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Form **990****Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JULY 1**, 2009, and ending **JUNE 30**, 2010

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.**

Doing Business As

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

PO BOX 670

Room/suite

City or town, state or country, and ZIP + 4

WHEELING, WV 26003

D Employer identification number

31-0908698

E Telephone number

304-242-3144

G Gross receipts \$ 5100190**F** Name and address of principal officer **SUSIE NELSON**

EXECUTIVE DIRECTOR

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CFOV.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1972** **M** State of legal domicile **WV****Part I Summary**

1 Briefly describe the organization's mission or most significant activities **THE FOUNDATION WAS FORMED FOR THE PURPOSE OF SUPPORTING BENEVOLENT CHARITABLE OR EDUCATIONAL UNDERTAKINGS FOR THE OHIO VALLEY**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 17

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 17

5 Total number of employees (Part V, line 2a)

5 2

6 Total number of volunteers (estimate if necessary)

6 0

7a Total gross unrelated business revenue from Part VIII, column (C), line 12.

7a 8883

b Net unrelated business taxable income from Form 990-T, line 34.

7b 2732

8 Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
1810542	505627
0	0
199841	218902
106392	57573
2116775	782102
930339	875865
0	0
84201	90010
0	0
137692	210819
1152232	1176694
964543	-394592
Beginning of Current Year	End of Year
21206406	22662944
2153036	2381617
19053370	20281327

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

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)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13558

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f, 24d)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer *Susie Nelson*

Date *11/12/10*

Type or print name and title *Executive Director*

Paid Preparer's Use Only

Preparer's signature

Glantz CPA

Date

11/11/10

Check if self-employed ☒

Preparer's identifying number (see instructions)

P00706208

Firm's name (or yours if self-employed), address, and ZIP + 4

GLATZ & OBECHNY, PLLC

EIN

▶ 55-0752949

Phone no

▶ 304-232-1358

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

☒ Yes ☐ No

SCANNED DEC 08 2010

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

RECEIVED

NOV 17 2010

OGDEN, UT

IRS-OS

17

5

10

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission.

TO INCREASE A PERMANENT ENDOWMENT THAT CAN RESPOND TO THE CURRENT AND
FUTURE NEEDS OF THE UPPER OHIO 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 \$ 989478 including grants of \$ 875865) (Revenue \$ 23187)
ONE OF THE MOST IMPORTANT FEATURES OF THE FOUNDATION IS ITS ABILITY TO
DISTRIBUTE GRANTS FOR THE BENEFIT OF CHARITABLE OR EDUCATIONAL
UNDERTAKINGS IN THE OHIO VALLEY

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

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

4d Other program services. (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 989478

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	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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	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	10 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	11 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 statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, 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 located outside the United States? If "Yes," complete Schedule F, Part III	16	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	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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	☒	
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		☒
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		☒
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		☒
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		☒
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		☒
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? <i>If "Yes," complete Schedule L, Part I.</i>		☒
25b 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>		☒
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? <i>If "Yes," complete Schedule L, Part II.</i>		☒
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? <i>If "Yes," complete Schedule L, Part III.</i>		☒
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	☒	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		☒
c 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>		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	☒	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		☒
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		☒
34 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>		☒
35 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>		☒
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		☒
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	☒	

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

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
1a Enter the number of voting members of the governing body	1a 17	
b Enter the number of voting members that are independent	1b 17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors 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	X
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	
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section 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	X
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 X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process 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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► WEST VIRGINIA
- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SUSIE NELSON 70 12TH STREET WHEELING WV 26003

