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Department of the Treasury

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

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

Open to Public Inspection

Inte	nal Revenue	Service The organization may have to use a copy of this return to satisfy sta	te reporting requirements.	Inspection						
Α	For the 2	011 calendar year, or tax year beginning $JUL~1,~2011$ and ending	JUN 30, 2012							
В	Check if applicable	C Name of organization DANVILLE COMMUNITY COLLEGE EDUCATIONAL	D Employer identific	ation number						
	Address change	FOUNDATION, INC.								
	Name change	Doing Business As	54-12	213521						
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone number	e number						
	Termin- ated	1008 SOUTH MAIN STREET	(434)	797-8495						
	Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,458,226.						
	Applica-	DANVILLE, VA 24541	H(a) Is this a group ret	urn						
	pending	F Name and address of principal officer: SHANNON HAIR	for affiliates?	Yes X No						
		1008 SOUTH MAIN STREET, DANVILLE, VA 2454	1 H(b) Are all affiliates incli	ıded? Yes No						
<u>1</u>	Tax-exem	pt status: X 501(c)(3) 501(c) ()	If "No," attach a li	st. (see instructions)						
J	Website:	► N/A	H(c) Group exemption	number >						
K	Form of or	ganization Corporation Trust Association X Other ► FOUND L Y	ear of formation 1982 M	State of legal domicile VA						
P		ummary								
ø	1 Br	refly describe the organization's mission or most significant activities: PROVIDING	G EDUCATIONAL	ASSISTANCE						
auc	_									
Governance	2 CI	neck this box $lacktriangle$ if the organization discontinued its operations or disposed of σ	ore than 25% of its net ass	sets.						
Š	3 N	imber of voting members of the governing body (Part VI, line 1a)	3	27						
		imber of independent voting members of the governing body (Part VI, line 1b)	4	27						
es	5 To	tal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0						
Ž.	6 To	tal number of volunteers (estimate if necessary)	6	0						
Activities &	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
_		et unrelated business taxable income from Form 990-T, line 34	7b	0.						
			Prior Year	Current Year						
ē	8 C	ontributions and grants (Part VIII, line 1h)	1,313,988.	905,356.						
ē	9 Pi	ogram service revenue (Part VIII, line 2g)	3,986.	2,672.						
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	56,458.	139,795.						
	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<2,818.							
	7	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,371,614.	961,224.						
	l l	rants and similar amounts paid (Part IX, column (A), lines 1·3)	485,257.	195,254.						
	1	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
ses	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	124,553.	109,988.						
Expenses	16a Pi	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
Ĕ	. D 10	otal fundraising expenses (Part IX, column (D), line 25) 1,500.	224 910	204 205						
	17 0	ther expenses. (Part-IX, column (A), lines 11a·11d, 11f·24e) stal expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)	234,910. 844,720.	204,205. 509,447.						
	19 R	evenue,less expenses. Subtract line (18 from line 12	526,894.	451,777.						
<u>_</u> ;	g is n		Beginning of Current Year	End of Year						
ats (20 To	○ FFR 1.9 2013 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	6,031,594.	6,620,152.						
Ass	21 To	otal liabilities (Part-X,-line 26)	48,285.	7,989.						
Net Assets or	22 N	et assets orifund balances. Subtract line 21 from line 20	5,983,309.	6,612,163.						
		Signature Block	0/200/2021	0/02=/2001						
		es of perjuga (d) clare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is						
		and complete Designation of treparer (other than officer) is based on all information of which prep								
_			1/2	Tab 13						
Si	_{an}	Similar of Officer	Date	- C VIR.						
Не	· .	SHANNON HAIR								
		Type or print name and title								
_	Print/Type preparer's name Preparer's signature Date Check PTIN									
Paid ROBERT D. DORR Self-employed P00281767										
Pro		irm's name ▶ FOSTER & DORR P.C.	Firm's EIN ▶	54-1348538						
Us	e Only 🗍	irm's address P.O. BOX 2100								
_		DANVILLE, VA 24541-0100	Phone no (4	434) 792-2101						
M	ay the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No						
121	2001 01 22	HA For Panenwork Reduction Act Notice see the separate instructions		Form 990 (2011)						

Form	990 (2011) FOUNDATION, INC.	54-121352	1 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
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?	Y	es X No
2	If "Yes," describe these new services on Schedule O.	.	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		es A No
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and allocation	ns to
4a	others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 169, 136. including grants of \$) (Revenue)	9,	4,013.)
	COLLEGE SCHOLARSHIPS AWARDED PRIMARILY FOR STUDENTS TO A	ATTEND DAN	VILLE
	COMMUNITY COLLEGE WITH SOME SCHOLARSHIPS FOR DCC STUDENT	'S TO ATTE	ND
	FOUR YEAR INSTITUTIONS.		
			-
			<u>-</u> .
	07 210	22	4,221.)
4b	(Code) (Expenses \$ 97,219. including grants of \$	e\$	4,221.)
	BUILDING TO THE COMMONWEALTH OF VIRGINIA FOR USE BY DANV		UNITY
	COLLEGE) AND NUMEROUS OTHER PROJECTS AND PROGRAMS.		
			
