



Community Foundation *of the* Dan River Region

541 Loyal St · Danville, VA 24541 · 434.793.0884 · www.cfdr.org

AGENDA FINANCE COMMITTEE MEETING

**November 18, 2024
12:00 P.M.**

Welcome and Chairman's Remarks	William Riddle, Chairperson
August 26, 2024 Minutes	William Riddle
990 Review and Audit	Stephen Gay, HHN&Co
Financial Report	Sheila Williamson-Branch, Treasurer
Investment Analysis Review and Discussion.....	Seth Lynn, Dahab and Associates
Old Business	William Riddle
Water Line Bid Review	
Cash Availability	Katy Jones, Accountant
Insurance Review	William Riddle
Audit Planning	William Riddle
Policy Review-Donor Initiated Fundraising.....	William Riddle
Adjournment.....	William Riddle

Next meeting scheduled for February 10, 2025 at 12:00 p.m.



Community Foundation *of the* Dan River Region

541 Loyal St · Danville, VA 24541 · 434.793.0884 · www.cfdr.org

Minutes **FINANCE COMMITTEE** **August 26, 2024**

Present: Vince Kania, Helm Dobbins, Kerri Burchett, Scott Barnes, Sheila Williamson-Branch, Steve Bass, Becky Yeatts, Seth Lynn, Dan Hayes, Katy Jones
Zoom: Bill Riddle, Nina Beth Thornton
Absent: Dan Angell, Jennifer Hiltwine, Lisa Knight-Johnson, Kunal Patel

Welcome and Chairman's Remarks, Vince Kania, serving as chair of the meeting, opened the meeting at 12:03 pm. He welcomed us to the new fiscal year and the meeting. A special welcome to Scott who is here in an advisory and historical reference capacity.

May 20, 2024 Minutes, Vince asked for us to approve the February minutes since there was not a quorum at the May meeting. A Dobbins/Williamson-Branch motion passed. Vince asked to approve the May minutes. Helm asked about the decision to move from Smith-Salley. He asked that we keep that relationship open as an option. Vince asked Seth about the transition from AMNB to AUB. Seth shared that the transition was not as he would have expected. Our Bond management portfolio is currently with AUB, but Seth also recommends that we keep in touch with Smith-Salley. Seth has some concerns about the numbers that AUB has posted since the current staff is relatively new and not responsible for the performance. He also noted that Mark Holland has given the contact that Seth needed to feel comfortable about the relationship. Vince asked for a motion for approval of the Q3 (March 31) financial report. A Dobbins/Burchett motion passed. It was noted that the budget was approved at the full board meeting on June 17. Asked for approval for the May 20, 2024 minutes. The Burchett/Williamson-Branch motion passed

Investment Analysis and Discussion, Seth Lynn, our representative from Dahab and Associates, started with a review of the 11-year relationship between Dahab and The Foundation. We use index funds that are cheap, liquid and efficient. He applauded us for our relationship with local brokers and for keeping money with the local brokers to build that relationship, while still having an engine of low-cost investments to serve as the investment engine. We have a good balance of funds. Seth recommended that we stay with good old-fashioned investments and not use timber or Crypto.

The last quarter was a tough quarter:

- We purchased Peregrine as an actively managed large-cap fund. Peregrine has been struggling because its strategy is not "popular", but Peregrine is still operating a good plan and not changing its plan. Investors are returning to this fund manager. Seth recommends staying with Peregrine despite its current hard times.
- Helm asked about MA2. This is a residual from our financial plan before working with Dahab. This fund is locked up until 2026.
- Helm asked about ASB Realty. It is having a rough time, but Seth recommended sticking with it for now.

- **TIFF Secondary** – Is having a rough time but is also a residual of our pre-Dahab plan. This fund should be fully distributed by the end of the fiscal year.

Our strategic plan calls for an annual review of our relationship with our advisor in May. Because we had not reviewed Dahab at the May meeting, Scott shared the results of a comparison between the Virginia Retirement System (VRS) and our results with Dahab. It shows our return rates are comparable to the state VRS system. Vince shared that Seth often repeats the key words: “stick to your knitting”. We should stick to what we know best. The foundation has grown out of a time when Danville was slipping with the loss of industry and population. We as a foundation have grown well. Discussion also surrounded that our economy of scale has been efficient. Scott shared that perhaps the August meeting is a better time to review Dahab because the results are available for the whole fiscal year at that time.

Old Business, Vince Kania Jr.

- **Transfer to Wells Fargo** has been completed and for the benefit of the new members, Vince explained why and how the money was moved.
- **Authorizations are complete** for board members to approve transfers.

Financial Report, Sheila Williamson-Branch, Treasurer, shared that as of June 30 assets are approximately \$65 million over \$49 million of a year ago. Everything seems to be in line. There are a couple of discrepancies with the budget, while overall we were under budget. Katy shared some of the reasons for the offset. We had overbudgeted benefits last year. The committee asked what items were classified as ‘Other Expense’. Katy will send out a list of items listed as ‘Other Expense’ after the meeting. The costs of the Search for a new director was covered by the grant expense line. There is also an offset because of changing from the services of a contract accountant to an in-house accountant. A motion to accept the report from Dobbins/Burchett was approved.

NOTE: For the 2023-2024 fiscal year, \$3437.35 was categorized as Other Expense. This included bank account fees, flowers sent to staff for family deaths/injuries, licenses and permits, and postage equipment rental (Pitney Bowes). Starting this year, most expenses have been reclassified to other categories. Bank account fees will continue to be in the other expense account and it will be renamed to reflect that usage.

Investment Fee Comparison Review, Katy Jones, Accountant shared the Investment fee comparison that we do every August. Peregrine fees are lumped together because we pay fees to multiple organizations for that one fund. Statements from “alternative” funds do not always arrive in a timely manner causing some difficulty in tracking the information. Vince shared that the fees seem to be in line.

Cash Availability, Katy Jones shared the Cash availability report. The format of the statement has been altered to group by endowed and non-endowed funds. After an energetic discussion about the requirements that we have set for the accounting of our funds, and the efficiency of not pooling endowed and non-endowed funds in the same account Katy made the following Cash Needs Management recommendation: To streamline the efficiency of providing grants and not have to liquidate funds from the investment pool unnecessarily, we are asking for the following motion - Open a third investment account in the trust department of Atlantic Union Bank which will be known as Investment Managed Account 3 (IMA3). We will move the endowed funds that are currently in IMA 2 to IMA 3. IMA 3 would have the same investment makeup as IMA 2. The motion by Yeatts/Burchett passed.

Vince asked that at a future meeting, we review where the funds from the Marshall Trust will go when the real estate sales are completed and processed.

Review of Fee Schedule, at the last meeting of the Executive Committee the staff was asked to make a recommendation to improve clarity of the management fees that The Foundation charges for operations. Katy presented two choices and explained the changes. A motion to choose Option B made by Dobbins/Williamson passed. This will be sent to the Executive Committee and full board to be included in the Donor Advised Fund and the Statement of Investment Management.

Annual Appeal Dan Hayes shared that the annual appeal is in the process of being printed and mailed. An announcement was made by email on August 22. All gifts from that point will be included toward the goal of \$28,000. The appeal was to support the new Read-Write-Work fund.

Outreach to financial advisors, Dan shared that we have used Cannon Financial resources to provide education and promotion to local financial advisors. The classes have been less effective. If the board has ideas of how best to reach out to financial advisors, please let Dan know. Because Dan is new, he will be making the rounds to introduce himself.

Adjournment, Vince closed the meeting at 1:42

Next Meetings: (1) Called Meeting for Audit Review, date to be determined
(2) Finance Committee Meeting, Monday, November 18, 2024 at noon.

V. P. K. J., CPA 8-29-24

Financial Statement Consolidated
Community Foundation of the Dan River Region
Balance Sheet
Statement of Financial Position
9/30/2024

	Month Ending 9/30/2024	Previous FY Ending 6/30/2024	Previous Year Ending 9/30/2023
ASSETS			
Petty Cash	94.58	94.58	68.70
Checking	218,564.67	211,051.20	194,125.23
Credit Card Checking	1,371.19	11,806.19	989.25
Non Endowed Money Market	456,089.95	577,876.64	2,994,007.77
Certificate of Deposit	116,551.35	113,257.37	109,162.05
Life Insurance	17,988.87	17,988.87	16,963.21
Investment Management Account #2	3,492,169.44	3,414,013.31	0.00
Investments in Equity Pool - Endowed	64,872,800.16	61,305,513.60	48,083,495.40
Prepaid Expenses	22,326.73	16,249.69	20,778.58
Furniture and Equipment	33,579.02	33,579.02	33,579.02
Accum. Depreciation-Furniture	(33,521.06)	(33,501.73)	(33,362.50)
Computer Equipment	21,334.29	21,334.29	21,334.29
Accum. Amortization - Computers	(20,737.41)	(20,538.47)	(19,186.94)
Real Estate - Office	323,014.18	323,014.18	323,014.18
Accum. Depreciation - Office	(212,366.37)	(209,309.84)	(200,140.19)
Accrued Interest	41,898.63	36,860.42	37,499.10
Total Assets	\$69,351,158.22	\$65,819,289.32	\$51,582,327.15
LIABILITIES			
Grants Payable	0.00	0.00	196,995.81
Accounts Payable	0.00	0.00	0.00
Total Liabilities	0.00	0.00	196,995.81
FUND BALANCES			
Fund Balance - Historic Gifts	53,387,039.70	53,351,989.65	45,706,760.85
Fund Balance - Net Earnings	13,035,809.80	10,784,727.30	3,243,952.75
Fund Balance - Available	2,928,308.72	1,682,572.37	2,434,617.74
Total Fund Balances	69,351,158.22	65,819,289.32	51,385,331.34
Total Liabilities & Fund Balances	\$69,351,158.22	\$65,819,289.32	\$51,582,327.15

Financial Statement Consolidated
Community Foundation of the Dan River Region
Profit & Loss Statement
Statement of Activities
For the Three Months Ending 9/30/2024

