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## Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

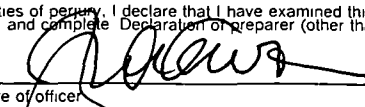

For the 2009 calendar year, or tax year beginning , 2009, and ending

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See specific instructions. THE COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY PO BOX 6009 CHRISTIANBURG, VA 24068	<b>D</b> Employer Identification Number 54-1740455
		<b>E</b> Telephone number 540-381-8999
<b>F</b> Name and address of principal officer ANDY MORIKAWA Same As C Above		<b>G</b> Gross receipts \$ 2,376,595.
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
<b>J</b> Website: WWW.CFNRV.ORG		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation 1994 <b>M</b> State of legal domicile VA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ENHANCE THE QUALITY OF LIFE IN THE NEW RIVER VALLEY.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	225	
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Expenses	8	Contributions and grants (Part VIII, line 1h)	855,270.	623,667.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	142,612.	-306,123.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,027.	9,792.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,011,909.	327,336.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	339,922.	212,472.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	123,613.	117,732.
Net Assets or Fund Balances	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	149,245.	136,054.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	612,780.	466,258.
	19	Revenue less expenses Subtract line 18 from line 12	399,129.	-138,922.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,399,577.	5,535,106.
	21	Total liabilities (Part X, line 26)	23,517.	20,528.
	22	Net assets or fund balances Subtract line 21 from line 20	4,376,060.	5,514,578.

## Part II Signature Block

Sign Here	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.	
	Signature of officer  ANDY MORIKAWA Type or print name and title	Date 7-20-10 Executive Director
Paid Preparer's Use Only	Preparer's signature  PHILLIP N. MARTIN CPA, LLC PO BOX 6092 CHRISTIANBURG, VA 24068-6092	Date 7/19/10 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) 800789008 EIN ▶ 74-3240667 Phone no ▶ (540) 381-2340

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09

Form 990 (2009)

G-17 14

SCANNED AUG 13 2010

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO ENHANCE THE QUALITY OF LIFE IN THE NEW RIVER VALLEY.

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

4a (Code ☐) (Expenses \$ 364,098. including grants of \$ ) (Revenue \$ 621,682.)

GRANTS TO LOCAL CHARITIES, CHURCHES, SCHOOLS AND INDIVIDUALS WORKING TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE NEW RIVER VALLEY OF WESTERN VIRGINIA.

4b (Code ☐) (Expenses \$ 1,586. including grants of \$ ) (Revenue \$ 1,586.)

YOUTH CIVIC ENGAGEMENT PROGRAM TO PROMOTE THE INVOLVEMENT OF STUDENTS IN THE COMMUNITY IN CIVIC AFFAIRS.

4c (Code ☐) (Expenses \$ 399. including grants of \$ ) (Revenue \$ 399.)

ENERGIZED ACTIVE GRASSROOTS LEADERS ENGAGED SYSTEMATICALLY TO HELP INDIVIDUALS IN THE COMMUNITY TO DEVELOP LEADERSHIP SKILLS AND TO DOCUMENT LEADSHIP ACTIVITIES.

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses ▶ 366,083.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	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? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, 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 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 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes X	No X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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? If 'Yes,' complete Schedule G, Part 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? If 'Yes,' complete Schedule G, Part II	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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

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

	Yes	No
<b>21</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>	X	
<b>23</b> 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>		X
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>25b</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>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> 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)		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1 a	5
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
<b>2 a</b> 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	2 a	5
<b>2 b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2 b	X
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	
<b>4 a</b> 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)?	4 a	X
<b>b</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		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c	
<b>6 a</b> 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?	6 a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	7 a	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	9 a	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10 a	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from other members or shareholders	11 a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12 a	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	

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Form 990 (2009)

**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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	18	
<b>1b</b> Enter the number of voting members that are independent	18	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director or 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		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	X	
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers of key employees of the organization See Schedule O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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 exempt status with respect to such arrangements?		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ None

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

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶ THE ORGANIZATION PO BOX 6009 CHRISTIANBURG VA 24068 540-381-8999





