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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

A	For th	e 2009 ca	lendar year, or tax year beginning and ending		
В	Check if	Please	C Name of organization	D Employer identific	cation number
	applicab		THE COMMUNITY FOUNDATION OF THE NORTHER	N	
Г	Addre	ess label or	SHENANDOAH VALLEY		
F	Name	type	Doing Business As	26-0	008332
늗	lchan	١	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	returr Term	Specific	203 SALEM CHURCH ROAD		869-6776
F	ated Amer	Instruc-	<del></del>		306,886.
닏	returr Appli	ו	City or town, state or country, and ZIP + 4	G Gross receipts \$	
L	tion pend		STEPHENS CITY, VA 22655	H(a) Is this a group re	
		FNa	ne and address of principal officer BYRON BRILL	for affiliates?	Yes X No
				45 H(b) Are all affiliates inc	
			us X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		list (see instructions)
			W.CFNSV.ORG	H(c) Group exemption	
		f organizati	on: X Corporation Trust Association Other L	ear of formation: 2001 N	1 State of legal domicile: VA
LP	art I	Summ			
a	,   1		scribe the organization's mission or most significant activities ${ m \ TO \ OPERA}$		
ድህ ነው Activities & Governance		PURPO	SES AND INSPIRE PHILANTHROPY AND CIVIC	ENGAGEMENT BY	EMPOWERING
Ę	2	Check th	s box I if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets
Š	3	Number o	of voting members of the governing body (Part VI, line 1a)	3	12
Ö	4		of independent voting members of the governing body (Part VI, line 1b)	4	12
οζ (1)	5		nber of employees (Part V, line 2a)	5	0
າ ≝	6		nber of volunteers (estimate if necessary)	6	0
	7a		ss unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_		-	ated business taxable income from Form 990-T, line 34	7b	0.
₹— >	b	Net unie	ated business taxable income nonitronit 990-1, line 54	Prior Year	Current Year
-		O	was and counts (Dest VIII line 1h)	159,800.	193,232.
<u> </u>	8		cions and grants (Part VIII, line 1h)	3,011.	173,232.
Revenue	9	-	service revenue (Part VIII, line 2g)		21,111.
هُ ا	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)	-80,260.	
] _	11		enue (Part VIII, column (Attines 5, 6d, 8c, 9c, 10c, and 11e)	328.	5.
; _	12		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,879.	214,348.
:	13	Grants a	nd similar amounts, paid (RartdX, ၁၀)կրրոկ(A), Innes 1-3)		
	14	Benefits	paid to or formembers (Part IX, column (AX) ine 4)		
) <u>u</u>	15	Salaries,	other compensation, employee-benefits (Part IX, column (A), lines 5-10)	25,000.	21,875.
Fynenses	16	Profession	nal fundraising fees (Part) (A) Line 1e)		
9	}		draising expenses (Part IX, column (D), line 25) 5,469.		
ű	ì   17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	76,097.	178,759.
	18	Total exp	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	101,097.	200,634.
	19		less expenses Subtract line 18 from line 12	-18,218.	13,714.
<u>o</u>				Beginning of Current Year	End of Year
ets	E 20	Total ass	ets (Part X, line 16)	376,897.	626,639.
Ass	四 四 21		ilities (Part X, line 26)	81,202.	246,653.
Net Assets or	22		ts or fund balances Subtract line 21 from line 20	295,695.	379,986.
_	art II		sture-Block	23374331	0.575001
Ŀ	<u> </u>			ents, and to the best of my knowled	ge and belief, it is true, correct,
		and comp	aties of perjury, I declare that I have examined this leturn, including accompanying schedules and statem the Declaration of preparer (other than officer) is based on an information of which preparer has any knowl	edge	1
_				10 10	110
	gn	€	natura bardifunar	Dete -	<del>+ 1 0</del>
He	ere	34		Suite	1
			ROM BRILL PRESIDENT		<del>'</del>
_		i yi	pe or print name and title	Chook if Broom	er's identifying number
Pa	id	Preparer	Date		structions)
_	eparer'	signature		employed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0291255
	e Only	yours if	HOTTEL & WILLIS, P.C.	EIN ► 54-	//3577 <b>1</b>
US	o only	self-emplo			
_		address, a ZIP + 4	WINCHESTER, VIRGINIA 22601	Phone no. ► (	540)662-0325
M	ay the	IRS discu	ss this return with the preparer shown above? (see instructions)		X Yes No
_			HA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions.	Form <b>990</b> (2009)