	Current Month 9/30/2024	YTD - Current 9/30/2024	YTD - Prior Year 9/30/2023
REVENUES			
Gifts & Bequests (Historic)	28,161.82	34,137.82	4,303,060.01
Gifts & Bequests (Avail)	2,320.00	7,491.96	250.00
Inter-fund Gifts (Historic)	912.23	912.23	1,015.00
Inter-fund Gifts (Avail)	0.00	0.00	20,926.00
Special Grant Income	0.00	0.00	0.00
Ordinary Income	0.00	0.00	40.00
Interest/Dividend Income	178,576.09	246,378.37	198,571.11
Realized Gain/Loss	(24,755.17)	(11,871.41)	(2,764.57)
Unrealized Gain/Loss	1,183,660.19	3,946,947.13	(1,999,241.61)
Misc Revenue	0.00	0.00	0.00
Admin Fees	12.40	150,545.74	117,015.55
Total Revenues	\$1,368,887.56	\$4,374,541.84	\$2,638,871.49
TRANSFERS			
Spend Policy Transfers-Net Earnings	1,712,397.00	1,712,397.00	1,623,442.00
Spend Policy Transfers-Available	(1,712,397.00)	(1,712,397.00)	(1,623,442.00)
Transfers - Historic Gifts	0.00	0.00	0.00
Transfers - Available	0.00	0.00	0.00
Total Transfers	\$0.00	\$0.00	\$0.00
EXPENSES			
Grants Voted	(1,956.73)	510,401.05	721,072.63
Investment Mgt. Fees	11,074.73	52,292.90	22,878.92
Administrative Fees	12.40	150,545.74	117,015.55
Salaries	18,195.87	73,895.03	49,380.92
Employee Benefits	2,756.32	11,879.76	9,073.61
Insurance	0.00	0.00	291.00
Utilities and Fuel	377.63	1,258.80	1,021.96
Telecommunications	319.33	957.31	830.00
Legal & Consult. Services	0.00	25.00	25.00
Accounting Services	452.00	1,722.25	9,159.51
Office Supplies	0.00	598.28	637.73
Mailing Expense	224.99	796.15	1,087.50
Building Maintenance	586.10	1,002.10	4,903.00
Promotion	1,037.79	6,391.79	2,579.84
Project Grant expense	1,983.04	7,850.34	0.00
Printing & Reproduction	54.49	554.78	151.55
Dues & Subscriptions	0.00	1,150.00	1,250.00
Software/Comp/Web Maint.	5,626.94	15,010.87	14,237.84
Meetings	331.58	492.70	1,357.16
Board Development	1,547.66	1,547.66	0.00
Staff Training	126.34	686.34	199.00
Conference and Travel	93.13	93.13	0.00
Other Expenses-Bank Fees	65.70	246.16	240.60
Depreciation Expense	1,091.61	3,274.80	3,553.47
Total Expenses	\$44,000.92	\$842,672.94	\$960,946.79
Furniture & Equipment	0.00	0.00	0.00
Net Activity	\$1,324,886.64	\$3,531,868.90	\$1,677,924.70

Statement of Activities
For the Three Months Ending 9/30/2024

	Current Month	YTD - Actual	Budget v. Actual	Annual Budget
REVENUES				
Gifts & Bequests Available	1,700.00	1,700.00	(5,550.00)	7,250.00
Interfund Gifts Available	0.00	0.00	(23,361.00)	23,361.00
Ordinary Income	0.00	0.00	0.00	0.00
Interest and Dividend Income	4,117.13	13,908.72	(20,091.28)	34,000.00
Realized Gain/Loss	0.00	0.00	0.00	0.00
Unrealized Gain/Loss	420.40	1,477.19	1,477.19	0.00
Miscellaneous Revenue	0.00	0.00	0.00	0.00
Admin Fees	12.40	150,545.74	(342,570.26)	493,116.00
Total Revenue	\$6,249.93	\$167,631.65	(390,095.35)	\$557,727.00
TRANSFERS				
Total Transfers	\$0.00	\$0.00	0.00	\$0.00
EXPENSES				
Salaries	18,195.87	73,895.03	232,275.97	306,171.00
Employee Benefits	2,756.32	11,879.76	45,296.24	57,176.00
Insurance	0.00	0.00	8,875.00	8,875.00
Utilities & Fuel	377.63	1,258.80	2,741.20	4,000.00
Telecommunications	319.33	957.31	3,152.69	4,110.00
Legal/Consulting & State License	0.00	25.00	975.00	1,000.00
Accounting Services	452.00	1,722.25	19,277.75	21,000.00
Office Supplies	0.00	598.28	1,901.72	2,500.00
Mailing Expense	224.99	796.15	3,703.85	4,500.00
Building Maintenance	586.10	1,002.10	10,997.90	12,000.00
Project Grant Expense	1,983.04	7,850.34	(7,850.34)	0.00
Promotions & Marketing	1,037.79	6,391.79	30,883.21	37,275.00
Print & Reproduction	54.49	554.78	1,945.22	2,500.00
Dues & Subscriptions	0.00	1,150.00	7,450.00	8,600.00
Software/Comp/Web Maintenance	5,626.94	15,010.87	57,509.13	72,520.00
Meetings	331.58	492.70	1,507.30	2,000.00
Board Development	1,547.66	1,547.66	(47.66)	1,500.00
Staff Development	126.34	686.34	2,913.66	3,600.00
Conference and Travel	93.13	93.13	1,906.87	2,000.00
Furniture and Equipment	0.00	0.00	5,000.00	5,000.00
Other Expense- Bank Fees	441.76	1,327.58	72.42	1,400.00
Total Expenses	\$34,154.97	\$127,239.87	430,487.13	\$557,727.00
Net Activity	(\$27,905.04)	\$40,391.78	40,391.78	\$0.00

Community Foundation of the Dan River Region

3Q2024 Performance Comments

November 17th 2024

“Best you can do is 2 out of 3.”

1. **Economic and Market Environment** (pages 1 to 4 plus 55)

- Wow! If you thought last quarter was wild, just wait! Volatility is on the upswing.
- A chorus of optimism opened 3Q24 triggered by the Fed rate cut of 50 bps.
- Plus, moderate inflation, solid GDP growth, strong labor market, and spending upticks.
- Then Helene came (followed shortly by Milton) and rained on the parade.
- With all this and global unrest, did the markets suffer? NOPE.
- Large cap stocks (S&P 500) were up almost 6%. Small caps (R2000) were up 9.3%.
- And unlike 2Q24 the rally broadened beyond the amazing returns of a few big-name stocks.
- Small Caps and Value stocks rebounded: SCV>MCV>LCV>SCC>MCC>SCG>MCG>LCC>LCG.
- Non-US established markets jumped 7.3% and emerging markets were up even more, 8.9%.
- The bond market's 5.3% rally was a welcome change from the lackluster prior quarter.
- The election may be over, but the uncertainty remains. Best idea: Stick to our knitting.

2. **Overall Fund and Sector Performance** (pages 5 to 11 and 22 and 23)

- Outstanding quarter! 6.5% return for the quarter put you in the 17th %ile. NICE!
- It was the overall fund, not just manager performance, that provided the success.
- A flip from 2Q24... Mid cap, small cap and emerging markets were the stars.
- The only negative sector return came from real estate, once again..
- Fund's total value on 9/30/24 stood at \$68.4 million, a record high.
- Investment returns in the quarter provided over \$4 million to the Fund's value.
- You are now again ahead of your 8.5 % return objective by \$3 million.

3. **Manager Performances** (pages 12 to 21 plus 24 to 55)

- With one exception (Peregrine), your active managers did a commendable job in 3Q24
- Peregrine continues to follow its focus on free cashflow, which is beginning to bear fruit.
- Index funds are doing what you pay them to do...offering cheap efficient diversification.
- As mentioned above, Real estate continues its post-COVID slump, but that too is improving.

4. **Recommendations**

- Does active management still make sense? Over the long term, absolutely!
- But you need to consider the *Chinese Food Triangle* (to be discussed).
- Let's stick to our knitting and keep focusing on the longer term.

5. **Update** (2024 benchmarks through November 8th (Will update at our meeting.))

- S&P +27.2% Mid Cap +20.4% Small Cap +19.7%
- EAFE +7.6% Emg Mkts +13.8%

Bids to replace water line

October 30, 2024

Contacted 5 companies, Had visits from 4 companies.

RB Williams – Turned down, too big a job

Poole – Bid Attached to file copy – \$13,500

Davis – Bid Attached to file copy – \$16,028 (originally \$22,000)

SMS – Bid took a long time to get and needed to move forward.

Contacted insurance company to confirm coverage – Letter in file confirming coverage

Contacted Executive Committee for a wisdom check. “Approval” to use Poole Plumbing came from Steve Bass, Rick Dixon, Kerri Burchett, Scott Barnes, Jennifer Hiltwine, Sheila Williamson, Bill Riddle.

Paving Bids to patch the parking lot scar in future report.

PO Box 15147
Worcester, MA 01615-0147
Telephone: 800-628-0250 Ext. 8558072
Fax Number: 508-926-5660

October 29, 2024

COMMUNITY FOUNDATION OF THE,DA
541 LOYAL ST
DANVILLE, VA 24541

Sent to Email: Dan@cfdrr.org

Re: Our Insured: COMMUNITY FOUNDATION OF THE,DA
Claim Number: 85-00687310
Date of Loss: 10/14/2024
Claimant:
Policy Number: OBR H443172

Dear COMMUNITY FOUNDATION OF THE,DA:

I am writing you in follow-up to your claim referenced above and the damages to your property. Enclosed please find a copy of the repair estimate for your covered damages.

As discussed, you will receive a payment within 5-7 business days from the date you receive this correspondence. The payment is mailed separately from this letter and is broken down as follows:

Payment Summary:

Replacement Cost Value =	\$13,500.00
Less Recoverable Depreciation =	(\$4,050.00)
Less Non-Recoverable Depreciation =	(\$0.00)
	=====
Actual Cash Value =	\$9,450.00
Less Deductible	(\$1,000.00)
	=====
Payment Total	\$8,450.00

If the contractor you wish to hire is not able to complete the repairs for the estimated amount, then please provide me with a copy of your contractor's itemized estimate prior to the start of any repairs. Once I receive their estimate, I will review the differences for consideration of any additional payment. Please note that for any additional payment to be considered, the estimate differences must be approved by me prior to the start of any repairs.

If the payment summary above shows an amount withheld for recoverable depreciation, then you are entitled to recover up to this amount upon completion of your repairs. Depreciation is based upon the age and condition of the property at the time of the loss. You must notify us within 180 days of your intent to recover the replacement cost holdback. To claim this amount you will need to submit proof, such as a final bill, invoice, photos, or proof of payment from your repairer, showing that the repairs have been completed. Once you have provided me with your repair or

Claim Number: 85-00687310
October 29, 2024

replacement documentation, I will determine the amount of recoverable depreciation you are owed and issue any additional payments as required.