			
			- 150
4c		as <u>2</u> ARE RESID	6,172.) ENTS
	OF CASWELL COUNTY, NORTH CAROLINA, PITTSYLVANIA COUNTY,	VIRGINIA,	
	DANVILLE, VIRGINIA.		
4d		١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 292, 473.		- · - -
		For	m 990 (2011)

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7 6 7 X

		-	
Part IV	Checklist of	i Required	l Schedules

•	•		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3,5	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
	Schedule D, Part III	8		<u>X</u>
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			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a	Λ.	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
_	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	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
А	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	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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		<u>X</u>
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	X	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

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Form 990 (2011) Part IV Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		<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>
	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		
	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			v
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
Ь	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			v
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	_	Х	
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			1
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		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?		l _	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

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rai	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		_X_
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/6		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		72.11.1717	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	<u> </u>	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	1		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
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.			
D	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			
_	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		† <u></u>
	The state of the s		990	(2011)

Form 990 (2011)

FOUNDATION, INC.

54-1213521

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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	2.	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2'	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	1		
	officer, director, trustee, or key employee?	•		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	ľ	Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	noga	one or			
	more members of the governing body?	• •		7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders. or			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e followina			
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
			· · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u></u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe	1		
	in Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approve	/al by II	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
b	Other officers or key employees of the organization			15b	ļ	Х
	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 arrange	ement v	vith a			
	taxable entity during the year?			16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	on's			
	exempt status with respect to such arrangements?			<u> 16b</u>		L
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	T (0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·I (Sec	tion 501(c)(3)s only)	avallat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X Upon request		-64	1 6		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	ontiict	or interest policy, a	na tinai	ncial	
00	statements available to the public during the tax year.			_A, _		
20	State the name, physical address, and telephone number of the person who possesses the books and DANVILLE COMM COLLEGE ED FDTN - (434) 797-8495	and red	oras of the organiz	ation:		
	1008 SOUTH MAIN ST, DANVILLE, VIRGINIA 24541		···· · · · · · · · · · · · · · · · · ·			
13200	6		·	Econ	000	(2011)
01-23	16			rom	・フプリ	(2011)

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	idual trustæe	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
(1) DARREN CONNER								_	_	_
IMMEDIATE PAST CHAIR	2.00	X	<u> </u>	X	_	-		0.	0.	0
(2) DR. SHIRLEY D. PRIMIANO	1	١,,								
DIRECTOR	1.00	X	ļ		<u> </u>	 		0.	0.	. 0
(3) PATRICK L. DALY	1 00	١,,								
DIRECTOR	1.00	X			<u> </u>	<u> </u>	_	0.	0.	0
(4) JOHN W. COLLINS	1 00	٠,								
DIRECTOR	1.00	X	├		 	-		0.	0.	0
(5) JOHN B. HALL, JR.	1 00	X								_
DIRECTOR (6) H. F. HAYMORE	1.00	^				\vdash		0.	0.	0
DIRECTOR	1.00	x						0.	ο.	0
(7) NAN FREED	1.00	1							<u>.</u>	0
TREASURER	2.00	x		x				0.	0.	0
(8) DR. B. CARLYLE RAMSEY							-			
DIRECTOR	1.00	Х	l					0.	O.	0
(9) MARY WERTZ								""		
DIRECTOR	1.00	X	ļ					0.	0.	0
(10) SHELIA G. WRIGHT										
DIRECTOR	1.00	X						0.	0.	0
(11) LANDON R. WYATT JR.										
DIRECTOR	2.00	X						0.	0.	0
(12) JOHN H. ZECHMAN, JR.				ļ						
DIRECTOR	1.00	X	<u> </u>	<u>L</u> .			_	0.	0.	0
(13) ED FITZGERALD IV										
DIRECTOR	1.00	X		<u> </u>	L.	_	L	0.	0.	0
(14) SHAHNEZ AHMED										
DIRECTOR	1.00	X	<u> </u>	<u> </u>		_	<u> </u>	0.	0.	0
(15) HARRY T. KOLENDRIANOS							1	_		_
DIRECTOR	1.00	X	 	<u> </u>	ļ	ļ	_	0.	0.	0
(16) BOBBYE RAYE WOMACK	1 2 2 2	,,							_	
DIRECTOR	1.00	X	├	-	 	-	-	0.	0.	0
(17) DENISE H. DERHAM	1 00	\ _v								
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	1	L.,	<u> </u>	0.	0 Corm 990 (201

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Form 990 (2011)