(Expenses \$

4e Total program service expenses ► \$

2

) (Revenue \$

Form 990 (2009)

including grants of \$

49,018.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<del>-</del> -		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
o	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		-23
8	Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
40		-		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		x
	If "Yes," complete Schedule D, Part V	10	-	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X	11	x	
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	├"	<u> </u>	
•				
_	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŀ	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		
	Schedule D, Parts XI, XII, and XIII.	12	├	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X	40	-	v
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446	ł	v
4=	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40	Į.	v
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<del>                                     </del>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<del>                                     </del>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	900	(2000)
		rorm	990	(2009)

Form 990 (2009) SHENANDOAH VALLEY
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X.
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<b>.</b>	1
	Note. All Form 990 filers are required to complete Schedule O	38	990 /	<u>1</u> 2009)
		LOUIN	33U (	ZUU9)

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Form 990'(2009) SHENANDOAH VALLEY

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			l
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		X
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit			1
	any contributions that were not tax deductible?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		i	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			ĺ
	provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ĺ
	benefit contract?	7e_		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h_		<b> </b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ĺ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		ĺ
_	at any time during the year?	8_		<del></del>
9	Sponsoring organizations maintaining donor advised funds.	0-		1
	Did the organization make any taxable distributions under section 4966?	9a		<del>                                     </del>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del></del>
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1
11	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against			1
Ü	amounts due or received from them)			1
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		<u> </u>
	120	Form	990	(2009)

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Form 990 (2009) SHENANDOAH VALLEY 26 – 0 0 0 8 3 3 2 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	.2		
b		.2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
	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 or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		<u>X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b_	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA	la far		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ne for		
	public inspection. Indicate how you make these available. Check all that apply  Own website. X Another's website. X Upon request			
40	·	and for	noici	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, statements available to the public	and IIIIa	iiiciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation 🖿		
20	MICHAEL WHALTON - 540-869-6776	Lauvii 🕨	_	
	203 SALEM CHURCH ROAD, STEPHENS CITY, VA 22655			
		Form	990	2009)

SHENANDOAH VALLEY

26-0008332

Form 990 (2009) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

Name and Title	(B)			ر Posi	C)			(D)	<b>(E)</b> Reportable	(F) Estimated
Name and Title	Average hours	(cl				app	lv)	Reportable compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BRUCE DOWNING								_	_	
PRESIDENT		X		X	<u> </u>			0.	0.	0
BYRON BRILL										
VICE-PRESIDENT		X	<u> </u>	X	<u> </u>			0.	0.	0
WILLIAM HUEHN							1			
SECRETARY - TREASURER		X		X		ļ.,,		0.	0.	0
JENNIFER SAGER										
DIRECTOR		X						0.	0.	0
HARRY SMITH			ŀ						_	_
DIRECTOR		X						0.	0.	0
ROBERT STIEG, JR.							l	_	_	_
DIRECTOR		X						0.	0.	0
BROOKE HERNDON							ĺ	_	_	_
DIRECTOR		X					_	0.	0.	0
FABIOLA HUTCHINS									_	
DIRECTOR		X					_	0.	0.	0_
KEN RICE									_	
DIRECTOR		X						0.	0.	0
MICHAEL WHALTON									_	_
EXECUTIVE DIRECTOR	20.00			X				21,875.	0.	0
				_		-				
		_		_						

THE COMMUNITY FOUNDATION OF THE NORTHERN 26-0008332 Form 990 (2009) SHENANDOAH VALLEY Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Position Reportable Reportable Estimated Name and title Average hours (check all that apply) compensation compensation amount of per from from related other Individual trustee or director the organizations compensation week Highest compensated employee (W-2/1099-MISC) organization from the Institutional trustee (W-2/1099-MISC) organization Key employee and related Officer organizations 21,875. 0. 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х 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? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to X the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (B) (C) (A) Compensation Name and business address Description of services

Form 990 (2009)

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

26-0008332 Form 990 (2009) Page 9 SHENANDOAH VALLEY Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated tax under sections 512, exempt function business revenue revenue 513, or 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 All other contributions, gifts, grants, and 193,232. similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 193,232. h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 15,582 15,582. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 98,067. assets other than inventory b Less cost or other basis 92,538. and sales expenses 5,529 c Gain or (loss) 5,529. 5,529. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less. cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 11 a MISCELLANEOUS d All other revenue 5. Total. Add lines 11a-11d 214,348. 5,534. 0. 15,582. Total revenue See instructions

Form 990 (2009)

SHENANDOAH VALLEY

Form 990' (2009)

26-0008332 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) but are not required to complete columns (B). (C). and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		•		
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			-	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	21,875.	10,937.	5,469.	5,469.
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				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a					
b	Legal				
c	Accounting	530.		530.	"
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
12	Advertising and promotion				
13	Office expenses	1,489.	1,489.		
14	Information technology				
15	Royalties				
16	Occupancy				· <del></del>
17	Travel	3,305.	3,305.		
18	Payments of travel or entertainment expenses		1		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	559.	559.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
2	NET CHANGES IN AGENCY F	137,060.		137,060.	
b	CD LUMB DOLLA ME COLO	19,191.	19,191.		
C	DATO OF THE TAXABLE TO THE	9,636.	9,636.		
ď	DDOUDD HDDO	3,088.	<u></u>	3,088.	
e	VENUDED CUIT D.C.	1,180.	1,180.	2,000.	
f	All other expenses	2,721.	2,721.		
25	Total functional expenses Add lines 1 through 24f	200,634.	49,018.	146,147.	5,469
<u>25</u> 26	Joint costs. Check here	200,004.	±2,0±0.		5,205
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	
	10 02-04-10			·	Form <b>990</b> (2009

Form 990 (2009)

SHENANDOAH VALLEY

26-0008332 Page 11

Pa	rt X	Balance Sheet		<del></del> ,		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		19,156.	2	23,164.
	3	Pledges and grants receivable, net		1,500.	_3	1,500.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director	rs, trustees, key			
		employees, and highest compensated employees. Co	omplete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defin	ed under section			
		4958(f)(1)) and persons described in section 4958(c)(	3)(B) Complete		i	
		Part II of Schedule L			6	
S.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		-	8	
Ä	9	Prepaid expenses and deferred charges	_		9	
	10a	Land, buildings, and equipment cost or other	1		ı	-
		basis Complete Part VI of Schedule D 10a				
	ь	Less accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		344,637.	12	580,365.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,604.	15	21,610.
	16	Total assets. Add lines 1 through 15 (must equal line	e 34)	376,897.	16	626,639.
	17	Accounts payable and accrued expenses		25,000.	17	25,000.
	18	Grants payable		<u> </u>	18	•
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
s	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, tru				
ig		highest compensated employees, and disqualified pe	• • •			
Ë		of Schedule L	•		22	
	23	Secured mortgages and notes payable to unrelated t	third parties	10	23	
	24	Unsecured notes and loans payable to unrelated thir			24	
	25	Other liabilities Complete Part X of Schedule D	,	56,202.	25	221,653.
	26	Total liabilities. Add lines 17 through 25		81,202.	26	246,653.
		Organizations that follow SFAS 117, check here	X and complete			•
ώ		lines 27 through 29, and lines 33 and 34.				
JCe	27	Unrestricted net assets		21,247.	27	21,247.
alai	28	Temporarily restricted net assets		,	28	•
8	29	Permanently restricted net assets		274,448.	29	358,739.
Š		Organizations that do not follow SFAS 117, check	here  and			
౼		complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31	
ţ	32	Retained earnings, endowment, accumulated income			32	•
Š	33	Total net assets or fund balances	.,	295,695.	33	379,986.
	34	Total liabilities and net assets/fund balances		376,897.	34	626,639.

Form 990 (2009) 26-0008332 Page 12 SHENANDOAH VALLEY Part XI Financial Statements and Reporting Yes No Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form **990** (2009)

За

**3**b

X

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

#### **Public Charity Status and Public Support**

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

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

THE COMMUNITY FOUNDATION OF THE NORTHERN

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** 

Schedule A (Form 990 or 990-EZ) 2009

26-0008332 SHENANDOAH VALLEY 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 11, 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7  $\mathbf{x}$ 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No No

Form 990 or 990-EZ.