In addition, if the payment summary shows an amount withheld for code upgrades, then you are entitled to recover up to this amount upon completion of the upgraded repairs. To claim this amount you will need to submit proof that the repair was completed, and I will then determine the amount of the payment for code upgrades, up to the amount listed on the estimate summary page.

The recoverable depreciation amount will be calculated based on the lesser of the two values, the difference between the actual cash value of your repairs and the actual repair/replacement cost you incur or the difference between the actual cash value and the original agreed upon amount. A re-inspection of the completed repairs may be required.

Portions of your policy provide coverage for your loss at the actual cash value, meaning that the depreciation applied is non-recoverable. If non-recoverable depreciation has been applied to your loss, you will see this reflected in the payment summary above.

If your payment includes your mortgage company or lien holder as a payee, then I am required to secure their interest as they are listed as an additional insured on your policy. Each mortgage company handles the check endorsement process differently based on their internal procedures. Therefore, I recommend that you contact your mortgage provider or lien holder directly to have them guide you through their process of having the payment endorsed.

Sincerely,

Michael Brandenburg, AIC

Michael Brandenburg, AIC
Sr. Property Adjuster
The Citizens Insurance Company of America
mbrandenburg@hanover.com

Fraud Warning Statement for all States (except as individually listed below):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, DC, LA, MD, NM, RI, TX (Workers' Compensation Only), and WV:

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

APPLICABLE IN DELAWARE, FLORIDA and OKLAHOMA: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, WASHINGTON AND NORTH CAROLINA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN NEW HAMPSHIRE: Any person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **MN Workers' Compensation Only:** Any person who with intent to defraud, receives workers compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3.

PENNSYLVANIA Motor Vehicle Only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

POOLE'S PLUMBING

ESTIMATE

October 24, 2024

Community Foundation
Job Location: 541 Loyal Street
Danville, Virginia 24540

To whom this may concern,

Poole's Plumbing will replace old water service line from city meter to building (100') with new 1" pex pipe. 80' of asphalt will be cut up and removed. New pipe will be installed at 18" deep underground. Dirt will be put back and tampered. 2" of crusher run will be layered in place of asphalt.

Estimated Total Materials & Equipment Rental	4,500.00
<u>Estimated Total Labor</u>	<u>9,000.00</u>
Estimated Total Price	\$13,500.00

If you have any questions or concern, please give us a call at (434) 429.0749.

Thank you,
John Poole

Community Foundation of the Dan River Region
Cash Availability Statement
As of October 31, 2024

<u>Cash Available Non-Endowed</u>	<u>Interest Rate</u>	<u>Current Balance</u>
Atlantic Union Bank-Checking (7406)	0.03%	\$ 319,347.20
Edward Jones-Certificate of Deposit (73-1-0) 3.3% interest, matures 8/18/2025, balance as of 9/30/2024	3.30%	\$ 116,551.35
Atlantic Union Bank Non-Endowed Money Market (6607) (Temporary funds and deposits in transit)	1.00%	\$ 99,311.86
First Citizens Credit Card Checking (0-645), 9/30/2024	0.00%	\$ 1,371.19
Atlantic Union Investment Management Account #2 (1701) Emergency fund		\$ 261,635.26
Administrative fund		\$ 925,729.80
	5.31%	\$ 1,187,365.06
Total Non-Endowed Cash Available		\$ 1,723,946.66

<u>Cash Available Endowed (Investment In Pool)</u>		<u>Current Balance</u>
Atlantic Union Bank-Endowed Flow Thru Money Market (8307)	0.25%	\$ 192,379.54
Atlantic Union Investment Management Account #3 (1704) (New high interest endowed funds account)		\$ 2,345,652.02
Atlantic Union Investment Management Account #1 (1707)		\$ 39,690.83
Atlantic Union Peregrine Custody Account (1700)		\$ 8,143.17
BOA Trust Cash/Currency cash balance 2367), balance as of 9/30/2024	4.89%	\$ 20,996.06
Total Investment In Pool Cash Available		\$ 2,606,861.62

Estimated Endowed Upcoming Cash Needs

December and January endowed grants	\$ 1,000,000.00
January - quarterly fees	\$ 145,000.00
Total Endowed Upcoming Cash Needed by January 1, 2025*	\$ 1,145,000.00

*The estimated endowed cash needs are approximately \$1,145,000. This includes the quarterly administrative fees and grants due to be paid out at the end of the quarter. Money will need to be transferred to the Atlantic Union checking account to cover all checks written. These funds will be withdrawn from the Atlantic Union Endowed Flow Thru money market or Investment Management #3 accounts during the rebalance process.

The Cash Availability Statement Explained

The Cash Availability Statement lists all bank and brokerage accounts with liquid assets. The accounts are grouped according to whether they include endowed or non-endowed funds.

Non-Endowed Funds

The Atlantic Union Bank checking account (7406) is used to pay operating expenses as well as approved grants and scholarships. This account is funded through the rebalance process which is done quarterly or when needed. The goal is to keep at least two quarters of administrative fees charged to all endowed funds in the checking account.

The Atlantic Union non-endowed money market account (6607) is used for all gift deposits. No checks are written on this account. The balance includes acorn funds, temporary funds, and endowed fund gifts to be invested. Transfers are made through the rebalance process.

The First Citizens credit card checking account (0645) receives gifts made by credit card through Network for Good. Money is periodically transferred by written check to the AMNB non-endowed money market account.

The Atlantic Union Bank IMA #2 account (1701) was opened to receive a higher interest rate and includes 100% of the Emergency Preparedness Fund and 75% of the Administrative Fund (the other 25% remains in the Atlantic Union Bank checking account (7406).)

Endowed Funds

The Atlantic Union Bank endowed flow-thru money market account (8307) is used as a pass through for all deposits and withdrawals from endowed funds.

Atlantic Union Bank IMA #1, AUB Peregrine Custody account and BOA Trust cash accounts are cash accounts of endowed funds within the investment pool.

The Atlantic Union Bank IMA #3 account (1704) was opened to receive a higher interest rate and for the flexibility to incorporate cash management strategies when funding endowed fund grants and scholarships. The balance in this account at the beginning of the fiscal year should be at least 5% of all endowed funds.

CFDRR Insurance Policy Summary 2024-2025

Updated by CMH 11/12/2024

Type of Insurance Coverage	Name of Insurance Company	Policy Dates	Premium Paid/type of	Date Paid	Next Payment	Notes
Directors & Officers	Affinity Nonprofits Insurance	1/8/2023-1/8/2024	\$1,008/pd by check #12294	12/13/2023	12/13/2024	Renews January 8, 2025
	Arch Insurance Group					
	Policy #: NFP0130859-05					
Cyber Insurance	Bankers Insurance	1/9/2024-1/9/2025	\$2,881.54 pd by check #12408	1/8/2024	1/9/2025	Through: Norman-Spencer Agency LLC, 10050 Innovation Dr, Ste 340, Miamisburg, OH 45342, Brian Norman
	CFC Insurance					
	Policy #: ESM0039855795 2024-01-09					Terri Payne-Bankers 304-431-7036
Commercial Crime (Management Liability)	Bankers Insurance	1/8/2024-1/8/2027	\$614 ann./Visa	1/2/2024	1/2/2025	Renews in Jan. 2027
	Cincinnati Insurance Co.					pay with Credit Card online/
	Account #: 1000559298					Terri Payne-Bankers Ins. - 1-304-431-7036
	Policy #: EMN0601116					
Business Owner's General Liability	Banker's Insurance	2/21/2024 - 2/21/2025	\$2,950/pd by check #12422	2/5/2024	2/21/2025	Renews in February 2025
	Hanover Insurance Group					Billed by Citizens Ins Co (paid to Hanover); renews 2/21/2025
	Customer ID: COMMFOU-02					
	Policy #: OBRH443172					
Worker's Compensation	Outstaffing	7/30/2024 - 7/30/2025	\$405.00/ACH	6/26/2024	6/26/2025	
	American Zurich Insurance (handled by Hartford - smaller co.					Debited by Outstaffing <u>via ACH</u> ; renews June 2025
	Policy #: 6ZZUB-5N08167-1-24					

DONOR INITIATED FUNDRAISING POLICY

NOTES

This purpose of this policy is to inform any group of the policies that apply to them if they desire to host a fundraiser to build the fund they have started.

The policy we had was “compliant” and “confusing”.

In updating this policy our goal was to make it understandable to a group of philanthropic people who are not necessarily non-profit employees. It should help them to plan rather than hinder them from doing good. It should also protect The Foundation because they will be using our 501c(3) status to accept donations.

The first half of the policy was completely rewritten. The rewritten portion is in a different font than the last half of the policy. The last half was edited. I am including a copy of the old policy if that is helpful.

There are two highlighted phrases. I would like to remove them unless, in your opinion, it is needed. This policy was copied from another foundation. I think the highlighted portions were added to discourage people running up a bar tab with their revenue.



Community
Foundation
of the
Dan River Region

541 Loyal St • Danville, VA 24541 • 434.793.0884 • www.cfdr.org

Donor-Initiated Fundraising

Pending Board Approval December 9, 2024

Thank you for expressing your confidence in The Community Foundation of the Dan River Region (The Foundation) by establishing a fund with us. The Foundation is pleased to work with you to help develop your fund. An important responsibility of The Foundation staff is to increase the assets we hold for generous donors, so that we may invest in our communities for an extremely long time. Unfortunately, The Foundation does not have the staff to operate public fundraising events for the many funds it holds.

There may be times when you would like to organize fundraisers to raise more money to increase the principal of the fund you have established with us. The way this frequently works is that the money raised is turned over to The Foundation as one lump sum and The Foundation does not acknowledge the individual contributors. However, there may be times when donors who contribute to your fundraiser wish to receive a tax deduction for their donation. While this is acceptable, The Foundation is bound by many tax and accounting laws and rules to handle contributions in a particular way, so that we stay in compliance and do not have unintended tax consequences for the donor, the fundholder and The Foundation. In an attempt to guide the process, The Foundation has created this policy to help structure fundraising activities.

When a group is assembled to conduct fundraising activities and solicitations for an established fund (Fundraising Group), it is important to remember that these activities must be advertised as “on behalf of The Community Foundation of the Dan River Region” and not *by* The Community Foundation of the Dan River Region. When fundraising activities are planned, they must be approved by The Foundation before they are implemented. The Foundation’s guidance ensures that donors to the fund are entitled to the appropriate tax deductions, offers protection for the fundraising groups against unintended tax consequences, and protects The Foundation from being exposed to tax penalties for failing to make required solicitation disclosures.

