c) Origin	nal principal	(d) Balance due	(e) In	(f) App	oroved	(g) W	ritten
person and purpose	the organiz	ation?	an	nount '	,,,	defa	ault?		ard or	agreer	ment?
	То	From	1			Yes	No	Yes	No	Yes	No
STUDENT LOANS REC		X	2	5,052.	23,150.		Х	Х			X
CITY OF DANVILLE,		X		0,000.	32,000.		Х	X		Х	
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T-A-1	<u> </u>				EE 150			 	<u> </u>	ļ	
Total Part III Grants or Assist	ones Pens	fiting I	ntorosto	Devee	55,150.			<u></u>		<u> </u>	
		-									
Complete if the organ		red "Yes									
(a) Name of interested p	erson		(b) Relati		en interested person a ganization	and	1	(c) Am	ount and	d type of	f
				tile Oig					assistaii		
		<u> </u>								· ··	
											
		_									

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

54-1213521

(a) Na	me of in	terested	person		(ship betweer and the orga		ع <u>-</u>	(c) Amour		(d) Descri transa	' org	Sha ganız	ation
					_ _		und the orga								even	ues'
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rt V Su	pplen	nental	nforn	nation			···							 		
Co	mplete 1	his part 1	o provi	de additio	onal II	nformation	for response	s to questi	ons o	n Schedul	e L (see	ınstr	uctions			
HEDULE	L,	PART	II,	LOA	NS	TO AN	D FROM	INTER	EST	ED PE	RSO	vs:				
\ NAME	OF	DEDC	ON •	מחווחז	האזחי	T O A N	S RECEI	TUNDIE								
) NAME	OF	PERS	JIN •	31001	ETA T	DOM	5 RECEI	LVADLE						 		
		_										<u> </u>		 		
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							ILLE, I									

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION. INC.

Employer identification number 54-1213521

FOUNDATION, INC.	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 REQ	UESTS ARE MADE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	589,170.
DONATED SERVICES AND USE OF FACILITIES:	124,553.
TOTAL TO FORM 990, PART XI, LINE 5	713,723.
FORM 990, PAGE 4, LINE 34	
RELATED ORGANIZATION	
THE FOUNDATION WAS ESTABLISHED TO ENHANCE THE ACADEMIC EX	CELLENCE OF
DANVILLE COMMUNITY COLLEGE AND IMPROVE THE COLLEGE'S ABIL	ITY 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 E	MPLOYEES NOTED
ON FORM 990, PART VII. THIS IS REPORTED AS AN IN- KIND S	SUPPORT AND NO
COMPENSATION IS PAID TO THESE INDIVIDUALS BY DANVILLE COM	MUNITY COLLEGE
EDUCATIONAL FOUNDATION SO NONE IS REPORTED ON LINE 5, PAR	· · · · · · · · · · · · · · · · · · ·
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 032211 01-24-11 32	dule O (Form 990 or 990-EZ) (2010)
.17	

Name of the array	990-EZ)(2010) DANVILLE COMMUNITY	COLLEGE	EDIIC AMTONAT	Page 2
Name of the organization	FOUNDATION, INC.	COLLEGE	EDUCATIONAL	Employer identification number 54-1213521
990.		•		
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Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6	months for a corp	oration
	o file Form 990-T), or an additional (not automatic) 3-mo				•	
	file any of the forms listed in Part I or Part II with the ex-					
	Benefit Contracts, which must be sent to the IRS in page					
	urs gov/efile and click on e-file for Charities & Nonprofits		(coo mondonomo). For more details on th	10 0,00	aromo ming or mis i	OIIII,
Part I	Automatic 3-Month Extension of Time		hmit original (no copies needed)			
	tion required to file Form 990-T and requesting an autor			nlete		
Part I only		114110 0 1110	one of the second of the sex and con	ipicio		. \square
		IICa and t	musta must use Form 7004 to required or			
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	iios, and t	rusts must use Form 7004 to request ar	exten	sion of time	
	· · · · · · · · · · · · · · · · · · ·					
Type or	Name of exempt organization	BDHG	A III T CALA T	Employer identification number		
print	DANVILLE COMMUNITY COLLEGE	EDUC	ATTONAL	54-1213521		
file by the	FOUNDATION, INC.					
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
iling your eturn See	1008 SOUTH MAIN STREET					
nstructions	City, town or post office, state, and ZIP code. For a form	oreign add	lress, see instructions.			
	DANVILLE, VA 24541				<u> </u>	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
s For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		03 Form 4720				09
Form 990		04				10
	-T (sec. 401(a) or 408(a) trust)	05				11
	T (trust other than above)	06				
01111 330	DANVILLE COMM (•				12
• The he	ooks are in the care of > 1008 SOUTH MAII				24541	
		N 51,			24341	
			FAX No. ▶			
	organization does not have an office or place of business				-	, L
	s for a Group Return, enter the organization's four digit	7				
oox ►			ach a list with the names and EINs of all		ers the extension is	for.
1 I red	quest an automatic 3-month (6 months for a corporation					
	FEBRUARY 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	bove	The extension	
ıs fo	or the organization's return for:					
►l	calendar year or					
►L	X tax year beginning JUL 1, 2010	, an	d ending JUN 30, 2011		_ •	
2 If th	e tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	'n	
	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nonrefundable credits. See instructions.					0.
	us application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and	 -		
	mated tax payments made. Include any prior year over	-		3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			1 35		
	using EFTPS (Electronic Federal Tax Payment System).	•		Зс	s	0.
	If you are going to make an electronic fund withdrawal	*				
	or Paperwork Reduction Act Notice, see Instructions		Gill 5500, see I Gill 6455-EO and Folli	0019.	Form 8868 (R	
_:::<\ F	v abolitoin liousolioli mol itolice, see ilisli uclion:	J.			FUMIL GOODS (H	œv. 12011