



Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION IS TO IMPROVE AND ENRICH THE LIVES OF PEOPLE IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,844,916 including grants of \$ 1,712,336 ) (Revenue \$ )

IT IS THE ORGANIZATION'S VISION TO RECOGNIZE THE NEEDS AND PROVIDE RESOURCES TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY AND TO SERVE THE WISHES OF THE DONORS.

THE MISSION OF THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION IS TO IMPROVE AND ENRICH THE LIVES OF PEOPLE IN OUR COMMUNITY BY ENCOURAGING THE GENEROSITY OF THE DONORS; BY RECEIVING, MANAGING AND DISTRIBUTING IMPORTANT RESOURCES; AND BY MEETING A VARIETY OF CHARITABLE PURPOSES IN OUR COMMUNITY.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u \$ 1,844,916 (Must equal Part IX, Line 25, column (B).)



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	<b>X</b>	
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	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		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	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		<b>X</b>







Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for MS. MARGARET SCOTT SECRETARY, MAJ. CARROLL THACKSTON DIRECTOR, DR. CORLISS WILLIAMS DIRECTOR, DR. JACK TURNER AT-LARGE, and MR. LOGAN YOUNG DIRECTOR. Total compensation reported as 58,900.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization u 0

Table with 3 columns: Question number, Question text, and Yes/No response. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes empty rows for contractor information.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization u 0





Part X Balance Sheet

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16) and Liabilities (17-26) with sub-sections for Net Assets or Fund Balances (27-34).

Part XI Financial Statements and Reporting

Table with columns Yes, No. Rows 1-3b regarding accounting methods and audit requirements.



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received... 2 Tax revenues levied for the organization's benefit... 3 The value of services or facilities furnished by a governmental unit... 4 Total. Add lines 1-3... 5 The portion of total contributions by each person... 6 Public support. Subtract line 5 from line 4...

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources... 9 Net income from unrelated business activities, whether or not the business is regularly carried on... 10 Other income. Do not include gain or loss from the sale of capital assets... 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions)... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here...

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 14, 15. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))... 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f... 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization... 16b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization... 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization... 17b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization... 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...

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18%.

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

OTHER INCOME \$ 7,866

**SUPPLEMENTAL INFORMATION**

FORM 990, SCHEDULE A, LINE 8 - ORGANIZATION INDICATED THAT IT IS A COMMUNITY TRUST FOR REPORTING IN THIS SCHEDULE ALTHOUGH IT IS INCORPORATED AS A NON-STOCK CORPORATION BY THE COMMONWEALTH OF VIRGINIA.

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
u Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b> THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION	<b>Employer identification number</b> 54-1823141
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ       501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                    501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE COMMUNITY FOUNDATION OF THE</b>	Employer identification number <b>54-1823141</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DANVILLE VA 24540	\$ 2,869,923	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DANVILLE VA 24541	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DANVILLE VA 24541	\$ 487,648	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DANVILLE VA 24541	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BOSTON MA 02110	\$ 105,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE COMMUNITY FOUNDATION OF THE</b>	Employer identification number <b>54-1823141</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SECURITIES ..... ..... .....	\$ 2,821,963	6/30/09
3	SECURITIES ..... ..... .....	\$ 287,758	6/30/09
3	RESIDENTIAL PROPERTY ..... ..... .....	\$ 170,700	6/30/09
3	SECURITIES ..... ..... .....	\$ 29,190	6/30/09
	..... ..... .....	\$ .....	.....
	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

u Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION

Employer identification number 54-1823141

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds control.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, etc.), questions about conservation easements held, and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00%, b Permanent endowment, c Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes entries for POOLED INVESTMENT FUNDS and INVESTMENT - PARTNERSHIPS with book values of 4,067,289 and 923,148 respectively.

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Currently empty.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Currently empty.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Includes entry for Federal income taxes.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.