The requirements that follow are designed to protect everyone and we appreciate your cooperation in fulfilling these requirements.

Foundation Approval of Events

All public fundraising events require **written approval** from The Foundation. In order to receive approval, a written proposal is submitted for review and approval. The proposal should be submitted with attachment 1 – Fundraising Application. Please include the following information:

1. Description: A description of the event or other effort to raise money for the fund. Briefly outline the fundraising goal, the activities of the event, your experience in conducting this type of campaign or event, and why the activity is expected to be a success.
2. Contact person: This person will serve as the main source of communication between The Foundation and the fundraising group. Please supply the contact person's name, address, phone number and email address. This will help facilitate the approval and acknowledgement process.
3. Budget: Include an estimated budget (See attachment 2, Estimated Budget Example) for the fundraiser that includes projected revenue and a detailed list of projected expenses. **Please be aware that the money raised during the event may not be used to cover expenses.** Expenses will need to be covered by the group conducting the activity.

Please allow at least 30 days for The Foundation to review and provide feedback about the event. If the event is approved, the fundraising group will proceed in accordance with The Foundation's guidelines. While we request that you include The Foundation in advertising materials, all uses of The Foundation's name in advertising and promotion must be approved in advance. You are not authorized to bind The Foundation to any contract or agreement unless it is specifically authorized in writing from The Foundation.

The Foundation's Responsibilities

1. The management of such money and property accepted into the fund because of the fundraising activities.
2. The application of principal and income to charitable uses, in accordance with The Foundation's governing documents.
3. Providing appropriate acknowledgements to donors.
4. In the event there is excessive time spent in the administration of the donations The Foundation may assess an administrative fee to the fund not to exceed 5% of the total amount raised.

The Fundraising Group's Responsibilities

The fundraising group will retain responsibility for all public fundraising events and matters related to them, including:

1. Payment of all costs and expenses.
2. Compliance with laws and regulations.
3. Reporting and other requirements of every kind such as licensing, tax payment and liability insurance covering The Foundation.

Payment of Expenses

The fundraising group will be responsible for all expenses and will maintain appropriate financial controls and records relating to fundraising events. Expenses may be incurred only in accordance with the event budget that The Foundation has approved. Regardless of who pays the expenses, you must provide copies of invoices, receipts and proof of payment to The Foundation, so that we may fulfill our record keeping and reporting obligations. The Foundation can provide tax acknowledgements allowing donors to deduct reasonable expenses incurred in connection with the fundraiser.

Designation of Checks and Receipts of Cash

Checks handled by the foundation must be made payable to The Community Foundation of the Dan River Region or CFDRR. ~~Cash receipts are to be turned over in full, meaning that expenses may not be deducted.~~ Within one month after the event, all proceeds, checks and cash must be delivered to The Foundation along with an accounting of all monies received.

Tax Requirements and Acknowledgements

Strict IRS requirements and state charitable solicitation laws impact any fundraising. If the steps outlined are not taken, donors will be denied a tax deduction, members of the fundraising group might unexpectedly find themselves subject to tax on the funds they raise, and either The Foundation or the fundraising group might be subjected to penalties.

Donors who contribute \$250 or more will need a written acknowledgement from The Foundation in order to claim a charitable deduction for the gift. The Foundation will provide the appropriate acknowledgement to donors only if it receives the following information:

1. The donor's complete name and address.
2. The date and amount of the contribution.
3. Whether the contribution was in cash or property.
4. If property, a description of the type of property and a good faith estimate of its fair market value.
5. A detailed description of any goods and services provided in exchange for the contribution.

Please Note: Contributions of services, while appreciated, generally are not deductible.

If the Fundraising Group provides goods or services in exchange for a donation, certain disclosures are required. For example, if the group is sponsoring a dinner, the donor can only deduct the excess of the ticket price above the fair market value of the dinner. This limitation on the deduction, known as a "quid pro quo disclosure", must be disclosed at the time of solicitation. Disclosure on the event ticket is a typical method for making this disclosure.

The Foundation will work with the fundraising group in determining the fair market value amounts and the appropriate disclosure language for the event. However, The Foundation will have to work with the group prior to the solicitation activity and will need information pertaining to the event such as ticket prices and the value of the goods or services the donors will receive. The fundraising group ~~needs to see that is responsible for providing~~ the required quid pro quo disclosures ~~are made~~.

- **Raffle tickets** ~~are not allowed by The Foundation.~~ Events or activities that include raffles or other games of chance are regulated by state and local governments and must be specifically reviewed and authorized by the appropriate agency.
- **Rummage sale purchases** are not deductible.
- **Auctions:** Foundation staff will review proposed ideas for auctions on a case-by-case basis and may seek the assistance of its legal counsel in doing so.

Liability Insurance and Liability for Losses

The fundraising group will contact The Foundation prior to the event to assess the need to secure liability insurance covering members of the group and covering The Foundation. Insurance coverage must be reviewed and approved by The Foundation.

The fundraising group will be responsible for all losses incurred by the event. The Foundation will not be held responsible for such losses. The Foundation may require the fundraising group to purchase a letter of credit or provide a written personal guarantee.

State Charitable Solicitation Laws

The Foundation is registered with the state charitable solicitation oversight offices in Virginia and North Carolina and has been exempted from annual registrations by both states.

Revision History: Board Approved 3.27.17; reviewed and Board approved 12.12.22; revised and Board approved 12.9.24.

Attachment 1

Community Foundation of the Dan River Region Fundraising Application

Fund Name _____

Name of Fundraising Event _____ Date of Event _____

Attach to this sheet a description of ~~Describe~~ the fundraising event (include a detailed description of activities that will happen at the event, number of participants expected, the groups experience in this type of fundraising and any other information that will help us support your effort).

Fundraising Goal \$ _____ (This is the *net* amount of money that you hope to raise.)

Contact person: _____ E-mail _____

Address _____

Phone (**cell**) _____ (work) _____

Best place and time to be contacted: _____

I (We) agree to use all disclosures as instructed by The **Community** Foundation, to review all printed and promotional material with The **Community** Foundation staff before distribution, and to submit detailed donor records along with all fundraiser proceeds and invoices.

I (We) agree to:

- ☐ Use all disclosures as instructed by The **Community** Foundation
- ☐ To review all printed and promotional material with The **Community** Foundation staff before distribution
- ☐ To submit detailed donor records along with all fundraiser proceeds and invoices.
- ☐ Attach an estimated budget including projected gross revenue from identified sources and projected expenses with name of vendor.
- ☐ Confirm the level of insurance needed.
- ☐ Use the proper logos for The Community Foundation of the Dan River Region.
- ☒ Receive approval by The Foundation for all printed materials.
- ☐ If needed, quid pro quo disclosures are included in printed material.
- ☐ **I (We) agree that either** The Foundation will receive the net of the proceeds OR if donor receipts are needed a detailed list will be provided as described in the donor initiated fundraising policy.

Signature _____ Date _____

Name/**Title** (if different than contact person): _____

Attachment 2

Estimated Budget **Example**

Fund Name _____

Name of Fundraising Event _____

Submitted by _____ Date of Event _____

Total Estimated Gross Revenue \$ 20,350

Please show how you arrived at this number. For example:

100 golfers @	\$100	\$10,000
100 raffle tickets @	\$1	\$100
10 sponsors @	\$1,000	\$10,000
Miscellaneous donations		\$250
TOTAL		\$20,350.00

Total Estimated Expenses \$ 11,535

Please provide cost of item and vendor. Include donated items: For example:

Expense Item	Vendor	Cost
100 rounds of golf @ \$62.50	Community Golf Club	\$6,250
75 dinners @ \$50.00	Community Golf Club	\$3,750
Brochure Printing	Copy Center	\$500
Postage		\$35
Door Prizes	Donated	\$0
5 awards for top teams		\$500
Foundation administrative fee		\$500
TOTAL		\$11,535.00

Fundraising Goal (Gross Revenue minus Expenses) \$ 8,815



541 Loyal Street • Danville, VA 24541 • 434.793.0884 • www.cfdr.org

Donor-Initiated Fundraising

Board Approved December 12, 2022

Thank you for expressing your confidence in The Community Foundation of the Dan River Region by establishing a fund with us. The foundation is pleased to work with you in helping to develop your fund. The chief responsibility of the foundation's development office is to raise endowment through acquisition of major and planned gifts. Unfortunately, the foundation does not have the staff to operate public fundraising events for its component funds.

In establishing a fund at the foundation, there may be times when you would like to organize a fundraiser to raise dollars for the fund. Most often the foundation receives the net income from a fundraiser and does not acknowledge the individual contributors. However, there may be times when individual contributors to a fundraiser would want to receive a charitable deduction. The foundation has developed this policy statement to help guide those of you planning fundraising events and solicitations (fundraising groups).

When fundraising groups conduct fundraising activities and solicitations on behalf of the foundation's component funds, you must keep in mind that for tax purposes such fundraising is being done on the foundation's behalf. This raises a number of significant tax and accounting issues. For example, activities must be conducted under the foundation's observation and fiscal guidance to ensure that donors to the fund are entitled to the appropriate tax deductions, to protect the fundraising groups from unintended tax consequences to themselves, and to determine that the foundation is not exposed to penalties for failing to make required solicitation disclosures.

The requirements that follow are designed to protect donors and groups raising funds for a component fund at the foundation. We appreciate your cooperation in fulfilling these requirements.

Foundation Approval of Events

All public fundraising events require advance written approval from the foundation. Before undertaking any such event, the fundraising group must submit a written proposal that includes the following information:

- **Description:** Describe the event or other effort to raise money for the fund. Briefly outline the fundraising goal, the activities of the event, your experience in conducting this type of campaign or event and why the activity is sure to be a success.
- **Contact person:** This person will serve as the main source of communication between the foundation and the fundraising group. Please supply the contact person's name, address, phone number, and e-mail address. This will help facilitate the approval and acknowledgement processes.
- **Budget:** Attach an estimated budget for the fundraiser that includes projected revenue and a detailed list of projected expenses.

Please allow at least 30 days for foundation review. If the event is approved, the fundraising group will proceed in accordance with the foundation's guidelines. All uses of the foundation's name in advertising and promotion must be approved in advance by the foundation. All fundraising materials should make clear, where applicable, that funds are being raised on *behalf of* rather than *by* the foundation. The foundation may assess an administrative fee against the fund to defray the cost of additional services required by the fundraising event or solicitation.