Part VII Section A. Officers, Directors, Tru		nplo	yee			ııgh	est	1			
· (A) Name and title	(B) Average			(C Pos	ition	1		(D) Reportable	(E) Reportable	(F)	
value and title	hours per		(do not check more than one box, unless person is both a officer and a director/trustee)					compensation	compensation	amou	
	week	offi						from	from related	oth	
	(describe	director						the	organizations	compen	
	hours for related	8	8			ated		organization	(W-2/1099-MISC)	from	
	organizations	trustee	tras		88	Dens		(W-2/1099-MISC)		organiz	
	in Schedule	drag t	Institutional trustee	_	l Se	38.00	<u>"</u>			organiz	
	O)	Individual	Instit) Hoei	Keyer	Highest compensate employee	Former			""	
(18) EDDIE HERNDON											
VICE CHAIR	1.00	Х				<u> </u>		0.	0 .		0.
(19) HARRY SAKELLARIS											
DIRECTOR	1.00	X	ļ	<u> </u>		<u> </u>		0.	0.		0.
(20) SANDIE CURRIE					ŀ			_ :	_		
CHAIR	1.00	X		X		<u> </u>		0.	0.		0.
(21) GENE HAYES									_		
SECRETARY	1.00	X	ļ	X	_	ļ	_	0.	0.	·	0.
(22) JEFFREY SHERMAN		l				ł	1				_
DIRECTOR	1.00	X	<u> </u>	_			_	0.	0	•	0.
(23) SCOTT BATSON	1	,				1					_
DIRECTOR	1.00	X	<u> </u>	1	_	<u> </u>		0.	0.	<u>. </u>	0.
(24) STEVE WILKINSON		١.,									•
DIRECTOR	1.00	X	<u> </u>		<u> </u>	├—		0.	0.	•	0.
(25) RICK BARKER	1										•
DIRECTOR	1.00		├	├-	 -	-	├—	0.	0	•	0.
(26) MICHAEL DUNCAN	7 00										•
DIRECTOR	1.00	<u> </u>		<u></u>	<u></u>	_	<u> </u>	0.	0	•	0.
1b Sub-total								0.	0	•	0.
c Total from continuation sheets to Part V	II, Section A							0.	0	•	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r			leas.			-\		<u> </u>		• [<u> </u>
compensation from the organization	iot ilimited to tr	1056	1150	eu a	DOV	e) w	10 1	eceived more man \$100	,000 of reportable		C
compensation from the organization									<u> </u>	Ye	
3 Did the organization list any former officer	director, or tri	uste	e ke	ev er	nolo	vee	or	highest compensated e	molovee on		
line 1a? If "Yes," complete Schedule J for s			O,	., o.		,,	, 0.	mgmoot oomponoatoa o	mployee en	3	X
4 For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d ot	her compensation from	the organization		1
and related organizations greater than \$15	•								•. 9	4	X
5 Did any person listed on line 1a receive or									idual for services		1 1 "
rendered to the organization? If "Yes," con					-			· ·		5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors 1	that received more than	\$100,000 of compen	sation fron	n
the organization. Report compensation for	the calendar y	ear/	end	ing v	vith	or w	<u>/ithi</u>	n the organization's tax	year.		
(A)				_				(B)		(C)	
Name and business	address	N	ON:	E			_	Description of s	services	Compensa	ition
									1		
		-									
2 Total number of independent contractors (including but a		ımı+		the	See li	eter	d above) who received a	nore than		
\$100,000 of compensation from the organ	_	iJt I		.u (C		0	3150	a above, who received n	nore triall		
SEE PART VIT SECTION		TT.	NTT T	ידי ע			CIJ	PPTC	<u> </u>	Form QQ	0 (00)

Form 9	90 (2011
Form 9 Part	VII	Sec
•		

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)		
• (A) Name and title	(B) Average hours	Average Position hours (check all that						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	Institutional trustæe	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	
27) EDWIN HARVIE	1 00									0	
DIRECTOR	1.00	-				-		0.	0.	0	
28) HARRY JOHNSON DIRECTOR	1.00							О.	0.	0	
(29) BROOKS POWELL						\vdash	<u> </u>				
DIRECTOR	1.00							0.	ο.	0	
(30) RODNEY REYNOLDS								_			
DIRECTOR	1.00							0.	0.	C	
(31) SARIA SACCOCIO											
DIRECTOR	1.00							0.	0.	C	
(32) JOAN TARPLEY-ROBINSON								_	_	_	
DIRECTOR	1.00							0.	0.	С	
(33) SHANNON HAIR EXECUTIVE DIRECTOR & DIRECTOR OF DEV	40.00							0.	О.	c	
Total to Part VII, Section A, line 1c											

FOUNDATION, INC.

	rt vii	1. Statement of Reven			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grants similar amounts not included above the contributions included in lines Total. Add lines 1a-1f	s, and ve 1f	905,356.	905,356.			
Program Service Revenue	2 a b c	POLYMER EQUIPME	NT SERV	Business Code 310000	2,672.	2,672.		
Pro	e f g	All other program service reve	nue	•	2,672.			
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties		est, and	103,000.			103,000.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal	, , , , , , , , , , , , , , , , , , , ,			
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) Other 405,605. 368,810. 36,795.	36,795.	36,795.		
	ь	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a	41,593. 128,192.				196 500
	9 a b	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See		<86,599.			<86,599
	10 a b	Gross sales of inventory, less and allowances Less. cost of goods sold Net income or (loss) from sale	returns 6					
	11 a b c	·		Business Code				
1320 01-23	e 12	Total. Add lines 11a-11d Total revenue. See instructions		>	961,224.	. 39,467.	0	. 16,401.

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).