**Part XIV Supplemental Information** (continued)

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PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
DEPRECIATION OF RENTAL PROPERTY \$ 37,956  
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PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER  
K1 EXPENSES \$ 122,221  
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.

u Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
u Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE  
DAN RIVER REGION

Employer identification number  
54-1823141

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed  u

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	BACHELORS HALL VOLUNTEER FIRE DEPT			6,000				PURCHASE EQUIPMENT
	BLAIRS FIRE AND RESCUE			15,000				PURCHASE EQUIPMENT
	BOYS AND GIRLS CLUB OF DANVILLE			6,550				LANDSCAPING PROJECT
	BROSVILLE COMMUNITY FIRE DEPT			20,000				PURCHASE EQUIPMENT
	CALLANDS VOLUNTEER FIRE AND RESCUE			10,000				PURCHASE EQUIPMENT
	CASVILLE VOLUNTEER FIRE DEPT			40,000				PURCHASE EQUIPMENT
	CASWELL CO. EMS			40,000				PURCHASE EQUIPMENT
	CHATHAM CARES			5,500				PURCHASE EQUIPMENT
	CHATHAM CARES			5,500				PURCHASE EQUIPMENT

- 2 Enter total number of section 501(c)(3) and government organizations u 205
- 3 Enter total number of other organizations u

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

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

(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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

Name of the organization **THE COMMUNITY FOUNDATION OF THE  
DAN RIVER REGION**

Employer identification number  
**54-1823141**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHATHAM VOLUNTEER FIRE DEPT -----			9,475				PURCHASE EQUIPMENT
CHATHAM VOLUNTEER FIRE DEPT -----			5,525				PURCHASE EQUIPMENT
CITY OF DANVILLE - BALLOU REC CENTE -----			10,000				PROVIDE TRANSPORTATI
CITY OF DANVILLE - FIRE DEPT -----			18,000				PURCHASE EQUIPMENT
CITY OF DANVILLE - VETERANS MEMORIA -----			12,000				LEASEHOLD IMPROVEMEN
CITY OF DANVILLE - VETERANS MEMORIA -----			12,000				LEASEHOLD IMPROVEMEN
CLIMAX VOLUNTEER FIRE DEPT -----			29,900				PURCHASE EQUIPMENT
CLIMAX VOLUNTEER FIRE DEPT -----			9,470				PURCHASE EQUIPMENT
DAN PITT COMMUNITY SERVICES -----			6,000				PURCHASE EQUIPMENT
DANVILLE CANCER ASSOCIATION, INC, -----			25,000				SUPPORT SERVICES
DANVILLE LIFE SAVING CREW AND FIRST -----			25,000				PURCHASE EQUIPMENT

2 Enter total number of Section 501(c)(3) and government organizations ..... **u**  
3 Enter total number of other organizations ..... **u**

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

Name of the organization **THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION** Employer identification number **54-1823141**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DANVILLE PITTS HABITAT FOR HUMANITY -----			8,000				LEASEHOLD IMPROVEMEN
DANVILLE SCIENCE CENTER -----			30,000				PROGRAM SUPPORT
DANVILLE SPEECH AND HEARING CENTER -----			15,000				PROVIDE SERVICES
DANVILLE YOUTH GROW - THE FIRST TEE -----			10,450				SUPPORT SERVICES
DCC EDUCATIONAL FOUNDATION -----			15,000				SUPPORT SERVICES
DCC EDUCATIONAL FOUNDATION -----			50,000				FACILITIES
DOVES, INC -----			25,000				PURCHASE EQUIPMENT
FREE CLINIC OF DANVILLE -----			11,775				PURCHASE EQUIPMENT
GOD'S PIT CREW -----			20,000				LEASEHOLD IMPROVEMEN
GODS STOREHOUSE -----			10,000				SUPPORT SERVICES
HATCHER CENTER INC -----				302,600		RENT IN KIND	NONRESID. RENTAL

**2** Enter total number of Section 501(c)(3) and government organizations ..... **u**  
**3** Enter total number of other organizations ..... **u**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

Name of the organization **THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION** Employer identification number **54-1823141**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HATCHER CENTER INC -----			180,000				PROMOTE PROGRAMS
HOPE HARBOR -----			6,675				BUILDING RENOVATIONS
ILLINOIS INSTITUTE OF TECHNOLOGY -----			15,935				SCHOLARSHIP
ILLINOIS INSTITUTE OF TECHNOLOGY -----			36,826				SCHOLARSHIP
ILLINOIS INSTITUTE OF TECHNOLOGY -----			29,294				SCHOLARSHIP
ILLINOIS INSTITUTE OF TECHNOLOGY -----			18,255				SCHOLARSHIP
ILLINOIS INSTITUTE OF TECHNOLOGY -----			17,800				SCHOLARSHIP
KEELING VOLUNTEER FIRE DEPT -----			10,000				LEASEHOLD IMPROVEMEN
KENTUCK VOLUNTEER FIRE DEPT -----			25,000				PURCHASE EQUIPMENT
LITTLE LIFE PREG MED CTR -----			7,000				PURCHASE EQUIPMENT
MT. CROSS VOLUNTEER FIRE AND RESCUE -----			10,000				PURCHASE EQUIPMENT