You are not authorized to bind the foundation to any contract or agreement unless specifically authorized in writing.

The Foundation's Responsibilities

The foundation will be responsible for:

- The management of such money and property as it may accept into the component fund from donors, other contributors and sources.
- The application of principal and income to charitable uses, all in accord with the foundation's governing documents.
- Providing appropriate acknowledgements to donors.

The Fundraising Group's Responsibilities

The fundraising group will retain responsibility for all public fundraising events and matters related to them, including:

- Payment of all costs and expenses
- Compliance with laws
- Reporting and other requirements of every kind such as licensing, tax payment, and liability insurance covering the foundation

Payment of Expenses

The fundraising group will be responsible for all expenses and will maintain appropriate financial controls and records related to fundraising events. Expenses may be incurred only in accordance with the event budget that the foundation has approved. Regardless of who pays the expenses, you must provide copies of invoices and receipts to the foundation so that we may fulfill our record keeping and reporting responsibilities. Keep in mind that if the fund in question is a donor advised fund, the foundation cannot provide reimbursement of expenses to the fund's donors, advisors, and related persons. Where appropriate, the foundation can provide tax acknowledgements allowing donors to deduct reasonable expenses incurred in connection with the fundraiser.

Designation of Checks and Receipt of Cash

Checks related to the event must be made payable to the component fund of the foundation. Cash receipts are to be deposited intact. That is, cash receipts may not be used to pay expenses, and then the net cash amount deposited. Within one month after the event, all proceeds, checks and cash, must be delivered to the foundation along with an accounting of all monies received.

Tax Requirements and Acknowledgements

Strict IRS requirements and state charitable solicitation laws impact any fundraising. If the steps outlined below are not taken, donors will be denied a tax deduction, members of the fundraising group might unexpectedly find themselves subject to tax on the funds they raise, and either the foundation or the fundraising group might be subjected to penalties.

Donors who contribute \$250 or more will need a written acknowledgement from the foundation in order to claim a charitable deduction for the gift. The foundation will provide the appropriate acknowledgement to donors only if it receives certain detailed information. Specifically, the fundraising group must provide the foundation with:

1. The donor's complete name and address.
2. The date and amount of the contribution.
3. Whether the contribution was in cash or property.
4. If property, a description of the type of property and a good faith estimate of its fair market value.
5. A detailed description of any goods and services provided in exchange for the contribution.

Contributions of services, while appreciated, generally are not deductible.

Revision History: Approved by the Board on March 27, 2017; Reviewed and approved by Board on December 12, 2022

If the fundraising group provides goods or services in exchange for a donation, certain disclosures are required. For example, if the group is sponsoring a dinner, the donor can only deduct the excess of the ticket price above the fair market value of the dinner. This limitation on the deduction, known as a “quid pro quo disclosure” must be disclosed at the time of solicitation. Disclosure on the event ticket is a typical method for making this disclosure.

The foundation will work with the fundraising group in determining the fair market value amounts and the appropriate disclosure language for the event. However, the foundation will have to work with the group prior to the solicitation activity and will need information pertaining to the event such as ticket prices and the value of the goods or services the donors will receive. *The fundraising group needs to see that the required quid pro quo disclosures are made.*

- **Raffle tickets** are not allowed by the Foundation.
- **Rummage sale purchases** are not deductible.
- **Auctions**—Foundation staff will review proposed ideas for auctions on a case-by-case basis and may seek the assistance of its legal counsel in doing so.

Liability Insurance and Liability for Losses

The fundraising group will contact the foundation prior to the event to assess the need to secure liability insurance covering members of the group and covering the foundation. Insurance coverage must be reviewed and approved by the foundation.

The fundraising group will be responsible for all losses incurred by the event. The foundation will not be held responsible for such losses. The foundation may require the fundraising group to purchase a letter of credit or provide a written personal guarantee.

State Charitable Solicitation Laws

The Foundation is registered with the state charitable solicitation oversight offices in Virginia and North Carolina and has been exempted from annual registrations by both states.

Attachment 1

Community Foundation of the Dan River Region Fundraising Application

Fund Name _____

Name of Fundraising Event _____ Date of Event _____

Describe the fundraising event (include a detailed description of activities that will happen at the event, number of participants expected, the groups experience in this type of fundraising and any other information that will help us support your effort.)

Fundraising Goal \$ _____ (This is the *net* amount of money that you hope to raise.)

Contact person: _____ E-mail _____

Address _____ Phone (home) _____

_____ (work) _____

Best place and time to be contacted:

Attach an estimated budget including projected gross revenue from identified sources and projected expenses with name of vendor.

Revision History: Approved by the Board on March 27, 2017; Reviewed and approved by Board on December 12, 2022

I (We) agree to use all disclosures as instructed by the Community Foundation, to review all printed and promotional material with the Community Foundation staff before distribution and to submit detailed donor records along with all fundraiser proceeds and invoices.

Signature _____ Date _____

Signature _____ Date _____

Name (if different than contact person) _____

Attachment 2

Estimated Budget

Fund Name

Name of Fundraising Event _____

Submitted by _____ Date of Event _____

Total Estimated Gross Revenue \$

Please show how you arrived at this number. For example:

100 golfers @	\$100	\$10,000
100 raffle tickets @	\$1	\$100
10 sponsors @	\$1,000	\$10,000
Miscellaneous donations		\$250
TOTAL		\$20,350.00

Total Estimated Expenses \$

Please provide cost of item and vendor. Include donated items: For example:

Expense Item	Vendor	Cost
100 rounds of golf @ \$62.50	Community Golf Club	\$6,250
75 dinners @ \$50.00	Community Golf Club	\$3,750
Brochure Printing	Copy Center	\$500
Postage		\$35
Door Prizes	Donated	\$0
5 awards for top teams		\$500
Foundation administrative fee		\$500
TOTAL		\$11,535.00

Fundraising Goal (Gross Revenue minus Expenses) \$ _____

HARRIS, HARVEY, NEAL & CO., LLP
CERTIFIED PUBLIC ACCOUNTANTS
P.O. BOX 3424
DANVILLE, VA 24543

THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION
541 LOYAL STREET
DANVILLE, VA 24541

DEAR VINCE:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO
US BY NOVEMBER 15, 2024.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

STEPHEN M. GAY, CPA
PARTNER

***** THIS IS NOT A FILEABLE COPY *****

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

EIN or SSN
54-1823141

Name and title of officer or person subject to tax **VINCE KANIA JR
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>13,459,287.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize HARRIS, HARVEY, NEAL & CO., LLP, CPA'S to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

***** THIS IS NOT A FILEABLE COPY *****

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54655424543

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 10/30/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

541 LOYAL STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DANVILLE, VA 24541**F** Name and address of principal officer: **MRS. KATHERINE W. MILAM****541 LOYAL STREET, DANVILLE, VA 24541****D** Employer identification number**54-1823141****E** Telephone number**(434) 793-0884****G** Gross receipts \$**13,510,985.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CFDRR.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1996****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO IMPROVE AND ENRICH THE COMMUNITY THROUGH THE GENEROSITY OF DONORS.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 23
	4	Number of independent voting members of the governing body (Part VI, line 1b) 23
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 4
	6	Total number of volunteers (estimate if necessary) 0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 1,622,682.
	9	Program service revenue (Part VIII, line 2g) 16,488.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,157,779.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 20.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,796,969.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 215,118.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 72,174.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 327,771.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,248,476.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 548,493.
	20	Total assets (Part X, line 16) 49,707,408.
	21	Total liabilities (Part X, line 26) 588,087.
	22	Net assets or fund balances. Subtract line 21 from line 20 49,119,321.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	VINCE KANIA JR, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	STEPHEN M. GAY	STEPHEN M. GAY	10/30/24		P00720223
Paid Preparer Use Only	Firm's name	Firm's EIN	Phone no. (434) 792-3220		
	HARRIS, HARVEY, NEAL & CO., LLP, CPA'S	54-0643136			
Paid Preparer Use Only	Firm's address	Phone no. (434) 792-3220			
	P.O. BOX 3424				
Paid Preparer Use Only	DANVILLE, VA 24543-3424				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X**

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION WILL IMPROVE AND ENRICH THE LIVES OF THE REGION'S RESIDENTS BY ENCOURAGING AND FACILITATING DONATIONS; BY MANAGING, INVESTING, AND DISTRIBUTING THESE DONATIONS IN ACCORDANCE WITH DONORS' WISHES WHILE MEETING 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,134,027. including grants of \$ 1,780,291.) (Revenue \$ 1,230,785.)
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 THE REGION'S RESIDENTS BY ENCOURAGING AND FACILITATING DONATIONS; BY MANAGING, INVESTING, AND DISTRIBUTING THESE DONATIONS IN ACCORDANCE WITH DONORS' WISHES WHILE MEETING COMMUNITY NEEDS; AND BY ENSURING THESE DONATIONS CREATE A LASTING LEGACY OF GROWTH AND OPPORTUNITY THROUGHOUT THE REGION.

WHILE THE ORGANIZATION WORKS WITH DONORS TO ESTABLISH FUNDS TO BENEFIT

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

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

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

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

4e Total program service expenses 2,134,027.

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **4**

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **5**

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
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 4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).			
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **6**

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section 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	23	
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b	23	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on 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 rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed VA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE CORPORATION - (434) 793-0884
541 LOYAL STREET, DANVILLE, VA 24541

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **7**

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE MILAM EXECUTIVE DIRECTOR	40.00	X		X				86,384.	0.	0.
(2) ANGELES ATKINSON PAST PRESIDENT	1.00	X		X				0.	0.	0.
(3) SCOTT BARNES PRESIDENT	2.00	X		X				0.	0.	0.
(4) STEVE BASS SECRETARY	1.00	X		X				0.	0.	0.
(5) VINCE KANIA, JR. TREASURER	1.00	X		X				0.	0.	0.
(6) CATHY PULLIAM VICE PRESIDENT	1.00	X		X				0.	0.	0.
(7) LEE FARMER DIRECTOR	1.00	X						0.	0.	0.
(8) RICHARD DIXON DIRECTOR	1.00	X						0.	0.	0.
(9) FELICIA VEAL-EDMUNDS DIRECTOR	1.00	X						0.	0.	0.
(10) GINNY FOSTER DIRECTOR AT LARGE	1.00	X		X				0.	0.	0.
(11) DANIELLE MONTAGUE DIRECTOR	1.00	X						0.	0.	0.
(12) TERESA PETTY DIRECTOR	1.00	X						0.	0.	0.
(13) NINA BETH THORNTON DIRECTOR	1.00	X						0.	0.	0.
(14) SANDY SAUNDERS DIRECTOR	1.00	X						0.	0.	0.
(15) JENNIFER HILTWINE DIRECTOR	1.00	X						0.	0.	0.
(16) KUNAL PATEL DIRECTOR	1.00	X						0.	0.	0.
(17) HOWARD GRAVES DIRECTOR	1.00	X						0.	0.	0.