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

THE COMMUNITY FOUNDATION OF THE NORTHERN Schedule'A (Form 990 or 990-EZ) 2009 SHENANDOAH VALLEY 26-0008332 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 80,070. 325,732. 159,800. 193,232. 858,275. include any "unusual grants") 99,441. 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 325,732. 159,800. 193,232. 99,441. 80,070. 4 Total. Add lines 1 through 3 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) 858,275. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (c) 2007 (e) 2009 (f) Total (b) 2006 325,732. 193,232. 99,441 80,070. 159,800. 858,275. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 5,230 9,818 21,622 15,582 52,252. and income from similar sources Net income from unrelated busines

3	146t income nom ameratea basiness				l .	
	activities, whether or not the					
	business is regularly carried on					
10	Other income. Do not include gain					
	or loss from the sale of capital					
	assets (Explain in Part IV)		991.	3,011.		4,002.
11	Total support. Add lines 7 through 10					914,529.
12	Gross receipts from related activities,	etc (see instruct	ions)		12	
13	First five years. If the Form 990 is for	the organization	's first, second, third, fourth,	or fifth tax year as a section	on 501(c)(3)	
	organization, check this box and stor	here				ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	ercentage			
14	Public support percentage for 2009 (I	ine 6, column (f)	divided by line 11, column (f)	)	14	93.85 %
15	Public support percentage from 2008	Schedule A, Par	t II, line 14		15	%
16a	a 33 1/3% support test - 2009. If the o	rganization did ne	ot check the box on line 13, a	and line 14 is 33 1/3% or n	nore, check t	this box and
	stop here. The organization qualifies	as a publicly sup	ported organization			ightharpoons x
b	33 1/3% support test - 2008. If the o	rganization did ne	ot check a box on line 13 or	16a, and line 15 is 33 1/3%	or more, ch	neck this box
	and stop here. The organization qual	ifies as a publicly	supported organization			▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the org	janization did not check a bo	ox on line 13, 16a, or 16b, a	and line 14 is	s 10% or more,
	and if the organization meets the "fac					
	meets the "facts-and-circumstances"					▶□
	10% -facts-and-circumstances tes	•		• •	17a and line	15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

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

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 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 busmess 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) (d) 2008(e) 2009 (f) Total (a) 2005 (b) 2006(c) 20079 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. 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 - 2008. 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

#### **Schedule D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE NORTHERN

SHENANDOAH VALLEY

Employer identification number 26-0008332

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	9	
2	Aggregate contributions to (during year)	10,112.	
3	Aggregate grants from (during year)	6,940.	
4	Aggregate value at end of year	232,668.	
5	Did the organization inform all donors and donor advisors in	· · · · · · · · · · · · · · · · · · ·	ed funds
-	are the organization's property, subject to the organization's		Yes X No
6	Did the organization inform all grantees, donors, and donor a	· ·	
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes X No
Pai		ganization answered "Yes" to Form 990, P	· ———
1	Purpose(s) of conservation easements held by the organization	<del></del>	
-	Preservation of land for public use (e.g., recreation or p		torically important land area
	Protection of natural habitat	Preservation of a certi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	` <b>'</b>	2d
3	Number of conservation easements modified, transferred, re		\ <del></del>
Ŭ	year ▶	ioasca, changaionea, or terminated by and	organization during the text
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	<del>-</del>	
	violations, and enforcement of the conservation easements i	<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	
8	Does each conservation easement reported on line 2(d) above		
Ŭ	and section 170(h)(4)(B)(ii)?	vo duticity and requirements of decition 17 of	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	
•	include, if applicable, the text of the footnote to the organiza	•	·
	conservation easements	alon o manoral otatomonto that docomboo	and organization of accounting for
Pai	t III Organizations Maintaining Collections o	of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	•	
	the footnote to its financial statements that describes these	·	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet works of art, historical treasures.
_	or other similar assets held for public exhibition, education, of	•	
	these items		, , , , , , , , , , , , , , , , , , , ,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>S S</b>
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	Lgain provide
~	the following amounts required to be reported under SFAS 1		i gani, provide
_	Revenues included in Form 990, Part VIII, line 1	To relating to these items	<b>▶</b> \$
a	Assets included in Form 990, Part X		<b>ν</b>
U	raacia moluucu III I OIIII 220. Fdil A		<b>-</b> ∪

		OAH VALLEY						<u> 26-00</u>			ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Other	Simila	ar Asse	ts_(contil	าued)_	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nıficant ı	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	d	ı 🔲 ı	Loan or excl	nange progra	ams					
b	Scholarly research	е	. 🔲 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizati	on's exem	pt purpo	se in Parl	XIV		
	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran			, ,		s" to Form	990, Pa	rt IV, line	9, or		
	reported an amount on Form 990, Par		•								
	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table							
~	, , , , , , , , , , , , , , , , , , ,								Amount		
С	Beginning balance						1c				
4	Additions during the year						1d				
	Distributions during the year						1e		·	-	
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	212						Yes		No
	If "Yes," explain the arrangement in Part XIV	om ooo, rare x, inc	_,							_	
Par		f the organization ar	swered	"Yes" to Fo	rm 990. Part	IV. line 10	)				
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears t	nack
10	Beginning of year balance	(a) Canent year	(5).	noi yeai	(C) TWO YOU	TO DUOM 1	<b>u</b> j 111100 j	ouro buon	(C) Tour	<del>you.o </del>	-uon
1a	Contributions							<del></del>			
	Net investment earnings, gains, and losses										
ن د	Grants or scholarships				<del></del>			_			
a	·			_							
e	Other expenditures for facilities				İ						
	and programs										
	Administrative expenses										
g	End of year balance	L	L		<u> </u>	1			L		
2	Provide the estimated percentage of the year	ir end balance neld a									
a	Board designated or quasi-endowment		_%								
Ø	Permanent endowment	% %									
C						and for the					
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neio a	na aaministe	erea for th	e organi.	zation	Г	Yes	
	by									res	No_
	(i) unrelated organizations								3a(i)	-+	
-	(ii) related organizations		0	-t-1- D0					3a(ii)	-+	
b	If "Yes" to 3a(ii), are the related organization.								3b		
4	Describe in Part XIV the intended uses of the				Dort V. Iron	10					—
Par	t VI   Investments - Land, Building							<del> </del>	400		—
	Description of investment	(a) Cost or o			or other (other)		cumulate reciation	I	(d) Bool	( value	1
		Dasis (investi	ment)	Dasis	(Otrier)	uep	reciation				—
	Land					_					
	Buildings	<u> </u>									
	Leasehold improvements	<u> </u>									
d	Equipment			-	•		-				
	Other		· · · · · · · · ·			l	-				
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	1U(c) )						0.

Schedule D (Form 990) 2009

26-0008332 Page 3 'Schedule'D (Form 990) 2009 SHENANDOAH VALLEY Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category (c) Method of valuation (b) Book value Cost or end-of-year market value (including name of security) Financial derivatives Closely-held equity interests Other BROKERAGE ACCOUNT WITH MASON INVESTMENT ADVISORY SERVICE 580,365. END-OF-YEAR MARKET VALUE Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) 580,365. Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation (a) Description of investment type (b) Book value Cost or end-of-year market value Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ightharpoonupPart X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Amount Federal income taxes 21,610. ENDOWMENTS PAYABLE 200,043. AGENCY FUNDS

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

221,653.

THE COMMUNITY FOUNDATION OF THE NORTHERN 26-0008332 Page 4 Schedule D (Form 990) 2009 SHENANDOAH VALLEY Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 214,348. Total revenue (Form 990, Part VIII, column (A), line 12) 2 200,634. 2 Total expenses (Form 990, Part IX, column (A), line 25) 13,714. 3 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 88,952. Net unrealized gains (losses) on investments Donated services and use of facilities 5 5 Investment expenses 6 6 7 Prior period adjustments 7 -18,375. Other (Describe in Part XIV) 8 8 70.577. 9 Total adjustments (net). Add lines 4 through 8 84,291. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a Net unrealized gains on investments 2b Donated services and use of facilities c Recoveries of prior year grants 2c 2d Other (Describe in Part XIV) d 2e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2a Donated services and use of facilities 2b Prior year adjustments Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART XI, LINE 8 - OTHER ADJUSTMENTS: ADJUST PRIOR YEAR NET CHANGES IN AGENCY FUNDS: -18384. ROUNDING ADJUSTMENT: 9.

Schedule I (Form 990) 2009 **2 Employer identification number** 26-0008332 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable reach grant assistance or government assistance or government assistance received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (t) Method of valuation (book, non-cash assistance or assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. PMV. FMV Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. THE COMMUNITY FOUNDATION OF THE NORTHERN 10,000, 5 000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations SHENANDOAH VALLEY General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization FIRST UNITED PRESBYTERIAN OF JOHN HANDLEY HIGH SCHOOL Name of the organization Department of the Treasury SCHEDULE WINCHESTER (Form 990) Part I Part II

Page 2

SHENANDOAH VALLEY

26-0008332 Schedule I (Form 990) 2009 SHENANDOAH VALLEY

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION USES DUE DILIGENCE PROCEDURES	GANIZATI	ON USES DU	E DILIGENC	E PROCEDURES	
WHEN MAKING GRANTS.					

# SCHEDULE O

# Supplemental Information to Form 990

(Form 990)

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

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY

Employer identification number 26-0008332

DIEMANDOMI VALLEI
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DONORS AND COMMUNITY PARTNERS.
FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BOARD AUTHORIZES THE
PRESIDENT OF THE ORGANIZATION TO SIGN AND FILE THE FORM 990 ON THEIR
BEHALF. ELECTRONIC COPIES OF THE FORM ARE EMAILED TO MEMBERS OF THE
GOVERNING BOARD FOR THEIR REVIEW AND DISCUSSION AT THE NEXT BOARD MEETING.
1
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES
DISCLOSURE OF CONFLICTS, VOTES ON THE WHETHER TO ALLOW THE TRANSACTION, AND
REGULARLY REVIEWS CONFLICTS OF INTERESTS.
FORM 990, PART VI, SECTION C, LINE 19: ALL OF THE ORGANIZATION'S PERTINENT
DOCUMENTS ARE LOCATED IN THE OFFICES AND ARE AVAILABLE FOR REVIEW BY ANY
MEMBER OF THE PUBLIC REQUESTING TO SEE THEM.

#### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return



	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
corpo	ration required to file Form 990·T and requesting an automatic 6·month extension - check this box and comp nly	olete	▶ □
	r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	extensi	on of time
	come tax returns	JA ( 0.7.0 )	
oted b not aut ou mu	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension elow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic comatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or con st submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing gov/efile and click on e-file for Charities & Nonprofits.	ally if ( solidat	I) you want the additional ed Form 990-T Instead,
уре о		Emplo	yer identification number
rint	THE COMMUNITY FOUNDATION OF THE NORTHERN		
	SHENANDOAH VALLEY	26	-0008332
le by the			
ing your	203 SALEM CHURCH ROAD		
structio			
	STEPHENS CITY, VA 22655		
heck	type of return to be filed (file a separate application for each return)		
		00	
	form 990		
	form 990-BL		
	form 990-PF Form 1041-A Form 88		
	OIII 990-PP	70	
	MICHAEL WHALTON		
	· · · · · · · · · · · · · · · · · ·	777	2266
The	books are in the care of ▶ 203 SALEM CHURCH ROAD - STEPHENS CITY,	VA.	22055
	books are in the care of ► 203 SALEM CHURCH ROAD - STEPHENS CITY,  sphone No ► 540-869-6776  FAX No ►	VA.	22055
Tele		VA	▶ □
Tele	phone No ► <u>540-869-6776</u> FAX No ►		▶ □
Tele If the	ephone No   540-869-6776  FAX No   e organization does not have an office or place of business in the United States, check this box is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for	the whole group, check this
Tele If the	ephone No   540-869-6776  FAX No   e organization does not have an office or place of business in the United States, check this box list is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If it is for part of the group, check this box   and attach a list with the names and EINs of all in the control of the group in	s is for	the whole group, check this
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