	Check if Schedule O contains a responsion include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<u> </u>		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				.,
	the United States. See Part IV, line 22	195,254.	195,254.		
	Grants and other assistance to governments.	173,234.		· · · · · · · · · · · · · · · · · · ·	***************************************
J	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
	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	109,988.	15,427.	94,561.	
8	Pension plan accruals and contributions (include	100,000.	10,121.	71,301.	
0	, , ,				
9	section 401(k) and section 403(b) employer contributions) Other employee benefits				•
9 10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management		· · ·		
b	Legal	26,339.		26,339.	
C	Accounting	20,337.	••	20,337.	
d	Lobbying Professional fundrations convices See Bort IV line 17				
e	Professional fundraising services See Part IV, line 17	34,631.		34,631.	• •
f	Investment management fees	34,031.		34,031.	
9	Other	1,500.			1,500
12	Advertising and promotion	1,626.		1,626.	
13	Office expenses	1,020.		1,020.	
14	Information technology				
15	Royalties		•		_
16 17	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		· ·		
20 01	Interest				
21 22	Payments to affiliates				
22 22	Depreciation, depletion, and amortization	1,459.		1,459.	
23	Other expanses, Itemize expanses not covered	±, ±JJ.		1,737.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	COMMUNITY COLLEGE PROJE	71,366.	71,366.		
h	BAD DEBT EXPENSE	25,030.	,	25,030.	
~	BOARD MEETING EXPENSES	17,994.		17,994.	
4	SPECIAL EVENTS-RECEPTIO	10,426.	10,426.		
u	All other expenses	13,834.	20,120.	13,834.	
25	Total functional expenses. Add lines 1 through 24e	509,447.	292,473.	215,474.	1,500
<u>25 </u>	Joint costs. Complete this line only if the organization	555,117,			-,500
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Concentrate Campaign and fund along Substitution [1	

Retained earnings, endowment, accumulated income, or other funds

Part X Balance Sheet (A) Beginning of year End of year 1 Cash · non-interest-bearing 771,496. 874,713. 2 2 Savings and temporary cash investments 653,688. 485,041. 3 Pledges and grants receivable, net 32,000. 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 17,010. 23,150. Notes and loans receivable, net 7 8 Inventories for sale or use 17,908. 16,236. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments · publicly traded securities 11 164,544. 12 12 Investments · other securities. See Part IV, line 11 4,267,263. 5,328,697. Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 6,031,594. 6,620,152. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 14,019. 17 4,520 17 Accounts payable and accrued expenses 18 18 Grants payable 34,266. 3,469. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 48,285. 7,989. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,177,174. 1,563,065. 27 Unrestricted net assets 27 1,116,557. 1,554,424. 28 28 Temporarily restricted net assets 3,932,541. 3,251,711. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 6,620,152. Form 990 (2011)

6,612,163.

32

33

34

5,983,309

6,031,594

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	1990 (2011) FOUNDATION, INC.	54	<u>-1213</u>	⊃Z⊥	Pag	<u>je 12</u>
Pa	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		96	1,2	<u>24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			509,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		45	1,7	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	, 98	3,3	09.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		17	7,0	<u>77.</u>
6	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				2,1	63.
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	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
b	b Were the organization's financial statements audited by an independent accountant?				Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit		•		
	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 Sch	edule (Э.			
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			İ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt	1	1	
	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 requi	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 54-1213521

	organ		•	because it is: (For lines i	-		•	-					
1	H	·		s, or association of churc		1bed in se	ction 170	(b)(1)(A)(i)	•				
2	님	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	\vdash		•	al service organization d									
4			-	perated in conjunction v	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter t	he hospital's name,		
		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	X	•	•		iversity ov	vned or op	erated by	a governr	nental unit	describe	ed in		
	_	section 170(b)(1)(A)(iv). (Complete Part II)											
6	Ш	A federal, stat	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7		An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general _I	oublic described in		
		section 170(l	o)(1)(A)(vi). (Complet	te Part II.)									
8		A community	trust described in s	rust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contri	butions, m	nembership	o fees, ar	nd gross receipts from		
				nctions - subject to certa									
		income and u	nization a	after June 30, 1975.									
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization	on organized and op	perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	I).				
11				erated exclusively for th						out the	purposes of one or		
		-	•	itions described in section					•		•		
				organization and comple				•					
		a Type I	· · · · · 	Type II c		-	tionally int	egrated		d□	Type III - Other		
е				t the organization is not					r more disc	nualified	* *		
			•	han one or more publicly		•	•	•		•	•		
f				ten determination from t						(-)(.)			
•			ganization, check th				po 1, 1, po	, 0. 1, 5.					
g			=	rganization accepted an	v alft or co	ontribution	from any	of the foil	owing pers	one?			
9	,	-		rectly controls, either al			•				Yes No		
			-	upported organization?	one or tog	Cuici Willi	persons c	CSCIDEG	iii (ii) aiia (i	ii) beleve,	11g(i)		
		•	• •	described in (i) above?							11g(ii)		
		•	•	person described in (i) of		.2							
		• •	•	•	٠,,						11g(iii)		
h	•	Provide the id	bllowing information	about the supported org	ganization	(S).							
				(iii) Type of	Viv.) to the o		(w) Ded was		(vi) Is	the			
(i)		of supported	(ii) EIN	0	, ,	organization sted in your	(v) Did you organizat	•	lorganizatio	on in col. I	(vii) Amount of		
	orga	anization		described on lines 1-9	, , ,	document?	(i) of your		(i) organiz	ed in the l	support		
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
	NITIT	LLE		170(B)(1)(A)	162	- 100	162	140	162	NO			
				, , . ,	_ v		₹.				212 402		
<u></u>	INIMO	NIIY CO	<u>54-1268258</u>	(VI)	X		Х		X		213,492.		
					 	-	<u> </u>			 			
							1	-					
						1				ļ			
						ļ		1		 			

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 213,492.