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.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSIE NELSON 2077 MIDDLE CREEK, WHEELING WV 26003	40	X						52569	0	0
JEROME B SCHMITT (PRESIDENT) 1 BANK PLAZA WHEELING WV	1			X				0	0	0
EDWARD D GOMPERS (VICE PRES) 117 EDGINGTON LANE WHEELING WV	1			X				0	0	0
DAVID B DALZELL (SECRETARY) 1 BANK PLAZA WHEELING WV	1			X				0	0	0
SUE SEIBERT FARNSWORTH (TREASURER) 1217 CHAPLINE ST WHEELING WV	1			X				0	0	0
MARK C FERRELL 1300 CHAPLINE ST WHEELING WV		X						0	0	0
CARLOS C JIMENEZ MD 800 WHEELING AVE GLEN DALE WV		X						0	0	0
CHARLES J KAISER JR 3 EMERSON RD WHEELING WV		X						0	0	0
JOHN KRAMER DDS 9 N 4TH ST MARTINS FERRY OH		X						0	0	0
MARK MCKEEN 1114 MARKET ST WHEELING WV		X						0	0	0
TULANE MENSORE 267 MAIN ST NEW MARTINSVILLE WV		X						0	0	0
WILLIAM NUTTING 1500 MAIN ST WHEELING WV		X						0	0	0
BOB ROBINSON 228 CARMEL RD WHEELING WV		X						0	0	0
FREDERICK M DEAN ROHRIG PO BOX 128 MIDDLEBOURNE WV		X						0	0	0
JAMES G SQUIBB JR 2 BEECHWOOD DR WHEELING WV		X						0	0	0
JOAN C STAMP 21 BETHANY PIKE WHEELING WV		X						0	0	0

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

(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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILL TURANI 1030 MAIN ST WHEELING WV		X						0	0	0
WILLIAM YAEGER JR 83 EDGINGTON LN WHEELING WV		X						0	0	0
1b Total								52569	0	0

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 **NONE**

- 3** 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*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **NONE**

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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	505627				
	g Noncash contributions included in lines 1a-1f \$		39459				
h Total. Add lines 1a-1f			505627				
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			427359			427359
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			8883		8883	
		(i) Real	(ii) Personal				
	6a Gross Rents	44900					
	b Less: rental expenses	19397					
	c Rental income or (loss)	25503	0				
	d Net rental income or (loss)			25503			25503
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		4109631					
	b Less cost or other basis and sales expenses	4318088					
	c Gain or (loss)	-208457	0				
	d Net gain or (loss)			-208457			-208457
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code				
11a AGENCY FEES		900099	23187	23187			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			23187				
12 Total Revenue. See instructions			782102	23187	8883	244405	

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	875865	875865		
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	48569		43712	4857
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	27117		27117	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6810		6369	441
10 Payroll taxes	7514		7029	485
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19375		19375	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	69644	69644		
g Other	51904	43969	7935	
12 Advertising and promotion				
13 Office expenses	18336		16930	1406
14 Information technology				
15 Royalties				
16 Occupancy	6866		6866	
17 Travel	4847		3397	1450
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16681		11762	4919
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2167		2167	
23 Insurance	2884		2884	
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.)				
a TELEPHONE	1731		1731	
b REPAIRS AND MAINTENANCE	1584		1584	
c DUES AND SUBSCRIPTIONS	5201		5201	
d FORFEITED PROPERTY DEPOSIT	5000		5000	
e FEDERAL INCOME TAX	623		623	
f All other expenses	3976		3976	
25 Total functional expenses. Add lines 1 through 24f	1176694	989478	173658	13558
26 Joint Costs. Check here ☐ 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
Assets	1 Cash—non-interest-bearing	290750	1	937075
	2 Savings and temporary cash investments		2	
	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 696958		
	b Less: accumulated depreciation	10b 105715		
		599628	10c	591243
	11 Investments—publicly traded securities	20316028	11	21134626
	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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	21206406	16	22662944	
Liabilities	17 Accounts payable and accrued expenses	5174	17	6534
	18 Grants payable		18	
	19 Deferred revenue		19	5800
	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	2147862	25	2369283
	26 Total liabilities. Add lines 17 through 25	2153036	26	2381617
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15953372	27	17181329
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	3099998	29	3099998
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19053370	33	20281327
	34 Total liabilities and net assets/fund balances	21206406	34	22662944

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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer identification number

31-0908698

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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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 to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ 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?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									0

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 any "unusual grants")	2298576	1066666	1525537	1810542	505627	7206948
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2298576	1066666	1525537	1810542	505627	7206948
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)						1965756
6 Public support. Subtract line 5 from line 4						5241192