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BILL RIDDLE DIRECTOR	1.00	X						0.	0.	0.
(19) KERRI BURCHETT DIRECTOR	1.00	X						0.	0.	0.
(20) TIFFANY DANIELLE HAIRSTON DIRECTOR	1.00	X						0.	0.	0.
(21) LISA JOHNSTON KNIGHT DIRECTOR	1.00	X						0.	0.	0.
(22) DAN ANGEL DIRECTOR	1.00	X						0.	0.	0.
(23) SHEILA WILLIAMSON-BRANCH DIRECTOR	1.00	X						0.	0.	0.
(24) SYLVIA BROOKS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								86,384.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								86,384.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **9**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,227,968.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,227,968.			
Program Service Revenue	2 a	ADMINISTRATIVE FEE INCOME	Business Code	523940	14,389.	14,389.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		14,389.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,268,094.	1,268,094.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-51,698.	-51,698.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	534.		534.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		534.			
	12	Total revenue. See instructions		13,459,287.	1,230,785.	0.	534.

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **10**

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,436,157.	1,436,157.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	344,134.	344,134.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	85,159.	34,064.	34,064.	17,031.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	131,935.	91,851.	35,406.	4,678.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,438.	12,434.	6,860.	2,144.
10	Payroll taxes	17,547.	10,177.	5,615.	1,755.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	157,407.	157,407.		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	36,702.		18,351.	18,351.
12	Advertising and promotion	28,215.			28,215.
13	Office expenses	8,476.		8,476.	
14	Information technology				
15	Royalties				
16	Occupancy	3,694.		3,694.	
17	Travel	4,042.		4,042.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,214.		14,214.	
23	Insurance	8,933.		8,933.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	WEB HOSTING AND SOFTWARE	63,737.	47,803.	15,934.	
b	MAINTENANCE EXPENSE	7,793.		7,793.	
c	POSTAGE & SHIPPING EXPENSE	4,092.		4,092.	
d	DUES & SUBSCRIPTIONS	3,940.		3,940.	
e	All other expenses	3,776.		3,776.	
25	Total functional expenses. Add lines 1 through 24e	2,381,391.	2,134,027.	175,190.	72,174.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **11**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,009.	1	11,809.
	2 Savings and temporary cash investments	2,966,862.	2	902,280.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,080.	9	16,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	377,927.		
	b Less: accumulated depreciation	263,350.		
	11 Investments - publicly traded securities	128,791.	10c	114,577.
	12 Investments - other securities. See Part IV, line 11	37,280,515.	11	55,340,420.
	13 Investments - program-related. See Part IV, line 11	9,264,876.	12	9,379,107.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	44,275.	14	54,849.
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,707,408.	15	65,819,292.	
17 Accounts payable and accrued expenses		16		
18 Grants payable		17		
19 Deferred revenue		18		
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	588,087.	24	640,487.	
26 Total liabilities. Add lines 17 through 25	588,087.	25	640,487.	
26 Total liabilities. Add lines 17 through 25		26		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	48,962,248.	27	65,126,426.
	28 Net assets with donor restrictions	157,073.	28	52,379.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	49,119,321.	32	65,178,805.
	33 Total liabilities and net assets/fund balances	49,707,408.	33	65,819,292.

Form **990** (2023)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Form 990 (2023)

54-1823141 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,459,287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,381,391.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,077,896.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,119,321.
5	Net unrealized gains (losses) on investments	5	4,981,588.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,178,805.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule A (Form 990) 2023

54-1823141 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 the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,194,655.	1,608,372.	2,953,444.	2,112,644.	12,771,416.	20,640,531.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,194,655.	1,608,372.	2,953,444.	2,112,644.	12,771,416.	20,640,531.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,653,848.
6 Public support. Subtract line 5 from line 4.						8,986,683.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,194,655.	1,608,372.	2,953,444.	2,112,644.	12,771,416.	20,640,531.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	746,869.	724,342.	1,117,176.	1,226,020.	1,268,094.	5,082,501.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	413.	8.	86.	19.	40.	566.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						25,723,598.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	34.94 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	49.08 %

16a 33 1/3% support test - 2023. 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 ☒

b 33 1/3% support test - 2022. 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 - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2022. 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 VI 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 ☐

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2023. 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 - 2022.** 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 Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION

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

FROM 990, SCHEDULE A, LINE 8

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

FORM 990 SCHEDULE A, PART 2, LINE 1

UNUSUAL GRANTS RECEIVED DURING THE YEAR

2023

*** Not Open to Public Inspection ***

323171 04-01-23

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION

Employer identification number

54-1823141

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION	Employer identification number 54-1823141
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANVILLE REGIONAL FOUNDATION 512 BRIDGE STREET, SUITE 100 DANVILLE, VA 24541	\$ 306,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MRS. JANICE PLUMBLEE 1742 ROUTH ROAD BURLINGTON, NC 27217	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT T. MARSHALL REVOCABLE TRUST P.O. BOX 3424 DANVILLE, VA 24543	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

54-1823141

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF THE DAN RIVER REGION	Employer identification number 54-1823141
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program

e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,119,321.	45,422,900.	50,931,005.	39,152,477.	37,597,500.
b Contributions	12,227,968.	1,622,683.	2,432,951.	1,165,536.	3,167,427.
c Net investment earnings, gains, and losses	1,110,687.	4,189,072.	-6,077,238.	12,365,727.	441,285.
d Grants or scholarships	1,780,291.	1,705,587.	1,512,851.	1,414,214.	1,698,753.
e Other expenditures for facilities and programs	443,694.	409,747.	350,967.	338,521.	354,982.
f Administrative expenses					
g End of year balance	65,064,204.	49,119,321.	45,422,900.	50,931,005.	39,152,477.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		21,233.		21,233.
b Buildings		301,782.	209,310.	92,472.
c Leasehold improvements				
d Equipment		54,912.	54,040.	872.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				114,577.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	4,990,527.	END-OF-YEAR MARKET VALUE
(B) REAL ESTATE INVESTMENT		
(C) TRUST	3,250,075.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	893,752.	END-OF-YEAR MARKET VALUE
(E) COMMODITIES	244,753.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	9,379,107.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	640,487.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	640,487.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	18,283,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,981,588.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-157,407.
e	Add lines 2a through 2d	2e	4,824,181.
3	Subtract line 2e from line 1	3	13,459,288.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	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	13,459,288.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,223,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-157,407.
e	Add lines 2a through 2d	2e	-157,407.
3	Subtract line 2e from line 1	3	2,381,391.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,381,391.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES -157,407.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES -157,407.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANT LIFE WORLD OUTREACH CHURCH - 955 MOUNT CROSS ROAD - DANVILLE, VA 24540	54-1555151	501(C)(3)	5,500.	0.			TO EXTENSIVELY RECONSTRUCT TWO ROOMS
AMERICAN INDIAN COLLEGE FUND 8833 GREENWOOD BLVD DENVER, CO 80221	52-1573446	501(C)(3)	9,151.	0.			UNRESTRICTED
AVERETT UNIVERSITY 420 WEST MAIN STREET DANVILLE, VA 24541	54-0129860	501(C)(3)	10,000.	0.			TO PROVIDE SCHOLARSHIPS TO LOCAL STUDENTS WITH FINANCIAL NEED
AVERETT UNIVERSITY 420 WEST MAIN STREET DANVILLE, VA 24541	54-0129860	501(C)(3)	11,355.	0.			TO PURCHASE AND INSTALL FIVE AED UNITS
AVERETT UNIVERSITY 420 WEST MAIN STREET DANVILLE, VA 24541	54-0129860	501(C)(3)	8,500.	0.			TO SUPPORT THE BSN STUDENT NURSING SCHOLARSHIPS
AVERETT UNIVERSITY 420 WEST MAIN STREET DANVILLE, VA 24541	54-0129860	501(C)(3)	25,000.	0.			TO SUPPORT THE ENTRANCE FUND

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVERETT UNIVERSITY 420 WEST MAIN STREET DANVILLE, VA 24541	54-0129860	501(C)(3)	5,979.	0.			UNRESTRICTED
BEREA COLLEGE C.P.O. 2216 BEREA, KY 40403	61-0444650	501(C)(3)	9,151.	0.			UNRESTRICTED
BIG BROTHERS BIG SIS P.O. BOX 678 DANVILLE, VA 24543	54-0922903	501(C)(3)	10,000.	0.			TO MAINTAIN HIGH VISIBILITY IN THE DANVILLE/PITTSYLVANIA COUNTY AREA
BLAIRS FIRE & RESCUE 7100 US 29 NORTH BLAIRS, VA 24527	54-1647981	501(C)(3)	14,000.	0.			TO PURCHASE FIREFIGHTING TURNOUT GEAR FOR SIX NEW MEMBERS
BOY SCOUTS/BLUE RIDG PO BOX 7606 ROANOKE, VA 24019	54-0912706	501(C)(3)	10,000.	0.			TO PROMOTE AND SUPPORT SCOUTING IN THE DAN RIVER REGION
BOYS AND GIRLS CLUB 123 FOSTER STREET DANVILLE, VA 24541	54-1880308	501(C)(3)	14,350.	0.			TO SUPPORT PHASE 2 OF THE QUAD A INITIATIVE
BOYS AND GIRLS CLUB 123 FOSTER STREET DANVILLE, VA 24541	54-1880308	501(C)(3)	14,110.	0.			UNRESTRICTED
BOYS AND GIRLS CLUB 123 FOSTER STREET DANVILLE, VA 24541	54-1880308	501(C)(3)	9,865.	0.			UNRESTRICTED
CASVILLE VOL FIRE DE 10886 US HWY 158 WEST RUFFIN, NC 27326	56-1943760	501(C)(3)	14,898.	0.			TO PROVIDE AN EMERGENCY BACK UP GENERATOR FOR OUR NEW STATION