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC

54-1213521 Page 2

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

	(Complete only if you checked fails to qualify under the tests	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio			•
Sac	etion A. Public Support		complete rait	,			
		(a) 2007	(h) 2008	(-) 2000	(4) 2010	(a) 2011	(A Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
'	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1169030.	894,871.	909,557.	777,598.	1074003.	4825059.
2	Tax revenues levied for the organ-	1100000.	054,071.	303,337.	777,330.	1074003.	1023033.
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		·			-	
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1169030.	894,871.	909,557.	777,598.	1074003.	4825059.
	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)						1311718.
6	Public support. Subtract line 5 from line 4					······	3513341.
	ction B. Total Support		'	<u> </u>	• • • • • • • • • • • • • • • • • • • •	.	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1169030.	894,871.	909,557.	777,598.	1074003.	4825059
8	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties			1			
	and income from similar sources	102,745.	221,268.	100,169.	83,816.	101,327.	609,325
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.)	313.					313
11	Total support. Add lines 7 through 10					<u></u>	5434697
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s fırst, second, thıı	rd, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
	organization, check this box and sto						<u> </u>
	ction C. Computation of Publ					1 1	
14	Public support percentage for 2011 (column (f))		14	64.65
15	Public support percentage from 2010					15	54.77
16a	33 1/3% support test - 2011. If the				14 is 33 1/3% or i	more, check this b	
	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua						▶ ∟
17a	10% -facts-and-circumstances tes	_	=				
	and if the organization meets the *fac					rt IV how the orga	nization
	meets the "facts-and-circumstances"						▶∟_
t	10% -facts-and-circumstances tes	_	=				
	more, and if the organization meets t	he "facts-and-circu	imstances" test, c	heck this box and	stop here. Explai	n in Part IV how th	e

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) 2011

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2011 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

Section A. Public Support	ow, please com	piete Fart II.)					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		χ, μ,	(9,2000	(9/2000	(4)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons							
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6)	' '						
Section B. Total Support			·			·	
Calendar year (or fiscal year beginning in) 🕨 📙	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses acquired after June 30, 1975							
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
 Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for 	he organization	l 's first second the	rd fourth or fifth t	lay year as a secti	n 501(c)(3) organ	uzation	
check this box and stop here	organization	o mai, accord, illi	ia, iourni, or mair t	ac your as a scott	on do nono digan	•	
Section C. Computation of Public	Support Pe	ercentage					
15 Public support percentage for 2011 (lin			column (f))		15		
16 Public support percentage from 2010	• •	•		<u>.</u>	16	<u> </u>	
Section D. Computation of Inves				-	··		
7 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f) (1) %							
18 Investment income percentage from 2			.,,		18	%	
19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not	
more than 33 1/3%, check this box an	-					▶ □	
b 33 1/3% support tests - 2010. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and	
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The org	anızation qualıfies	as a publicly sup	oorted organizatio	n >	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□	

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC.

Employer identification number 54-1213521

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	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 advised f	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
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
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization 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 pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	l)(B)(i)
	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 expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
-	conservation easements.		
Pai	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	if the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	ın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2011