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	2298576	1066666	1525537	1810542	505627	7206948
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	513878	574908	1015926	569181	452862	3126755
9 Net income from unrelated business activities, whether or not the business is regularly carried on				46731	5151	51882
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				20667	23187	43854
11 Total support. Add lines 7 through 10						10429439
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	50.25 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	50.15 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3 % support test—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 ▶ ☐		

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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
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 ► ☐

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

PART II, SECTION B, LINE 10 - OTHER INCOME:

2008

2009

AGENCY FEES RECEIVED

20667

23187

**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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer identification number

31-0908698

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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ 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).

☐ Preservation of land for public use (e g , recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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 easements 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 section 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

1a 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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6911980	7054821			
b Contributions	0	3610			
c Net investment earnings, gains, and losses	64642	122725			
d Grants or scholarships	-181544	-205876			
e Other expenditures for facilities and programs	-527	-125			
f Administrative expenses	-49998	-63175			
g End of year balance	6744553	6911980			

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 46 %

c Term endowment ▶ 0 %

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	43500			43500
b Buildings	635593		91527	544066
c Leasehold improvements				
d Equipment		8709	5841	2868
e Other		9156	8347	809
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				591243

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
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.....		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (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) ▶	

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	-177
	AGENCY LIABILITY	2369460
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►	2369283

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	782102
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1176694
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-394592
4	Net unrealized gains (losses) on investments	4	1622549
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	1622549
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1227957

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	2354404
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1622549
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	19397
e	Add lines 2a through 2d	2e	1641946
3	Subtract line 2e from line 1	3	712458
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	69644
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	69644
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	782102

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

1	Total expenses and losses per audited financial statements	1	1176694
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	0
3	Subtract line 2e from line 1	3	1176694
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1176694

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 V - LINE 4:

ENDOWMENT FUNDS PERMANENTLY RESTRICTED ARE USED TO GENERATE EARNINGS TO
BE USED TO FURTHER THE FOUNDATION'S MISSION TO SUPPORT THE COMMUNITY
OF THE UPPER OHIO VALLEY'S CHARITABLE AND EDUCATIONAL NEEDS.

Part XIV Supplemental Information (continued)

PART XII - LINE 2(d) - OTHER

RENTAL EXPENSES DEDUCTED FROM REVENUE ON 990 19397

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.

Name of the organization
COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer Identification
31-0908698

- 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.

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.

2	Enter total number of section 501(c)(3) and government organizations	44
3	Enter total number of other organizations	0

Schedule I (Form 990) 2009

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.
FORM 990 - SCHEDULE I - 6/30/10

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
ARC of Ohio County 439 Warwood Avenue, Wheeling, WV 26003	55-0567868	501(c)(1)	\$ 5,690	2010 Spring Discretionary Grant Cycle
Beaver Area Memorial Library 100 College Avenue, Beaver, PA 15009	25-1045884	501(c)(1)	10,000	2010 Distributions
Beaver County Humane Society PO Box 63, Monaca, PA 15061	25-1064313	501(c)(1)	10,000	2010 Distributions
Belmont County Agricultural Society PO Box 704, St. Clairsville, OH 43950	34-6597455	501(c)(1)	5,000	General support
Bridgeport School District 55707 Industrial Drive Bridgeport, OH 43912	34-6000327	501(c)(1)	11,579	Education
Brooke County Schools, Brooke High School RD 3 Box 610, Wellsburg, WV 26070		501(c)(1)	15,000	
Brooke Pioneer Trail PO Box 401, Wheeling, WV 26003	55-0761934	501(c)(1)	10,000	Brooke Pioneer Trail Expansion & Connector Project
Catholic Neighborhood Center 125 - 18 th Street, Wheeling, WV 26003	55-0391262	501(c)(1)	6,000	General support and Hunger Relief Efforts in Ohio County.

**COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.
FORM 990 - SCHEDULE I - 6/30/10 (Continued)**

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
Chestnut Grove Presbyterian Church 3701 Sweet Air Road, Phoenix, MD 21131	55-0480299	501(c)(1)	\$ 5,000	2010 Distributions
City of Wheeling 1500 Chapline Street, Wheeling, WV 26003	55-6000271	501(c)(1)	64,324	Street Course Expansion Skate Park Expansion & Shelter
Community Resources, Inc. 601 Avery Street, Parkersburg, WV 26101	55-0661130	501(c)(1)	8,000	2010 Spring Grant
Council of Senior Tyler Countians, Inc. PO Box 68, Middlebourne, WV 26149	55-0584199	501(c)(1)	44,510	Wellness & Fitness Center Improvements
Florence Crittenton Services, Inc. 2606 National Road, Wheeling, WV 26003	55-0751563	501(c)(1)	5,937	2010 Spring Grant Educational
House of the Carpenter 200 S Front Street, Wheeling, WV 26003	55-0751892	501(c)(1)	5,000	Hunger relief efforts in Ohio County
King's Daughters Child Care Center 61 - 13 th Street, Wheeling, WV 26003	55-0359009	501(c)(1)	8,000	Support for youth
Linsly School 60 Knox Lane, Wheeling, WV 26003	55-0357035	501(c)(1)	43,077	General Support, Educational

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.
FORM 990 - SCHEDULE I - 6/30/10 (Continued)

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
Malone University 515 25 th Street NW, Canton, OH 44709	34-0737794	501(c)(1)	10,000	General and Support for the Disabilities Program
Martins Ferry Public Library 20 James Wright Place, Martins Ferry, OH 43935		501(c)(1)	7,500	Matching grant (Computers for library)
Maryland Zoological Society 1876 Mansion House Drive Druid Hill Park Baltimore, MD 21217	52-0996352	501(c)(1)	5,000	2010 Distributions
McMechen Volunteer Fire Department, Inc. Marshall Street, McMechen, WV 26040	55-6020246	501(c)(1)	10,000	General support
Middlebourne Parks & Recreation Facilities, Inc. PO Box 151, Middlebourne, WV 26149	55-0775162	501(c)(1)	55,850	Stealey Green Family Ctr City Park Improvements Christmas Lights Deco.
Middlebourne United Methodist Church PO Box 72, Middlebourne, WV 26149		501(c)(1)	8,968	
Middlebourne/Tyler County VFD 219 Main Street, Middlebourne, WV 26149	55-0687167	501(c)(1)	18,382	Firefighting Breathing Apparatus
Peterkin Conference Center PO Box 5400, Charleston, WV 25361	55-0386958	501(c)(1)	5,000	Camping Scholarships for 2010 Camping Season

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.
FORM 990 - SCHEDULE I - 6/30/10 (Continued)

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
Pundarika Foundation PO Box 57, Crestone, CO 81131	84-1295990	501(c)(1)	10,000	Support for Nuns of the Pundarika Foundation
Sanctuary House PO Box 332, Creston, CO 81131	84-1250488	501(c)(1)	5,000	Construction supplies and Cooling plate
Soup Kitchen of Greater Wheeling, Inc. PO Box 546, Wheeling, WV 26003	55-0639285	501(c)(1)	7,500	Hunger relief efforts in Ohio County
St. John the Divine Greek Orthodox Church 2215 Chapline Street, Wheeling, WV 26003		501(c)(1)	6,825	General support per fund agreement
St. Luke Episcopal Church Food Pantry 200 S Penn Street, Wheeling, WV 26003		501(c)(1)	5,000	Hunger relief efforts in Ohio County
St. Matthew's Episcopal Church 1410 Chapline Street, Wheeling, WV 26003	55-0397070	501(c)(1)	11,000	Hunger relief efforts in Ohio County & Music Fund
Talmar Gardens and Horticultural Center 1994 Cromell Bridge Road, Baltimore, MD 21234	52-2165052	501(c)(1)	5,000	2010 Distributions
The Oglebay Foundation Route 88 North, Wheeling, WV 26003	55-0750128	501(c)(1)	11,621	Access to the parks. AEP vac, 2010 distributions

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.
FORM 990 - SCHEDULE I - 6/30/10 (Continued)