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASWELL COUNTY HISTORICAL ASSOCIATION - P.O. BOX 278 - YANCEYVILLE, NC 27379-0278	56-1150451	501(C)(3)	37,500.	0.			TO CONTINUE EXTERIOR RESTORATION OF THE RICHMOND-MILES MUSEUM
CHANGING LIVES OUTREACH 609 KEEN STREET SUITE A DANVILLE, VA 24540	83-2124745	501(C)(3)	34,000.	0.			TO PROVIDE FOOD AND MORE TO LOW-ECONOMIC
CHATHAM FIRST INC. P.O. BOX 716 CHATHAM, VA 24531	54-1932816	501(C)(3)	10,500.	0.			TO PAVE THE WALKING TRAIL IN FRANCES HURT PARK
CITY OF DANVILLE - PARKS & RECREATION - P.O. BOX 3300 - DANVILLE, VA 24543	54-6001243	115(1)	7,500.	0.			TO PROVIDE RESOURCES TO LOW-INCOME AND UNHOUSED SENIORS
CITY OF DANVILLE SOCIAL SERVICES PO BOX 3300 DANVILLE, VA 24541	54-6001243	115(1)	50,000.	0.			TO PROVIDE EMERGENCY ASSISTANCE
COMMUNITY IMPROVEMENT COUNCIL, INC. - 540 HOLBROOK STREET - DANVILLE, VA 24541	54-0793038	501(C)(3)	7,000.	0.			TO REPLACE LARGE PLAYGROUND EQUIPMENT AND FENCING
COMPASSION HEALTH CARE P.O. BOX 1448 YANCEYVILLE, NC 27379	59-1842757	501(C)(3)	15,000.	0.			TO PROVIDE CANCER PATIENTS FINANCIAL SUPPORT
COUNTY OF CASWELL PARKS & RECREATION DEPARTMENT - P.O. BOX 98 - YANCEYVILLE, NC 27379	56-6000283	115(1)	12,500.	0.			TO PROCURE PLAYGROUND EQUIPMENT
DANVILLE CHURCH AND COMMUNITY TUTORIAL PROGRAM - 498 ARNETT BLVD. - DANVILLE, VA 24540	54-1824377	501(C)(3)	21,673.	0.			TO SUPPORT STIPENDS FOR LICENSED TEACHERS AND MATH AND READING SPECIALISTS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 1008 SOUTH MAIN STREET - DANVILLE, VA 24541	54-1213521	501(C)(3)	14,800.	0.			TO PURCHASE ADDITIONAL EQUIPMENT AND TOOLS FOR THE CLASS/LAB AND TO BE USED IN THE FIELD WHEN
DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 1008 SOUTH MAIN STREET - DANVILLE, VA 24541	54-1213521	501(C)(3)	7,000.	0.			TO SUPPORT THE NURSING PROGRAM
DANVILLE HISTORICAL SOCIETY P.O. BOX 6 DANVILLE, VA 24543	23-7120439	501(C)(3)	7,354.	0.			TO REFRESH AND EXPAND DIGITAL MARKETING
DANVILLE LIFE SAVING 202 CHRISTOPHER LANE DANVILLE, VA 24541	54-6056901	501(C)(3)	12,569.	0.			TO SECURE TWO DEFIBRILLATORS AND A DRONE LIGHTING SYSTEM
DANVILLE LIFE SAVING 202 CHRISTOPHER LANE DANVILLE, VA 24541	54-6056901	501(C)(3)	5,761.	0.			TO SECURE TWO DEFIBRILLATORS AND A DRONE LIGHTING SYSTEM FOR THE DLSC SUPPORT VEHICLES
DANVILLE MUSEUM OF FINE ARTS 975 MAIN STREET DANVILLE, VA 24541	23-7125187	501(C)(3)	6,000.	0.			TO PROVIDE THEME-BASED ACTIVITIES THAT ENHANCE HISTORICAL AWARENESS
DANVILLE NEIGHBORHOOD DEVELOPMENT CORPORATION - P.O. BOX 3549 - DANVILLE, VA 24543	82-1340755	501(C)(3)	12,500.	0.			TO HELP PROPERTY OWNERS ADDRESS DEFERRED MAINTENANCE
DANVILLE PITT CO HABITAT FOR HUMANITY - P.O. BOX 718 - DANVILLE, VA 24543	54-1587929	501(C)(3)	22,500.	0.			TO PURCHASE MATERIALS AND PAY THE LABOR COST
DANVILLE SCIENCE CENTER, INC. 677 CRAGHEAD STREET DANVILLE, VA 24541	54-1776405	501(C)(3)	10,000.	0.			TO PURCHASE FILMS FOR THE DIGITAL DOME THEATER

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANVILLE SPEECH & HEARING P.O. BOX 1687 DANVILLE, VA 24543	54-0699738	501(C)(3)	6,795.	0.			TO PROVIDE QUALITY SPEECH AND LANGUAGE SERVICES
DANVILLE SPEECH & HEARING P.O. BOX 1687 DANVILLE, VA 24543	54-0699738	501(C)(3)	30,000.	0.			TO PROVIDE THE BEST QUALITY THERAPY SERVICES
DANVILLE-PITTSYLVANIA CANCER ASSOCIATION - 223 RIVERVIEW DRIVE - DANVILLE, VA 24541	54-0634200	501(C)(3)	12,500.	0.			TO ASSIST AND PURCHASE CANCER-RELATED MEDICINES
DANVILLE-PITTSYLVANIA CANCER ASSOCIATION - 223 RIVERVIEW DRIVE - DANVILLE, VA 24541	54-0634200	501(C)(3)	6,328.	0.			TO ASSIST NEEDY DANVILLE-PITTSYLVANIA COUNTY CANCER PATIENTS
DANVILLE-PITTSYLVANIA CANCER ASSOCIATION - 223 RIVERVIEW DRIVE - DANVILLE, VA 24541	54-0634200	501(C)(3)	5,979.	0.			UNRESTRICTED
FAIRVIEW UNITED METHODIST CHURCH 1013 WESTOVER DRIVE DANVILLE, VA 24541	54-0538700	501(C)(3)	18,000.	0.			TO PROVIDE FOOD FOR EACH WEEKEND OF THE SCHOOL YEAR
FINE WHINES LICKERS 6681 NC 150 EAST REIDSVILLE, NC 27320	81-1913248	501(C)(3)	6,938.	0.			TO SUPPORT OUR SPAY AND NEUTER PROGRAM
FIRST BAPTIST CHURCH 871 MAIN STREET DANVILLE, VA 24541	54-0515754	501(C)(3)	47,034.	0.			UNRESTRICTED
GOD'S PIT CREW 2499 NORTH MAIN STREET DANVILLE, VA 24540	54-1974979	501(C)(3)	23,094.	0.			TO HELP PURCHASE A NEW LIFT TRUCK

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOD'S STOREHOUSE P.O. BOX 48 DANVILLE, VA 24543	54-1444524	501(C)(3)	20,000.	0.			TO PURCHASE FOOD
GOD'S STOREHOUSE P.O. BOX 48 DANVILLE, VA 24543	54-1444524	501(C)(3)	22,500.	0.			TO PURCHASE FOOD FOR GOD'S STOREHOUSE FOOD DISTRIBUTION PROGRAM
GOOD HOPE EQUESTRIAN & REGENERATIVE FARM, INC. - 1108 WILD TURKEY RUN - HALIFAX, VA 24558	65-0945018	501(C)(3)	10,000.	0.			TO OFFER A LIFE-CHANGING, THREE-WEEK DAY ADVENTURE
GRACE DESIGN COMMUNITY CHURCH 1064 FRANKLIN TURNPIKE DANVILLE, VA 24540	54-1258028	501(C)(3)	7,526.	0.			UNRESTRICTED
HOUSE OF HOPE PO BOX 1197 DANVILLE, VA 24543	26-3994804	501(C)(3)	8,305.	0.			TO MODERNIZE THE SHELTER PLUMBING SYSTEM SO THAT IT CAN SUPPORT THE CURRENT CAPACITY OF THE
HOUSE OF HOPE PO BOX 1197 DANVILLE, VA 24543	26-3994804	501(C)(3)	7,950.	0.			TO MODERNIZE THE SHELTER'S PLUMBING SYSTEM SO THAT IT CAN SUPPORT THE CURRENT CAPACITY OF
JUST KIDS CHILD DEVE 120 SHAVERS-JOHNSON ST DANVILLE, VA 24540	30-0083132	501(C)(3)	18,000.	0.			TO ESTABLISH A SLIDING-SCALE SCHOLARSHIP POOL TO REDUCE THE COST OF HIGH-QUALITY CHILDCARE
KUUMBA WEST AFRICAN DANCE COMPANY 1225 CLAIBORNE STREET DANVILLE, VA 24540	92-0682520	501(C)(3)	13,423.	0.			TO SUPPORT THE DANVILLE STORYTELLING FESTIVAL
LONGWOOD UNIVERSITY 201 HIGH STREET FARMVILLE, VA 23909	54-6047289	501(C)(3)	5,979.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH GREATER VIRGINIA 2810 NORTH PARHAM ROAD RICHMOND, VA 23294	54-1429614	501(C)(3)	15,000.	0.			TO GRANT WISHES FOR SICK CHILDREN
MARTINSVILLE CEM P.O. BOX 246 MARTINSVILLE, VA 24114	54-0294105	501(C)(3)	5,979.	0.			UNRESTRICTED
MILTON PRESERVATION AND BEAUTIFICATION SOCIETY, INC. - PO BOX 36 - MILTON, NC 27305	03-0497519	501(C)(3)	25,000.	0.			TO CONTINUE RESTORATION OF THE CLAUDE ALLEN PLUG TOBACCO FACTORY
MT. VERNON UNITED ME 107 WEST MAIN STREET DANVILLE, VA 24541	54-0294105	501(C)(3)	5,979.	0.			UNRESTRICTED
NORTHERN PITT FOOD P.O. BOX 125 GRETN, VA 24557	54-1857846	501(C)(3)	12,000.	0.			TO PURCHASE FOOD IN SUPPORT OF MONTHLY SUPPLEMENTAL DISTRIBUTIONS
PATHS 705 MAIN ST. DANVILLE, VA 24541	54-2026502	501(C)(3)	14,110.	0.			UNRESTRICTED
PIEDMONT COMMUNITY COLLEGE PO BOX 1150 YANCEYVILLE, NC 27379	56-1374039	501(C)(3)	17,325.	0.			TO SUPPORT THE K202/203 CLASSROOM AND MEETING SPACE
PROSPECT HILL VOL FI P.O. BOX 130 PROSPECT HILL, NC 27314	56-1257013	501(C)(3)	7,176.	0.			TO PURCHASE NEW PAGERS AND A NEW THERMAL IMAGING CAMERA
PROV FIRE & RESCUE P.O. BOX 93 PROVIDENCE, NC 27315	56-1262056	501(C)(3)	10,250.	0.			TO REPLACE OLD, OUTDATED TURNOUT GEAR