(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual or director	Institutional	Officer	Key employee	Highest compensated employee	Former			

[illegible]

<b>1 b Total</b>	60,179.	0.	0.
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	-	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>	-	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	-	X

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

(A) Name and business address	(B) Description of Services	(C) Compensation

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns	<b>1 a</b>				
	<b>b</b> Membership dues	<b>1 b</b>				
	<b>c</b> Fundraising events	<b>1 c</b>				
	<b>d</b> Related organizations	<b>1 d</b>				
	<b>e</b> Government grants (contributions)	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1 f</b> 623,667.				
	<b>g</b> Noncash contribns included in lns 1a-1f	\$				
<b>h Total.</b> Add lines 1a-1f			623,667.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2 a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		98,543.			98,543.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross Rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory					
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)		-404,666.	-404,666.		
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from fundraising events		9,792.			9,792.
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19					
	<b>b</b> Less direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances					
<b>b</b> Less cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			327,336.	-404,666.	0.	108,335.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	187,037.	187,037.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,435.	25,435.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	60,179.	36,107.	24,072.	0.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
<b>7</b> Other salaries and wages	42,354.	25,412.	16,942.	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,400.	2,640.	1,760.	
<b>9</b> Other employee benefits	2,407.	1,444.	963.	
<b>10</b> Payroll taxes	8,392.	5,035.	3,357.	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	30,671.	18,403.	12,268.	
<b>d</b> Lobbying				
<b>e</b> Prof fundraising svcs. See Part IV, ln 17				
<b>f</b> Investment management fees	22,297.	13,378.	8,919.	
<b>g</b> Other				
<b>12</b> Advertising and promotion	664.	398.	266.	
<b>13</b> Office expenses	5,080.	3,048.	2,032.	
<b>14</b> Information technology	16,813.	10,088.	6,725.	
<b>15</b> Royalties				
<b>16</b> Occupancy	5,925.	3,555.	2,370.	
<b>17</b> Travel	3,013.	1,808.	1,205.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	7,645.	4,587.	3,058.	
<b>24</b> 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.)				
<b>a</b> MEETING EXPENSES	16,951.	10,171.	6,780.	
<b>b</b> Printing and Publications	7,362.	4,418.	2,944.	
<b>c</b> Postage and Shipping	5,356.	3,214.	2,142.	
<b>d</b> THIRD THURSDAYS	3,595.	3,595.		
<b>e</b> MISCELLANEOUS	2,339.	1,403.	936.	
<b>f</b> All other expenses	8,343.	4,907.	3,436.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	466,258.	366,083.	100,175.	0.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	6,430.	1	8,922.
	2 Savings and temporary cash investments	527,552.	2	519,678.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,000.		
	b Less accumulated depreciation.	10b 221,000.	10c	221,000.
	11 Investments — publicly-traded securities	3,616,451.	11	4,740,411.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	28,144.	15	45,095.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	4,399,577.	16	5,535,106.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	10,697.	17	13,366.
	18 Grants payable		18	
	19 Deferred revenue	12,820.	19	7,162.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	23,517.	26	20,528.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	141,418.	27	125,788.
	28 Temporarily restricted net assets	-100,272.	28	764,183.
	29 Permanently restricted net assets	4,334,914.	29	4,624,607.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,376,060.	33	5,514,578.
	34 <b>Total liabilities and net assets/fund balances.</b>	4,399,577.	34	5,535,106.

BAA

Form 990 (2009)

**Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

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?

b Were the organization's financial statements audited by an independent accountant?