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
Trinity Evangelical Lutheran Church 302 Bennett Street, Bridgeport, OH 43912	34-6622670	501(c)(1)	28,121	General support
Tyler County Board of Education PO Box 25, Middlebourne, WV 26149	55-6000405	501(c)(1)	25,720	Boreman Elementary gen. Defibrillator batteries
Tyler County Emergency Squad Unit One PO Box 605, New Martinsville, WV 26155	23-7358000	501(c)(1)	7,893	Ambulance equipment
Tyler County Public Library PO Box 124, Middlebourne, WV 26149	55-0530702	501(c)(1)	13,421	General operating expenses
United Way of the Upper Ohio Valley 51-11th Street, Wheeling, WV 26003	55-0479446	501(c)(1)	93,484	General support
University of Pittsburgh, Student Payment Center G7 Thackeray Hall, Pittsburgh, PA 15260		501(c)(1)	10,000	Power of 32
Valley Hospice 132 Peters Run Road, Wheeling, WV 26003	34-1459104	501(c)(1)	10,000	General support
Webark Estates, Inc. PO Box 918, Moundsville, WV 26041	02-0644795	501(c)(1)	10,000	General support

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

FORM 990 - SCHEDULE I - 6/30/10 (Continued)

<u>Name and address</u>	<u>EIN</u>	<u>IRC Code</u>	<u>Amount of Cash Grant</u>	<u>Purpose of Grant or Assistance</u>
West Virginia Medical Foundation PO Box 4106, Charleston, WV 25364	02-0543681	501(c)(1)	10,000	Health, General
West Virginia Railroad Museum, Inc. PO Box 203, Elkins, WV 26241	30-0138462	501(c)(1)	5,000	2010 Distributions
Wheeling Health Right 61 29 th Street, Wheeling, WV 26003	31-1149085	501(c)(1)	39,129	Health, General
Wheeling Park Commission Route 88 North, Wheeling, WV 26003	55-6000271	501(c)(1)	42,274	Festival of Lights Upgrade to LED Lights

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
 ► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

2009

Open To Public Inspection

31-0908698

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer identification number

31-0908698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional-interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	39459	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.)				
26 Other ► (.)				
27 Other ► (.)				
28 Other ► (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X

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

PART I - LINE 9 - COLUMN b:

THE FOUNDATION IS REPORTING THE RECEIPT OF FIVE SEPARATE

NON-CASH CONTRIBUTIONS TOTALING 39459

**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

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer identification number

31-0908698

PAGE 6 - PART VI - LINE 12c:

THE FOUNDATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE BY REQUIRING ANNUAL WRITTEN STATEMENTS BE DELIVERED TO THE
EXECUTIVE DIRECTOR DISCLOSING THE CORPORATIONS, PARTNERSHIPS, OR OTHER
ENTITIES OF WHICH THE BOARD MEMBER, STAFF MEMBER, OR IMMEDIATE FAMILY
MEMBER IS AN OFFICER, DIRECTOR, PARTNER, OR SUBSTANTIAL STOCKHOLDER, OR
OWNER AND WHICH HAVE, OR MIGHT REASONABLY BE EXPECTED TO HAVE, BUSINESS
OR FINANCIAL DEALINGS WITH THE COMMUNITY FOUNDATION FOR THE OHIO
VALLEY, INC.

PAGE 6 - PART VI - LINE 15a AND b:

THE FOUNDATION'S BOARD OF TRUSTEES EVALUATES THE PERFORMANCE OF
COMPENSATED PERSONNEL AND REASONABLY DETERMINES INCREASES TO SALARIES.
IN THE INSTANCE OF NEW EMPLOYEES, COMPENSATION IS DETERMINED BY THE
SKILL AND EXPERIENCE LEVEL TO ADEQUATELY COMPENSATE THAT INDIVIDUAL.

PART 6 - PART VI - LINE 19:

THE FOUNDATION MAKES AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST.

Name of the organization

COMMUNITY FOUNDATION FOR THE OHIO VALLEY, INC.

Employer identification number

31-0908698