		ION, INC.				54-12			
Par	t 腓 Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	ner Si	milar Asse	ts (conti	inued)	
	Using the organization's acquisition, accessi								
	(check all that apply):								
а	Public exhibition	d		change programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt p	ourpose in Pai	t XIV.		
5	During the year, did the organization solicit o				ar asse	ets	_	_	7
185	to be sold to raise funds rather than to be ma						_ Yes		<u>No</u>
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organization	on answered "Yes" t	o Form	990, Part IV,	line 9, or		
10					- 4	4-4			
ıa	Is the organization an agent, trustee, custodi on Form 990, Part X?	ian or other intermed	lary for contribution	ns or other assets no	ot inclu	aea 	7 v		1 N.
h	•		decare teleler				」Yes		J No
D	If "Yes," explain the arrangement in Part XIV	and complete the id	ollowing table.		Г		A		
_	Beginning balance				<u> </u>	1_	Amount		
	Additions during the year					1c			
	Distributions during the year					1d			
f	Ending balance					1e 1f			
2a	Did the organization include an amount on Fe	orm 990 Part X line	212			<u>'' </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV.						_ 163	_	_ 140
Par	**************************************		swered "Yes" to Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four	vears	back
1a	Beginning of year balance	5,448,035.	4,554,972			2,961,433.	1	-	
b	Contributions	471,665.	893,063		1 "	967,101.			
С	Net investment earnings, gains, and losses	138,794.	69,779.	127,403		112,202,			
d	Grants or scholarships	266,620.	69,779	. 76,089		99,298,			
е	Other expenditures for facilities		•			•		*********	*************
	and programs								
f	Administrative expenses					-			
g	End of year balance	5,791,874.	5,448,035	4,554,972		3,941,438.			
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	11.00	_%						
	Permanent endowment ► 70.00	%							
C	Temporarily restricted endowment ▶ <u>1</u>	9.00%							
	The percentages in lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the or	ganızatıon	ſ		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
	If "Yes" to 3a(ii), are the related organizations	•					3b		L
<u>4</u>	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm								
rai				444 (-)	A		(-D.D		
	Description of property	(a) Cost or o	1 ' '		Accum leprecia	l l	(d) Boo	k valu	е
	Land	,		. ,					
b	Buildings								
	Leasehold improvements								
d	Equipment								
e	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)		>			0.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities.		2	<u> </u>	_ <u> </u>
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives		i		
(2) Closely-held equity interests				
(3) Other				
(A)				-
(B)				
(C)				
(D)				<u> </u>
(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	13.		
(a) Description of investment type	(b) Book value		(c) Method of valuatest or end-of-year man	ket value
(1) EQUITY SECURITIES	2,969,102		EAR MARKET	
(2) DEBT SECURITIES	2,359,595	END-OF-Y	EAR MARKET	VALUE
(3)				
(4)				
(5)		-		
(6)	· -			
				·····
(9)				
(10)			 	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, I		•		(b) Book value
(1)	(a) Becomplien		·	(b) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				
(10)		<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			<u> </u>	<u> </u>
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes]	
(2)]	
(3)]	
(4)]	
(5)			1	
(6)				
(7)			1	
(8)			1	
(9)		· · · · · · · · · · · · · · · · · · ·	4	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	line 25.) Ite to the organization's financial state	ments that reports the organ	lization's liability for uncerta	an tax positions under
2. FIN 48 (ASC 740) 132053 01-23-12				nedule D (Form 990) 2011

	dule D (Form 990) 2011 FOUNDATION, INC.		1213521 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tement	:s
1 .	Total revenue (Form 990, Part VIII, column (A), line 12)		961,224.
2	Total expenses (Form 990, Part IX, column (A), line 25)		509,447.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		451,777.
4	Net unrealized gains (losses) on investments		67,089.
5	Donated services and use of facilities 5		109,988.
6	Investment expenses 6		
7	Prior period adjustments 7	,	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		177,077.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		628,854.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,266,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 67,089		
b	Donated services and use of facilities 2b 109, 988	<u>3.</u>	
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.) 2d 128, 192	2.	
е	Add lines 2a through 2d	2e	305,269.
3	Subtract line 2e from line 1	3	961,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	961,224.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn
1	Total expenses and losses per audited financial statements	1	637,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
¢	Other losses 2c		
d	Other (Describe in Part XIV.) 2d 128, 192	2.	
е	Add lines 2a through 2d	2e	128,192.
3	Subtract line 2e from line 1	3	509,447.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	_	
c	Add lines 4a and 4b	4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	509,447.
Pa	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line		
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any		I information
PAI	RT X, LINE 2: THE FOUNDATION HAS ADOPTED THE PROVISIONS (OF	
<u>AC</u>	COUNTING STANDARDS REGARDING UNCERTAINTY IN INCOME TAX PO	OSITI	ONS;
HOI	WEVER, MANAGEMENT DOES NOT BELEIVE IT IS EXPOSED TO ANY S	SUCH	POSITIONS
<u>AS</u>	THEY ARE DEFINED IN THE ACCOUNTING STANDARDS.		
PA	RT XII AND XIII, LINE 2D		
~			
מו	RECT EXPENSE OF FUNDRAISING EVENTS CHARGED AGAINST INCOM	또 = \$	128,192
10	EE 990 PART VII, LINE 8B).		
13.	DD 250 FART VII, DINE OD).	Scher	dule D (Form 990) 2011

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization DANVII

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

Employer identification number 54 - 1213521

FOUNDAT.	ION, INC.				134-1213	<u> </u>
Part I Fundraising Activities. required to complete this part	Complete if the organization answers.	ered *Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raise	ed funds through any of the following	ng acti	/ities	Check all that apply.	,	
a Mail solicitations				overnment grants		
b Internet and email solicitations			_	nment grants		
	g L Special	lunura	ising (events		
d In-person solicitations			_			
2 a Did the organization have a written of						
key employees listed in Form 990, Pa	art VII) or entity in connection with p	rofess	onal f	undraising services?	Yes	No
b If "Yes," list the ten highest paid indiv	viduals or entities (fundraisers) purs	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
				<u> </u>	63.4	
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	or con	istody trol of	from activity	fundraiser	to (or retained by) organization
		contributions?			listed in col. (i)	organization
		Yes	No			
		ļ				
	<u></u>					
						ļ
		-				
		-				
		-				
		 	-			
- Total						
3 List all states in which the organizatio	on is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is exempt from r	degistration
or licensing.					· · · · · · · · · · · · · · · · · · ·	
					·	
						
						
						