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 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 Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

# 2009

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY

Employer identification number

54-1740455

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions
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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 )
- 3 ☐ A hospital or 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 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 )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h  

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III – Functionally integrated	d <input type="checkbox"/> Type III– Other
-----------------------------------	------------------------------------	---	--
- e ☐ 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)
- f ☐ 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
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the supported organizations

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

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 'unusual grants'.)	1,742,127.	1,284,250.	953,987.	855,270.	623,667.	5,459,301.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 <b>Total.</b> Add lines 1-through 3	1,742,127.	1,284,250.	953,987.	855,270.	623,667.	5,459,301.
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)						868,769.
6 <b>Public support.</b> Subtract line 5 from line 4						4,590,532.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,742,127.	1,284,250.	953,987.	855,270.	623,667.	5,459,301.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,488.	98,572.	158,395.	127,646.	98,543.	537,644.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV			262,532.	14,966.	-404,666.	-127,168.
11 <b>Total support.</b> Add lines 7 through 10						5,869,777.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	78.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	72.4 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 2008.** 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 – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33-1/3 support tests – 2009.</b> 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 <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 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 <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



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

[illegible]

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Employer identification number

54-1740455

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	80	37
2 Aggregate contributions to (during year)	237,910.	234,961.
3 Aggregate grants from (during year)	184,730.	2,307.
4 Aggregate value at end of year	4,135,370.	1,253,420.

- 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? ☒ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? ☒ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to 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 (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of 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 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	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 easement it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, 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' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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 are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

1a Beginning of year balance

(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back

4,334,914. 3,973,654.

b Contributions

289,693. 361,260.

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

4,624,607. 4,334,914.

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

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ \_\_\_\_\_ %

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

(i) unrelated organizations

(ii) related organizations

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		221,000.		221,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

221,000.

BAA

Schedule D (Form 990) 2009

N/A

**Total** (Column (b) must equal Form 990 Part X, col (B) line 12) ▶

N/A

**Total.** (Column (b) must equal Form 990, Part X, Col (B) line 13 )

N/A

**Total.** (Column (b) must equal Form 990, Part X, col (B), line 15)

(a) Description of Liability	(b)
1. General liability	
2. Professional liability	
3. Products liability	
4. Contractual liability	
5. Other liability	

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	327,336.
2	Total expenses (Form 990, Part IX, column (A), line 25)	466,258.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-138,922.
4	Net unrealized gains (losses) on investments	1,270,973.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) See Part XIV	6,467.
9	Total adjustments (net) Add lines 4 through 8	1,277,440.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	1,138,518.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,604,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,270,973.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) See Part XIV	2d	6,467.
e	Add lines 2a through 2d	2e	1,277,440.
3	Subtract line 2e from line 1	3	327,336.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	327,336.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	466,258.
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 XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	466,258.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	466,258.

**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.

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<b>Part XIV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY

Employer identification number

54-1740455

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17  
Form 990EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input checked="" type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations          |  |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		AUCTION (event type)	(event type)	(total number)	(Add col (a) through col (c))
	1 Gross receipts	15,739.			15,739.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	15,739.			15,739.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,947.			5,947.
	10 Direct expense summary Add lines 4- through 9 in column (d)				5,947.
	11 Net income summary Combine lines 3, column (d) and line 10				9,792.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a**

%

**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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,' to Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE

Part I General Information on Grants and Assistance

Employer identification number

54-1740455

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any 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

Yes No

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF THE NRV PO BOX 371 CHRISTIANSBURG, VA 24068			13,176.	0.			
HILLEL AT VIRGINIA TECH PO BOX 708 BLACKSBURG, VA 24063			27,870.	0.			
NEW RIVER COMMUNITY ACTION 110 ROANOKE STREET CHRISTIANSBURG, VA 24073			5,550.	0.			
THE COMMUNITY FOUNDATION OF THE PO BOX 6009 CHRISTIANSBURG, VA 24068			41,382.	0.			
VIRGINIA TECH FOUNDATION 2000 KRAFT DR, STE 2100 BLACKSBURG, VA 24061			5,455.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

**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
SCHOLARSHIPS FOR COLLEGE TUITION	32	25,435.			

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Grantmaker's Description of How Grants are Used**

THE FOUNDATION MAKES A DETERMINATION OF EACH GRANTEE'S ELIGIBILITY, INCLUDING PROOF

OF NON-PROFIT STATUS, REVIEWING THE MISSION STATEMENT, AND REVIEWING THE MOST RECENT

FINANCIAL STATEMENTS AND TAX RETURN. GRANTS ARE AWARDED TO ORGANIZATIONS WHOSE

OPERATIONS ARE ALREADY MONITORED BY A THIRD PARTY, SUCH AS NON-PROFITS WHOSE

ACTIVITIES ARE MONITORED BY A NATIONAL BRANCH OR ARE MONITORED BY A FUNDING SOURCE

SUCH AS THE UNITED WAY. IF GRANTS ARE MADE TO GOVERNMENTAL ENTITIES, PROOF OF

APPROPRIATE USE OF FUNDS MAY BE REQUIRED, SUCH AS DOCUMENTATION OF ENABLING PUBLIC

ORDINANCE.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No 1545 0047

**2009**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY**

Employer identification number  
**54-1740455**

**Form 990, Part VI, Line 11 - Form 990 Review Process**

THE EXECUTIVE COMMITTEE REVIEWS THE 990 BEFORE IT IS FILED.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

EMPLOYEES AND BOARD MEMBERS ATTEST ANNUALLY THAT NO CONFLICTS OF INTEREST EXIST  
BETWEEN THEM AND THE ORGANIZATION. MANAGEMENT MONITORS THIS THROUGHOUT THE YEAR.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

THE BOARD OF DIRECTORS USES INFORMAL SURVEYS OF SIMILAR NON-PROFITS, INCLUDING  
REVIEWS OF TAX RETURNS AS WELL AS INTERNET AND OTHER RESEARCH WHEN FORMULATING THE  
BUDGET FOR SALARIES.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

THE FINANCIAL STATEMENTS ARE PUBLISHED IN THE ANNUAL REPORT, WHICH IS MAILED TO  
VARIOUS INDIVIDUALS AND ORGANIZATIONS WITHIN THE NEW RIVER VALLEY. THEY ARE ALSO  
AVAILABLE ON THE FOUNDATION'S AND GUIDESTAR'S WEBSITES. CONFLICT OF INTEREST  
POLICIES ARE PRESENTED DURING THE VARIOUS WORKSHOPS AND RETREATS HELD DURING THE  
YEAR FOR ATTENDING NON-PROFITS AND CIVIC GROUPS.

Employer identification number  
54-1740455

[illegible]

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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY	54-1740455
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 6009	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHRISTIANSBURG, VA 24068	

**Check type of return to be filed** (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► THE ORGANIZATION

Telephone No. ► 540-381-8999

FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)

THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY

54-1740455

## Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
GAIN/(LOSS) FROM SALE OF SECURITIES					
	-404,666.	14,966.	262,532.		
Total	\$ -404,666.	\$ 14,966.	\$ 262,532.	\$ 0.	\$ 0.

2009

**Schedule D, Part XIV - Supplemental Information**

**Page 6**

THE COMMUNITY FOUNDATION OF THE  
NEW RIVER VALLEY

54-1740455

**Schedule D, Part XI, Line 8  
Other Changes In Net Assets Or Fund Balances**

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE

Total \$ 6,467.  
\$ 6,467.

**Schedule D, Part XII, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

INCREASE IN CSV OF LIFE INSURANCE

Total \$ 6,467.  
\$ 6,467.



THE COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY, INC.  
54-1740455  
ATTACHMENT TO FORM 990  
DECEMBER 31, 2009

**PAGE 9 - LINE 7, SALES OF ASSETS (SECURITIES)**

	DATE	PROCEEDS	COST	GAIN/(LOSS)
QUALCOMM INC	1/21/2009	7,012	7,942	(930)
CITIGROUP INC	5/1/2009	3,311	8,613	(5,302)
WELLS FARGO & CO	5/1/2009	4,016	3,088	928
ALCOA INC	6/3/2009	3,955	3,619	336
MCKESSON CORP	7/2/2009	7,817	9,044	(1,227)
AFLAC INC	9/28/2009	12,642	11,648	994
FREEPORT-MCMORAN COPPER & GOLD INC	1/21/2009	2,282	6,429	(4,147)
QUALCOMM INC	1/21/2009	3,506	3,838	(332)
SCHLUMBERGER LTD	1/21/2009	7,782	12,971	(5,189)
UNITED STATES STL CORP	1/21/2009	1,550	3,168	(1,618)
FEDERAL HOME LOAN BANK	2/28/2009	20,000	20,000	-
VANGUARD GNMA FUND	4/3/2009	21,599	20,746	853
ADVANCE AUTO PARTS INC	4/8/2009	4,021	2,927	1,094
FEDERAL HOME LOAN BANK	4/9/2009	25,000	25,000	-
WELLS FARGO & CO	5/1/2009	4,016	6,425	(2,409)
VANGUARD PRIME CAP	5/5/2009	50,456	61,435	(10,979)
VANGUARD CAPITAL OPPORTUNITY FUND	5/5/2009	46,764	49,106	(2,342)
VANGUARD GNMA FUND	5/14/2009	10,000	9,628	372
DEVON ENERGY CORP	6/1/2009	6,664	6,798	(134)
COLGATE PALMOLIVE CO	7/29/2009	7,558	8,012	(454)
SONOCO PRODUCTS CO	7/29/2009	2,614	3,425	(811)
MCGRAW HILL COS INC	8/19/2009	5,750	11,579	(5,829)
VANGUARD HEALTH CARE FUND	8/19/2009	37,087	42,462	(5,375)
UNITED TECHNOLOGIES CORP	8/28/2009	4,751	3,673	1,078
VANGUARD INTER/TERM INVESTMENT FUND	9/16/2009	20,000	20,798	(798)
AFLAC INC	9/28/2009	4,214	6,718	(2,504)
VANGUARD INTER/TERM INVESTMENT FUND	10/2/2009	15,301	15,581	(280)
FEDERAL HOME LOAN MTG	10/5/2009	15,000	15,000	-
FEDERAL FARM CREDIT BK	11/2/2009	50,000	50,000	-
STELLARONE CAPITAL GAIN DISTRIBUTION	VARIOUS	260	-	260
MUTUAL SER FD INC	9/10/2009	7	-	7
FIDELITY PURITAN	1/27/2009	5,750	6,682	(932)
FHLB	7/3/2009	10,000	9,950	50
NATL RURAL UTL	9/28/2009	24,719	25,000	(281)
GABELLI SMALL CAP GROWTH	9/28/2009	5	-	5
ISHARES TR MSCI EMERGING MKTS	10/13/2009	11,790	8,443	3,347
ISHARES TR MSCI EAFE INDEX FD	11/23/2009	22,635	25,480	(2,845)
PRIME FUND CAPITAL RESERVES	11/27/2009	12	-	12
ADVISORS INNER CIRCLE OPPORTUNITY FD	9/15/2009	674	242	432
ALGERS FDS GROWTH FD	12/30/2009	142	132	10
ARTIO GLOBAL INV FUNDS	9/15/2009	10,393	9,271	1,122
ARTIO GLOBAL INV FUNDS	12/30/2009	79	81	(2)
BLACKROCK LARGE CAP VALUE FD	9/15/2009	157	141	16

THE COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY, INC.  
54-1740455  
ATTACHMENT TO FORM 990  
DECEMBER 31, 2009

**PAGE 9 - LINE 7, SALES OF ASSETS (SECURITIES)**

	DATE	PROCEEDS	COST	GAIN/(LOSS)
BRIDGEWAY FD INC	9/15/2009	6,427	5,104	1,323
BRIDGEWAY FD INC	12/30/2009	41	40	1
DODGE & COX FDS	9/15/2009	6,262	4,201	2,061
DODGE & COX FDS	12/30/2009	38	37	1
FORWARD FDS SMALL CAP EQUITY FD	9/15/2009	441	369	72
FORWARD FDS SMALL CAP EQUITY FD	12/30/2009	58	54	4
GOLDMAN SACHTS TR FINL SQUARE MMKT FD	1/9/2009	1,513	1,513	-
GOLDMAN SACHTS TR FINL SQUARE MMKT FD	4/9/2009	1,915	1,915	-
GOLDMAN SACHTS TR FINL SQUARE MMKT FD	9/15/2009	8,670	8,670	-
HARBOR FUND CAP APPRECIATION FD	9/15/2009	14,490	11,393	3,097
HARBOR FUND SMALL CAP VALUE FD	9/15/2009	625	514	111
HARBOR FUND SMALL CAP VALUE FD	12/30/2009	58	54	4
HOTCHKIS & WILEY FDS MID CAP VALUE FD	9/15/2009	890	567	323
HOTCHKIS & WILEY FDS MID CAP VALUE FD	12/30/2009	47	45	2
IVY FD	9/15/2009	6,739	4,016	2,723
KEELEY FUNDS INC	9/15/2009	7,093	6,382	711
KEELEY FUNDS INC	12/30/2009	58	54	4
KINETICS MUT FDS INC	9/15/2009	115	82	33
LEGG MASON VALUE TR	9/15/2009	870	600	270
QUANTITATIVE GROUP FDS	9/15/2009	15,528	9,325	6,203
QUANTITATIVE GROUP FDS	12/30/2009	40	40	-
SATUIT CAP MGMT TR	12/30/2009	30	27	3
TCW FDS INC	12/30/2009	2,165	2,117	48
WELLS FARGO & CO	12/30/2009	49	45	4
ADVISORS INNER CIRCLE OPPORTUNITY FD	9/15/2009	22,069	29,091	(7,022)
ALGERS FDS GROWTH FD	9/15/2009	40,404	54,049	(13,645)
ARTIO GLOBAL INV FUNDS	9/15/2009	108,467	143,024	(34,557)
BLACKROCK LARGE CAP VALUE FD	9/15/2009	20,483	28,716	(8,233)
BRIDGEWAY FD INC	9/15/2009	54,811	88,509	(33,698)
COLUMBIA FUNDS SER TR	9/15/2009	13,978	18,585	(4,607)
DODGE & COX FDS	9/15/2009	52,039	79,585	(27,546)
FORWARD FDS SMALL CAP EQUITY FD	9/15/2009	80,556	113,443	(32,887)
HARBOR FUND SMALL CAP VALUE FD	9/15/2009	87,397	111,623	(24,226)
HARBOR FUND SMALL CAP VALUE FD	1/9/2009	643	788	(145)
HOTCHKIS & WILEY FDS MID CAP VALUE FD	9/15/2009	78,995	119,852	(40,857)
IVY FD	9/15/2009	15,911	34,032	(18,121)
KEELEY FUNDS INC	9/15/2009	80,257	99,875	(19,618)
KINETICS MUT FDS INC	9/15/2009	20,389	24,677	(4,288)
LEGG MASON VALUE TR	9/15/2009	28,928	48,715	(19,787)
QUANTITATIVE GROUP FDS	9/15/2009	50,742	95,836	(45,094)
SATUIT CAP MGMT TR	9/15/2009	50,733	53,757	(3,024)
TCW FDS INC	3/25/2009	12,134	22,407	(10,273)
WELLS FARGO & CO	9/15/2009	71,482	73,544	(2,062)

THE COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY, INC.  
54-1740455  
ATTACHMENT TO FORM 990  
DECEMBER 31, 2009

**PAGE 9 - LINE 7, SALES OF ASSETS (SECURITIES)**

	<u>DATE</u>	<u>PROCEEDS</u>	<u>COST</u>	<u>GAIN/(LOSS)</u>
QUANTITATIVE GROUP FDS	3/17/2009	7,071	-	7,071
NEW PERSPECTIVE FD	9/23/2009	21,025	27,142	(6,117)
NEW PERSPECTIVE FD	10/28/2009	16,077	12,041	4,036
NEW PERSPECTIVE FD	10/28/2009	116,147	153,758	(37,611)
COCA-COLA COMPANY	12/21/2009	22,455	18,004	4,451
TOTALS		<u>1,638,646</u>	<u>2,043,312</u>	<u>(404,666)</u>