**2** Enter total number of Section 501(c)(3) and government organizations ..... **u**  
**3** Enter total number of other organizations ..... **u**

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION** Employer identification number **54-1823141**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MT. HERMON VOLUNTEER FIRE DEPT. -----			15,000				PURCHASE EQUIPMENT
NORTHERN PITTSYLVANIA CO. FOOD CEN -----			9,625				PROGRAM SUPPORT
PELHAM VOLUNTEER FIRE DEPT -----			25,000				PURCHASE EQUIPMENT
PITTSYLVANIA COUNTY COMMUNITY ACTIO -----			8,000				PROVIDE TRANSPORTATI
PITTSYLVANIA COUNTY COMMUNITY ACTIO -----			10,000				PROVIDE TRANSPORTATI
PITTSYLVANIA COUNTY SCHOOL BOARD -----			50,000				SUPPORT SERVICES
PROSPECT HILL VOL FIRE DEPT -----			10,000				PURCHASE EQUIPMENT
PROVIDENCE FIRE & RESCUE -----			20,000				PURCHASE EQUIPMENT
RINGGOLD VOLUNTEER FIRE AND RESCUE -----			25,000				PURCHASE EQUIPMENT
SANDY RIVER COMMUNITY PARK -----			10,000				LEASEHOLD IMPROVEMEN
SOUTHERN AREA AGENCY OF AGING -----			50,000				SUPPORT SERVICES

2 Enter total number of Section 501(c)(3) and government organizations ..... u  
3 Enter total number of other organizations ..... u

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE I-1  
(Form 990)**

**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

**2008**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization **THE COMMUNITY FOUNDATION OF THE  
DAN RIVER REGION**

Employer identification number  
**54-1823141**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOWN OF YANCEYVILLE -----			30,000				LEASEHOLD IMPROVEMEN
TUNSTALL FIRE & RESCUE SQUAD -----			20,000				PURCHASE EQUIPMENT
UNITED WAY OF DANVILLE PITTSYLVANIA -----			15,975				SUPPORT SERVICES
UNITED WAY OF DANVILLE PITTSYLVANIA -----			20,025				PROVIDE STAFFING
VETERANS MEMORIAL -----			25,000				LEASEHOLD IMPROVEMEN
WEST CENTRAL PERINATAL COUNCIL -----			5,795				PURCHASE SUPPLIES
YANCEYVILLE FIRE AND RESCUE -----			10,000				PURCHASE EQUIPMENT
YMCA OF DANVILLE -----			10,000				PROV. SCHOLARSHIPS
-----							
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2 Enter total number of Section 501(c)(3) and government organizations ..... u  
3 Enter total number of other organizations ..... u

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION

Employer identification number 54-1823141

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, and (c) Corrected? (Yes/No).

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?.

Total u \$

Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance.

Part IV Business Transactions Involving Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of org. revenues? (Yes/No).



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

u Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization  
**THE COMMUNITY FOUNDATION OF THE  
DAN RIVER REGION**

Employer identification number  
**54-1823141**

**FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT**

**THE FOUNDATION SERVES A REGION FROM MARTINSVILLE-HENRY  
COUNTY TO SOUTH BOSTON/HALIFAX COUNTY, INCLUDING  
NEIGHBORING NORTH CAROLINA COUNTIES.**

**FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES  
CAYMAN ISLANDS**

**FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
COPY OF ANNUAL RETURN REVIEWED BY EXECUTIVE DIRECTOR AND TREASURER OF  
ORGANIZATION BEFORE FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
AT EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THERE IS A DISCUSSION  
LEAD BY THE EXECUTIVE DIRECTOR AS TO THE ORGANIZATION'S CONFLICT OF  
INTEREST POLICY AND A REQUEST OF EACH BOARD MEMBER TO PROVIDE WRITTEN  
DISCLOSURE OF ANY CONFLICTS TO THE PRESIDENT OF THE ORGANIZATION.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD AUTHORIZES AND APPROVES ANY CHANGE IN THE EXECUTIVE DIRECTOR'S  
COMPENSATION.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST  
POLICY AVAILABLE UPON REQUEST; WHEREAS, THE FINANCIAL STATEMENTS ARE MADE**