· · · · · · · · · · · · · · · · · · ·						
	<u> </u>					

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

Schedule G (Form 990 or 990-EZ) 2011

Sch Pa		le G (Form 990 or 990-EZ) 2011 FOUNDAT Fundraising Events. Complete if the		ed "Yes" to Form 990. Part	IV line 18 or reported	1213521 Page 2
		of fundraising event contributions and gi				
			(a) Event #1 GOLF	(b) Event #2	(c) Other events	(d) Total events
			TOURNAMENT	RACE		(add col. (a) through
en			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Charitable contributions	-			
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			······································	
ses	5	Noncash prizes				
Oirect Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				-
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	(
	11	Net income summary. Combine line 3, colum			•	, , , , , , , , , , , , , , , , , , ,
Pa	rt l	Gaming. Complete if the organization	answered "Yes" to For	m 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.			···	·T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
æ	1	Gross revenue				
			7			
Expenses	2	Cash prizes				
EXP PP	3	Noncash prizes			, = T, 11	
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes 9	% Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	(
	8	Net gaming income summary. Combine line	1, column d, and line 7		•	
_	_					
а	ls t	ter the state(s) in which the organization operate organization licensed to operate gaming a No," explain:	ctivities in each of these	e states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:		•		Yes No
	_					
320		1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 20
		. == .=			Jonedale a (FO	555 51 550-62) 20

Sch	edule G (Form 990 or 990·EZ) 2011 FOUNDATION, INC.	54-1	<u> 2135</u>	<u> 521</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			es	No 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?		Y	es	☐ No
13	Indicate the percentage of gaming activity operated in:		1		
	The organization's facility		13a		%
	An outside facility	ľ	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:			
	Zino no name and addition of the property in organization of gamma, property in the property i				
	Name ▶				
				•	
	Address ▶				
	7.001000 -				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			ſes	☐ No
106	boes the organization have a contract with a third party from whom the organization receives garning revenue:				
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
L	of gaming revenue retained by the third party \$	unt			
_	of garning revenue retained by the trind party • • If "Yes," enter name and address of the third party:				
C	enter name and address of the third party.				
	Name N				
	Name				
	Address				
	Address -	·			
46	Company and compan				
16	Gaming manager information:				
	NG. N				
	Name ►				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
ā	a is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		L '	Yes	∟ No
ŧ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the			
	organization's own exempt activities during the tax year 🕨 \$				
Pε	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colin	umns (III)	and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional inf	ormation	(see ır	nstru	ctions).
			_		
_					
					
_					
_					

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the Treasury
Internal Revenue Service

Name of the organization answered "Yes"

Attach to Form

Attach to Form

Attach to Form

DANVILLE COMMUNITY COLLEGE EDUCATIONAL

OMB No 1545-0047

2011	Open to Public Inspection
------	---------------------------

| Employer identification number

FOUNDATION, INC.	ON, INC.						54-1213521
- Se	to substantiate the		or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	istance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	oring the use of grant	funds in the United	d States.			
Part II 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	Governments and	d Organizations in the	e United States. C	complete if the org	anization answered "\	es" 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	\$5,000 Check this	box if no one recipier	nt received more th	ian \$5,000. Part II	can be duplicated if	additional space is nee	ded
1 (a) Name and address of organization or government	(p) 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
COMMONWEALTH OF VIRGINIA, STATE							LAND & BUILDING LOCATED
BOARD FOR COMMUNITY COLLEGES -							ON CAMPUS OF DCC NO
1008 SOUTH MAIN STREET - DANVILLE,							LONGER IN USE BY THE DCC
VA 24540			0.	0.	BOOK VALUE	LAND & BUILDING	EDUCATIONAL FOUNDATION,
2 Enter total number of section 501(c)(3) and government organizations	and government or	suoi	isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H)	a, see the Instructions for I	ions for Form 990. LUMN (H) DE	o. DESCRIPTIONS	യ			Schedule I (Form 990) (2011)

Page 2

54-1213521

Schedule I (Form 990) (2011) 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.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, riviv, appraisar, orner)	
SCHOLARSHIPS AWARDED TO COMM COLLEGE STUDENTS	0	0.	0.		
ASSISTING TRADE ACT STUDENTS WHO ARE RESIDENTS OF CASWELL COUNTY, NORTH CAROLINA, PITTSYLVANIA COUNTY, VIRGINIA AND CITY OF DANVILLE, VIRGINIA	0	0	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:					
COMMONWEALTH OF VIRGINIA, STATE BO	묎	FOR COMMUNITY COLLEGES	COLLEGES		
SISTAN	LA L	BUILDING LOCATED	LOCATED ON	ON CAMPUS OF	
DCC NO LONGER IN USE BY THE DCC ED	TAT	IONAL FOUNDATION,	ON, INC.		

Schedule 1 (Form 990) (2011)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► 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

	NDATION,						94-12	1352	<u> </u>			
				n 501(c)(4) organization								
Complete if the organ	<u>ızatıon answere</u>	ed "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 person		(b) Description of transaction						(c) Corrected?			
(a) Name of disq				(b) Description of transactio			OII		Yes	No		
! Enter the amount of tax impos	sed on the orga	nızatıon	managers or disqualif	ied persons during the	year un	der						
section 4958							▶ \$					
Enter the amount of tax, if any	, on line 2, abo	ve, reim	bursed by the organiza	ation			▶ \$					
art II Loans to and/or	From Interes	ested I	Persons.									
Complete if the organ	ızatıon answere	ed "Yes"	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	За					
(a) Name of Interested	(b) Loan to o		(c) Original principal	(d) Balance due	(e) In default?		(f) Approved by board or		(g) W	ritten		
person and purpose	the organiza	ation?	amount		defa	ault?	committee?		agreei	ment?		
	То	From	L		Yes	No	Yes	No	Yes	No		
FUDENT LOANS REC		X	25,052.	0.		Х	Х			X		
ITY OF DANVILLE,		X	140,000.	0.		Х	Х		Х			
									İ			
						1						
tal	·		▶ \$									
art III Grants or Assist	ance Benef	iting Ir	nterested Person	ıs.			***********					
Complete if the organ	ization answer	ed "Yes"	on Form 990, Part IV,	line 27.								
(a) Name of interested p	erson		(b) Relationship betw	een interested person	and		(c) An	nount an	d type o	f		
·			the or	the organization				assistance				
]										
									-			
			•									
		1										

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2011

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

Schedule L (Form 990 or 990-EZ) 2011 FOUNDATION, 54-1213521 Page 2 INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No Part V | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: STUDENT LOANS RECEIVABLE NAME OF PERSON: CITY OF DANVILLE, PITTSYLVANIA COUNTY, HALIFAX COUNTY PURPOSE OF LOAN: SITE PREPARATION WORK FOR NEW MAINTENANCE BUILDING

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
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

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.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 67,089
DONATED SERVICES AND USE OF FACILITIES: 109,988
TOTAL TO FORM 990, PART XI, LINE 5 177,077
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
COMPENSATION IS PAID TO THESE INDIVIDUALS BY DANVILLE COMMUNITY COLLEGE
EDUCATIONAL FOUNDATION SO NONE IS REPORTED ON LINE 5, PART IX OF FORM LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 101-23-12
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Form **8868**

(Rev. January 2012)

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, complet	te only Pa	rt I and check this box			•	\mathbf{X}	
-	are filing for an Additional (Not Automatic) 3-Month Ex	-		this forr	n).			
	complete Part II unless you have already been granted a					m 8868.		
	nic filing (e-file). You can electronically file Form 8868 if y		·	-			oration	
	to file Form 990-T), or an additional (not automatic) 3-moi				•	•		
	to file any of the forms listed in Part I or Part II with the exc		•			•		
	al Benefit Contracts, which must be sent to the IRS in pap							
	w.irs.gov/efile and click on e-file for Charities & Nonprofits		(300 mondonom). For more details)	100	tromo ming or triis	101111,	
Part	····		ubmit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an autor						-	
Part I o	nly			·		•	· 🗆	
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	at an ext	tens	sion of time		
	come tax returns	•	·					
Туре о	Name of exempt organization or other filer, see instru	ctions.		Emplo	yer	identification num	ber (EIN) or	
print	DANVILLE COMMUNITY COLLEGE	EDUCA	ATIONAL		•		, ,	
	FOUNDATION, INC.			X		54-12135	21	
File by the due date f		ee instruct	tions.	Social	sec	curity number (SSI	V)	
iling your eturn Se								
nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	DANVILLE, VA 24541							
Enter th	e Return code for the return that this application is for (file	e a separat	te application for each return)				0 1	
							T_	
Applica	ition	Return	Application				Return	
Is For Code Is For Form 990 01 Form 990-T (corporation)							Code	
							07	
						08		
Form 990-EZ 01 Form 4720 Form 990-PF 04 Form 5227						09		
	90-Fr 90-T (sec. 401(a) or 408(a) trust)	ì					10	
	90-T (sec. 40 (a) or 400(a) (trust)	05 06	Form 6069 Form 8870			· 	11	
OIIII 3	DANVILLE COMM (12	
• The	books are in the care of ▶ 1008 SOUTH MAII			Δ -		24541		
	phone No. ► (434) 797-8495		FAX No. ▶			21311		
	e organization does not have an office or place of business	s in the Un					• 🗆	
	s is for a Group Return, enter the organization's four digit			lf this is	for	the whole group.	check this	
box 🕨		-						
	request an automatic 3-month (6 months for a corporation						0.101.1	
			tion return for the organization name		/е. [.]	The extension		
IS	for the organization's return for:	_	-					
•	calendar year or							
•	X tax year beginning JUL 1, 2011	, an	d ending JUN 30, 2012					
			_					
2 If	the tax year entered in line 1 is for less than 12 months, o	heck reas	on· Initial return	Final re	turi	n		
l	Change in accounting period							
		<u></u>						
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				_	
_	onrefundable credits. See instructions.			3	а	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,						_	
_	stimated tax payments made. Include any prior year overp			3	b	\$	<u> </u>	
	Balance due. Subtract line 3b from line 3a. Include your pa		·				^	
	y using EFTPS (Electronic Federal Tax Payment System).				c	5	0.	
	n. If you are going to make an electronic fund withdrawal			orm 88	/9·l			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.			Form 8868 (I	nev. 1•2012)	

123841 01-04-12