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY OF DANVILLE P.O. BOX 922 VINTON, VA 24179	58-0660607	501(C)(3)	35,000.	0.			TO SUPPORT THE FAMILY SERVICES PROGRAM
SALVATION ARMY OF DANVILLE P.O. BOX 922 VINTON, VA 24179	58-0660607	501(C)(3)	18,814.	0.			UNRESTRICTED
SECOND CHANCE OUTREACH 524 CEDAR ROAD RINGGOLD, VA 24586	81-4228297	501(C)(3)	8,000.	0.			TO PURCHASE EDUCATIONAL TOOL KITS 4 KIDZ
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	15,000.	0.			TO PURCHASE EXTRA FOOD FOR OUR CASWELL COUNTY PARTNER AGENCIES
SMOKESTACK THEATRE COMPANY 319 LYNN ST. DANVILLE, VA 24541	83-1509339	501(C)(3)	11,875.	0.			TO SUPPORT OUR SUMMERSTACK PROGRAMS DURING THE SUMMER OF 2024
SOUTHERN AREA AGENCY 204 CLEVELAND AVE. MARTINSVILLE, VA 24112	54-1018745	501(C)(3)	5,867.	0.			TO PROVIDE ASSISTANCE WITH EXPENSES
SOUTHERN AREA AGENCY 204 CLEVELAND AVE. MARTINSVILLE, VA 24112	54-1018745	501(C)(3)	16,852.	0.			TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO OLDER ADULTS, AGE 60 OR OLDER, WHO ARE
SPCA OF PITTSYLVANIA COUNTY P.O. BOX 936 CHATHAM, VA 24531	80-0281882	501(C)(3)	7,779.	0.			TO PROVIDE VETERINARY CARE FOR ANIMALS
ST. LUKES UNITED METHODIST CHURCH 3090 NORTH MAIN STREET DANVILLE, VA 24540	54-1439832	501(C)(3)	25,000.	0.			TO SUPPORT OUR BACKPACK FEEDING PROGRAM

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH SHOLOM 326 ROSEMARY LANE DANVILLE, VA 24541	54-1079353	501(C)(3)	5,730.	0.			UNRESTRICTED
THE BRIDGE MINISTRY, INC. PO BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	10,000.	0.			TO PROVIDE SUBSTANCE ABUSE TREATMENT
THE CASWELL COUNTY PARISH, INC. P.O. BOX 967 YANCEYVILLE, NC 27379	23-7374524	501(C)(3)	15,000.	0.			TO PROVIDE EMERGENCY ASSISTANCE TO FAMILIES
TOWN OF CHATHAM VOLUNTEER FIRE DEPARTMENT - P.O. BOX 84 - CHATHAM, VA 24531	54-6001206	501(C)(3)	6,024.	0.			TO PURCHASE NEW TURNOUT GEAR
TOWN OF CHATHAM VOLUNTEER FIRE DEPARTMENT - P.O. BOX 84 - CHATHAM, VA 24531	54-6001206	501(C)(3)	8,709.	0.			TO PURCHASE NEW TURNOUT GEAR
TOWN OF YANCEYVILLE P. O. BOX 727 YANCEYVILLE, NC 27379	56-1520571	115(1)	5,130.	0.			FOR CEMETERY MAINTENANCE
UNITED NEGRO COLLEGE FUND 1805 7TH STREET WASHINGTON, DC 20001	13-1624241	501(C)(3)	9,151.	0.			UNRESTRICTED
UNITED WAY OF DANVILLE-PITTSYLVANIA COUNTY - 308 CRAGHEAD ST., SUITE 104 - DANVILLE, VA 24541	54-0526200	501(C)(3)	30,500.	0.			TO PROVIDE 1000 CHILDREN WITH BOOKS
UNITED WAY OF DANVILLE-PITTSYLVANIA COUNTY - 308 CRAGHEAD ST., SUITE 104 - DANVILLE, VA 24541	54-0526200	501(C)(3)	87,345.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION**

Schedule I (Form 990)

54-1823141

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS MEMORIAL DISCRETIONARY TRUST - 100 COPPER CT. - DANVILLE, VA 24540	54-6001243	501(C)(3)	10,237.	0.			UNRESTRICTED
VIRGINIA LEGAL AID 513 CHURCH STREET LYNCHBURG, VA 24504	51-0226448	501(C)(3)	15,000.	0.			TO HELP PAY A PORTION OF THE LEGAL PROFESSIONALS SALARIES
VTT, LLC DBA GLOBAL CENTER FOR AUTOMOTIVE PERFORMANCE (GCAPS) - 1020 LOTUS DRIVE - ALTON, VA 24520	37-1737161	501(C)(3)	6,451.	0.			TO SUPPORT A PARTNERSHIP BETWEEN IALR/GOTEC AND GCAPS
YANCEYVILLE FIRE DEPARTMENT P.O. BOX 1209 YANCEYVILLE, NC 27379	56-1520571	501(C)(3)	20,527.	0.			TO COMPLETE A RESCUE TRUCK FOR INCREASED TRAFFIC ON NC HWY 86
SOUTHSIDE AREA TENNIS ASSOCIATION 163 HAWTHORNE DRIVE DANVILLE, VA 24541	82-2963545	501(C)(3)	5,385.	0.			TO SUPPORT THE ACE'S AND A'S TENNIS AND LEARNING PROGRAM

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF THE
DAN RIVER REGION

54-1823141

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS PAID DIRECTLY TO THE EDUCATIONAL INSTITUTIONS	158	333,587.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES PROVIDE REPORTS AS TO HOW FUNDS WERE SPENT

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

DANVILLE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE ADDITIONAL EQUIPMENT AND

TOOLS FOR THE CLASS/LAB AND TO BE USED IN THE FIELD WHEN THE STUDENTS

INSTALL HVAC SYSTEMS FOR COMMUNITY SERVICE PROJECTS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

DANVILLE-PITTSYLVANIA CANCER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENRICH THE LIVES OF AREA CHILDREN
WITH CHRONIC AND LIFE THREATENING ILLNESSES AND THEIR FAMILIES, WITH A
MAJOR FOCUS ON THOSE CHILDREN WITH CANCER

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MODERNIZE THE SHELTER PLUMBING
SYSTEM SO THAT IT CAN SUPPORT THE CURRENT CAPACITY OF THE BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MODERNIZE THE SHELTER'S PLUMBING
SYSTEM SO THAT IT CAN SUPPORT THE CURRENT CAPACITY OF THE BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: HOUSE OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MODERNIZE THE SHELTER'S PLUMBING
SYSTEM SO THAT IT CAN SUPPORT THE CURRENT CAPACITY OF THE BUILDING

NAME OF ORGANIZATION OR GOVERNMENT: JUST KIDS CHILD DEVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH A SLIDING-SCALE
SCHOLARSHIP POOL TO REDUCE THE COST OF HIGH-QUALITY CHILDCARE FOR AREA
WORKERS

NAME OF ORGANIZATION OR GOVERNMENT: PRIZERY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SERIES OF ART CLASSES,
PERFORMANCES AND ENRICHMENT OPPORTUNITIES FOR CHILDREN IN THE HALIFAX
AREA

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SMOKESTACK THEATRE COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPORT MARKETING OF A
SPECIAL CHRISTMAS PERFORMANCE FOR ADA/ASD INDIVIDUALS AND THEIR FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN AREA AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EMERGENCY FINANCIAL
ASSISTANCE TO OLDER ADULTS, AGE 60 OR OLDER, WHO ARE EXPERIENCING A
CRISIS OR EMERGENCY

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN AREA AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR MEDICATION
AND OTHER NECESSARY ASSISTANCE TO PERSONS SUFFERING FROM CHRONIC KIDNEY
AND RENAL DISEASES AND DISORDERS

NAME OF ORGANIZATION OR GOVERNMENT: TOWN OF YANCEYVILLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PERPETUAL CARE,
MAINTENANCE, PRESERVATION AND REPAIR OF THE CASWELL COUNTY VETERANS
MEMORIAL

PART IV - ADDITIONAL INFORMATION

EACH RECIPIENT IS REQUIRED TO PERPARE AND SUBMIT AN INTERIM AND/OR
ANNUAL ACCOUNTING OF THE DISBURSEMENT OF FUNDS ALONG WITH SUPPORTING
DOCUMENTATION FOR SUCH DISBURSEMENT OF THE FUNDS. THE ORGANIZATION'S
PROGRAM MANAGER AND FINANCIAL OFFICER BOTH REVIEW SUCH REPORTS AND
ACCOMPANYING DOCUMENTATION FOR COMPLIANCE WITH THE REQUIRMENTS OF THE
GRANT AWARD.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS; AND BY ENSURING THESE DONATIONS CREATE A LASTING LEGACY OF
GROWTH AND OPPORTUNITY THROUGHOUT THE REGION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ANY GEOGRAPHIC AREA, THE PRIMARY SERVICE AREA IS DANVILLE/PITTSYLVANIA
COUNTY, VIRGINIA AND CASWELL COUNTY, NORTH CAROLINA. DONATIONS ARE ALSO
BEING SOUGHT TO BUILD UP RESOURCES FOR SOUTH BOSTON/HALIFAX COUNTY,
WITH CONSIDERATION BEING GIVEN TO OTHER NEIGHBORING COUNTIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ANNUAL RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR, OFFICER AND BOARD
OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AT EACH ANNUAL MEETING OF THE BOARD OF DIRECTORS, THERE IS A DISCUSSION LED
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, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE AUTHORIZES AND APPROVES ANY CHANGE IN THE EXECUTIVE
DIRECTOR'S COMPENSATION WHICH IS INCLUDED IN THE BUDGET WHICH IS THEN
APPROVED BY THE BOARD OF DIRECTORS.

THE BOARD AUTHORIZES AND APPROVES ANY CHANGE IN THE COMPENSATION OF OTHER

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

Schedule O (Form 990) 2023

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

Employer identification number
54-1823141

KEY EMPLOYEES OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE UPON REQUEST; WHEREAS, THE FINANCIAL STATEMENTS ARE MADE
AVAILABLE ON THE ORGNIZATION'S WEBSITE AS WELL AS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGE