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16820

Form

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public

	That I to got a cool	7100	The digamentation may have to use a copy of this return to satisfy state	<del></del>	i ements	1 inspection
<u> </u>	For the 2009 c	alendar y	ear, or tax year beginning $07/01/09$ , and ending $06/30/1$	0	•	
В	Check if applicable	Please	C Name of organization CENTER IN THE SQUARE ENDOWMENT		D Empl	oyer identification number
П	Address change	use IRS	FOUNDATION			
$\exists$	Name change	label or print or	Doing Business As		54	-1775412
	Maille Glange	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	1	none number
	Initial return	See	ONE MARKET SQUARE	roomisane		0-342-5700
	Termination	Specific	City or town, state or country, and ZIP + 4		T	
一	Amended return	Instruc- tions	ROANOKE VA 24011		G Gross rec	elpis 32,333
님	Antended return				4	
$\square$	Application pending	Nam	e and address of principal officer		1 ' '	a group return for
					H(b) Are a	Laffiliates
		ŀ			includ	ed? Yes No
				<del></del>	- If "No	attach a list. (see instructions)
<del></del>	Tax-exempt stat		501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	· · · · · · · · · · · · · · · · · · ·	4	
_		N/A			H(c) Group	exemption number
	Type of organization			Year of formation		M State of legal domicile
<u>_P</u>	Parti S	umma	ry			
	,		he organization's mission or most significant activities			
0	TO	ESTAB:	LISH A PERMANENT ENDOWMENT FUND THE INCOME FROM			
anc.	WHI	CH IS	TO BE USED TO SUPPORT THE WESTERN VIRGINIA			
Ë	FOU					
ove.	2 Check t	his box 🕨	f the organization discontinued its operations or disposed of more than 25%	of its net asset	s	
& Governance			members of the governing body (Part VI, line 1a)		3	9
⊇ĕ			endent voting members of the governing body (Part VI, line 1b)		4	9
Σį			employees (Part V, line 2a)		5	0
Activities A	1		volunteers (estimate if necessary)		6	0
' <b>~</b>	Į.		ated business revenue from Part VIII, column (C), line 12		7a	
,	_		siness taxable income from Form 990-T, line 34		7b	0
<u>,                                     </u>	B 14ct driit	ciated bu	siness taxable medific from 1 offit 530-1, line 54	Prior Ye		Current Year
)	8 Contribu	utions an	d grants (Part VIII, line 1h)		8,674	300
) <u>§</u>			revenue (Part VIII, line 2g)		•	
Revenue	I -		ne (Part VIII, column (A), lines 3, 4, and 7d)		5,463	32,233
8	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<del>, , , , , , , , , , , , , , , , , , , </del>	
1	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	4,137	32,533
<u> </u>	1		ar amounts paid (Part IX, column (A), lines 1–3)	<del>-</del>	-, -,	32,333
	1		or for members (Part IX, column (A), line 4)			<del></del>
	1	•	ompensation, employee benefits (Pan-IX, cotumn(A), lines 5–10)			
penses			· · · · · · · · · · · · · · · · · · ·	-		
ë			Iraising fees (Part IX, column (A), line 110) VE			
Exp	b lotal tu	naraising	expenses (Part IX, column (70), line 25)			F0 000
_	17 Other ex	xpenses	(Part IX, column (A), lines (1/a-110, 1/1-24) 2010 Add lines 13-17 (must equal Part IX, column (A), line 25		-	50,000
			Add lines 13–17 (must equal-Part IX, column (A), line 25		4 4 5 5	50,000
0	19 Revenu	e less ex	penses Subtract line 18 from line 12 [ ]		4,137	-17,467
Net Assets or Fund Balances	20 Total	sets (De	1 X June 16)	Beginning of Cu		End of Year 3 771 051
Sse Bala	20 Total as		t X, line 16)	3,50	7,045	3,771,951
t de	21 Total lia	•	art X, line 26)	2 50	7 045	2 771 051
			d balances Subtract line 21 from line 20	3,50	7,045	3,771,951
			re Block			
	U ar	nder penal nd belief, it	ties of perjury, I declare that I have examined this return, including accompanying schedules an is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	id statements, and	to the best o	f my knowledge v knowledge
٠.	l .			auton or willow pro		
Sig			- James C. Alex			8-10
He	re	Signatu	re of officer		Date	
		ر ,	ames C. Sears Secretary			
		Type or	print name and title			
D - 1	Pr	eparer's	Date Date	Check	ıf	Preparer's identifying number (see instructions)
Pa	IQ si	gnature	1 / ah / woll	self- employ	/ed ▶	P00687283
	eparer's		SPENCER HAGER & MOSDELL P.C.		EIN D	54-1467814
Us	C C ,	rm's name self-emplo	D O DOY 1165		Phone	
		dress, and	· · ·			540-985-0308
Mav	the IRS discu	ss this re	turn with the preparer shown above? (see instructions)		110	Yes No
			work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
DAA			,p			7 01111 0 00 (2009)

Form 990 (2009)	CENTER IN THE SQU	ARE ENDOWMENT	54-1775412		Page 2
Part III S	tatement of Program Servi	ce Accomplishments			
	be the organization's mission				
	BLISH A PERMANENT				
	S TO BE USED TO SU		I VIRGINIA		
FOUNDAT:	ION FOR THE ARTS &	SCIENCES			
-	nization undertake any significant pro	ogram services during the year whic	h were not listed on		
· ·	m 990 or 990-EZ?				Yes X No
	cribe these new services on Schedu				
3 Did the organ	nization cease conducting, or make	significant changes in how it conduc	ts, any program		Yes X No
	cnbe these changes on Schedule O				Tes _A No
	e exempt purpose achievements for	each of the organization's three large	est program services by expenses		
	(c)(3) and 501(c)(4) organizations an			and	
	o others, the total expenses, and rev				
4a (Code	) (Expenses \$	50,000 including grants of \$	) (Re	venue \$	
	F OF UNCOLLECTIBLE		, (	•	•
4b (Code	) (Expenses \$	including grants of \$	) (Re	venue \$	
4c (Code	) (Expenses \$	including grants of \$	) (Re	venue \$	
4d Other progra	am services (Describe in Schedule (	0)			
(Expenses		ding grants of \$	) (Revenue \$		)
4e Total progr	ram service expenses 🕨	50,000		•	

70	If I V Cliecklist 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)			٨
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	NJ	<u> </u>
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
0	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	
1	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 related 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	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
b				٦,
	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		ĺ	<b>.</b>
	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?			<b>.</b>
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes" complete Schedule H	20	I	iΛ

orm	1 990 (2009) CENTER IN THE SQUARE ENDOWMENT 54-17/5412		P	age 4
Pa	art IV Checklist of Required Schedules (continued)	<del></del>		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		┢┻
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- 22		_ A
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			x
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	240		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	N	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	14)	<u> </u>
С	·	24-	•0	٨
	to defease any tax-exempt bonds?	24c		<b>-</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N	<u> </u>
25a		25-		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Α.
þ	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	254		х
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		1
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?	27	ĺ	x
	If "Yes," complete Schedule L, Part III			-
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	x
a		200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		<u> </u>
С	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
		28c		x
20	Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 55		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JŁ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
<b>J</b>	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		X

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

Form 990 (2009)

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns. Enter-0if not applicable Enter the number of forms W.S. Chaulded in line 1 & Enter-0if not applicable Color the organization comply with backup withholding rides for reportable payments to vendors and reportable gaming (gambridg) without payments. The provided in the color of the color		•				Yes	No
be first the number of Forms W-20 included in line 1s. Enter -0-4 not applicable c Did the origanization comply with beakup withholding rules for reportable parming (granding) winnings to prize winners?  2a. Enter the number of employees reported or Form W-3, Transmittal of Wage and Tax Statements, Red for the calendary are anding with or within the year covered by this return b If at least one is reported on line 2a, old the origanization file all required decral employment tax returns? Note. If the sum of lens 1 and 2 at 2 is greater than 250, you may be required to -6fe this return (see institutions) D If the origanization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a. X.  If 'Yes,' has at filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  4b. At any time during the calendar year, did the origanization 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 accounts of the prize of the origanization 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 accounts?)  8b. If 'Yes,' relate the name of the foreign country (such as a bank account, securities account, or other financial accounts?)  9c. If 'Yes, 'I will be Such accounts and filing requirements for Form TD F-90-22.1. Report of Foreign Bank and Financial Accounts.  9c. If 'Yes, 'I will be Such accounts and filing requirements for Form TD F-90-22.1. Report of Foreign Bank and Financial Accounts.  9c. If 'Yes, 'I will be Such accounts and the origanization file form 8886-T, Disclosure by Tax-Exempl Entity Regarding Prohibetof as whelled party in the filing the prohibetof as whelled party has a contributions or gift were not lax deductible?  9c. If 'Yes, 'I will be origanization and party or prohibetof as a whelled transaction?  9c. If 'Yes,' 'I will be o	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamma (gambling) winnings to prize winnings?  2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this neturn  I if all teads one is exported on the 2a did the organization file all required federal employment tax returns?  Note. If the sum of fines it and 2 as greater than 250, you may be required to selfe this return (see instructions)  3b I of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3c I was a filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O  3b I/I A  3c I was a filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O  3c I was a filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O  3d I/I A  3d I was a filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O  3d I/I A  4d I was the company the celledary 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 accounts are not the foreign country (such as a bank account, securities account, or other financial accounts are not the foreign country (such as a bank account, securities account, or other financial accounts are not the security over, a financial account in a foreign country (such as a bank account, or other financial accounts are not the security over, a financial account in a foreign country (such as a bank account provided the financial accounts are not the security of the organization and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5d I was the organization and applies party notify the organization in file form 8288-7. Declosure by Tax Exempt Entity Regarding Prohibited Tax		U.S. Information Returns. Enter -0- if not applicable	1a	0			
gamming (sambling) womanings to prize womens?  Statements, flied for the calendar year ending with or within the year covered by this return  If at least one is reported on Form W-3, Transmittal of Wage and Tax  Statements, flied for the calendar year ending with or within the year covered by this return  If at least one is reported on time 2, and the organization file all required feed reinployment tax returns?  Note, if the sum of fires 1 and 25, out on way the required ten-file this return (see institutions)  If at least one is reported on time 2, and the organization file all required feed reinployment tax returns?  If Yes, and filed a Form 990-T for this year? If Yos, "prowde an explanation in Schedule O  If Yes, and filed a Form 990-T for this year? If Yos," prowde an explanation in Schedule O  If Yes, and filed a Form 990-T for this year? If Yos," prowde an explanation in Schedule O  If Yes, and filed a Form 990-T for this year? If Yos," prowde an explanation in Schedule O  If Yes, and filed a Form 990-T for this year? If Yos," prowde an explanation in Schedule O  If Yes, enter the name of the foregan country or year year year year.  If Yes, enter the name of the foregan country or year.  If Yes, a comparison or party to a prohibited tax shelter transaction or the state of the foregan Bank and Francial Accounts  If Yes, and the year year year year.  If Yes, and year year year year year year year year	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wape and Tax Sistements, Refer for the calendary year endony with or within the year covered by this return  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 1s and 2a is greater than 250, you may be required to e-file hits return (see instructions)  3b. Did the organization have unreliated business gross income of \$1,000 or more during the year covered by this return?  3c. Value of the organization have unreliated business gross income of \$1,000 or more during the year covered by this return?  3c. Value of the organization have unreliated business gross income of \$1,000 or more during the year covered by this return?  3c. Value of the organization have a number of the foreign country to year, a financial account in a foreign country to year, a financial account in a foreign country to year, a financial account in a foreign country to year.  3c. Value the granization is of the great of the organization have an interest in, or a signature or other authority over, a financial accounts.  3c. Value the granization and financial requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  3c. Value the granization and financial requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  3c. Value the granization and financial requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  3c. Value the granization and that was or as a partly to a prohibited tax shelter transaction?  5c. Value of the value of the granization financial reports that a financial report of the granization and granization reliable to the granization reliable to the granization reliable to the granization reliable to the granization reliable or the g	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
Statements, fleed for the calendary year ending with or within the year covered by this return.  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see institutions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If If Yes, 'has a filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  Jab A.  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 Series (over, a financial account in Series)  If 'Yes,' effect the name of the foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' effect the name of the foreign country    See the instructions for exceptions and fling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  So    Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  So    If 'Yes,' ende is 6 or 5th, and the organization this I was or is a party to a prohibited tax shelter transaction?  If 'Yes,' the 5 of 5th, and the organization this I was or is a party to a prohibited tax shelter transaction?  If 'Yes,' and the organization and organization the Foreign 8865. This closure by Tax-Exemple Entity Regarding Prohibited Tax Shelter Transaction?  If 'Yes,' indicates the number of Foreign 8865. This closure by Tax-Exemple Entity Regarding Prohibited Tax Shelter Transaction?  If 'Yes,' indicates the the organization the Foreign 8865. This closure by Tax-Exemple Entity Regarding Prohibited Tax Shelter Transaction?  If 'Yes,' indicates the number of Foreign 8865. This closure by Tax-Exemple Entity Regarding Prohibited Tax Shelter Transaction?  If 'Yes,' indicates the number of Foreign 8825 it is closure seed to the polarity of the organization receive a paym		gaming (gambling) winnings to prize winners?	. ,		1c		_X_
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 1s and 2a is greater than 250, you may be required to e-file this return (see instructions)  about the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  about 4 A any time during the calendary year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts account?)  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 Was the organization is partly to a prohibited tax sheller fransaction at any time during the tax year?  5a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
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over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?  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  If Yes, it on the said of the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, it on the said of the organization that it was or is a party to a prohibited tax shelter transaction?  If Yes, it on the said of the different 888-7, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  Does the organization shall name annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible?  If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Did the organizations that may receive deductible contributions under section 170(c).  Did the organization receives a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  The said the organization notify the donor of the value of the goods or services provided?  The said the organization notify the donor of the value of the goods or services provided?  The said the organization ontify the donor of the value of the goods or services provided?  The said the organization ontify the donor of the value of the goods or services provided?  The said the organization ontify the donor of the value of the goods or services provided?  The said the organization ontify the donor of the value of the goods or services provided?  The organization on the said the organization of the said the organization on the promise said the organization of the said the organization on the said the organization of the said the organization of the said the organization of the said the organiz					36	-N.	4
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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?  58a X  58b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  70 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?  50 If "Yes," did the organization notify the donor of the value of the goods or services provided?  51 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  51 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  52 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  53 Did the organization of qualified intellectual property, did the organization file a Form 1098-C as required?  54 For contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  55 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and valued funds and section 509(a)(3) supporting organizations maintaining donor advised funds.  56 Did the organizations make any taxable distributions under section 49667  57 Did the organization make any taxable distributions under section 49667  58 Sponsoring organizations maintaining donor advised funds.  59 Did the organization make any taxable distributions under section 49667  59 Did the organization make any taxable distributions under section 49667  59 Did the organization make any taxable distributions under section 49667  59 Did the organization make a distribution under section 49667  50 Gross receip	-		J		5c	N	Α
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and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  f Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	7	Organizations that may receive deductible contributions under section 170(c).					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization individed intellectual property, did the organization file a Form 1098-C as required?  8 Sponsoring organizations anintaining 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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 909, Part VIII, line 12, for public use of club facilities  10 Jan. A  10 Jan. A  11 Jan. A  12 A  Section 504(2)(11) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
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	<u>D</u>	in rest, enter the amount of tax-exempt interest received or accrued during the year	120		Forn	990	(2000)

Form 990 (2009) CENTER IN THE SQUARE ENDOWMENT 54-1775412 Page 6 Governance. Management. and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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 Enter the number of voting members of the governing body Enter the number of voting members that are independent 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 2 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Х 8a Each committee with authority to act on behalf of the governing body? X 8b 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 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? X 10a 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? N 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Х 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 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. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE 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 Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > THE FOUNDATION 1 MARKET SOUARE ROANOKE

540-342-5701

VA 24011

Form 990 (2009) CENTER IN THE SQUARE ENDOWMENT

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Page 7

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

(A) Name and Title	(B) Average	Pos	ition /		C) kali i	hat ap	ואומר	(D) Reportable	(E) Reportable	(F) Estimated
Name and Tibe	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL WARNER										,
BOARD CHAIRMAN		<u> </u>		L	<u> </u>	<u> </u>		0	0	0
THOMAS BROCK, JR		1						_	_	_
BOARD VICE CHAIRMAN		X	ļ	ļ	<u> </u>	_		0	0	
JOHN G. ROCOVICH,	JR.									
BOARD TREASURER		X				<u> </u>		0	0	<u>C</u>
JAMES C. SEARS									•	
BOARD SECRETARY	<del></del>	X	-	-	_			0	0	<u>_</u>
-	III	x		i						
BOARD MEMBER GLEN C. COMBS		^	<b></b>			-		0	0	C
BOARD MEMBER		x						o	0	d
T. JOE CRAWFORD		1			$\vdash$	<del> </del>				
BOARD MEMBER		x						o	0	o
H. LAWRENCE DAVID	SON	+		l		<b> </b>				
BOARD MEMBER		x						ol	0	C
ROBERT C. LAWSON,	JR.									
BOARD MEMBER		x						ol	0	C
				-						·

Pa	rt VII Se	ction A. Officers	Directors, Trus	tees	, Ke	y En	plo	yees	and	d Highest Compensated E	mployees (continued)			
	(A Name ar		(B) Average hours per	<u> </u>		chec	<del>,                                    </del>	hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount of	
			week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	con f org ar	other mpensation from the ganization d related ganizatior	on d
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						-								
1b	Total		·			L	l		▶	<u> </u>				
2	Total number					ose	listed	abo	<del></del>	who received more than \$1	00,000 in	<u> </u>		
	reportable co	mpensation from	the organization I		0								Ye	s No
3	Did the organ	ization list any for line 1a? If "Yes,"	rmer officer, direc	tor c	oritru:	stee	, key	emp	loye	ee, or highest compensated			3	x
4	For any indivi	dual listed on line	1a, is the sum of	герс	ortab	le co	mpe	ensat	ion a	and other compensation from complete Schedule J for su	m Ich			<del>                                     </del>
5	individual		-							unrelated organization for			4	X
	services rend	ered to the organies	ization? If "Yes,"										5	X
1	Complete this		e highest comper	sate	d ind	lepe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of			
			(A) business address							Descrip	(B) tion of services		Compe	) nsation
										<del>-</del>				
											.,			
					_									
2		of independent co						to th	ose	listed above) who received			0	<del></del>
DAA				. 341						· · · · · · · · · · · · · · · · · · ·	-1-3 1-1	E		90 (2009)

Рa	<u>rt VI</u>	Statement of Reve	nue						
	•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							revenue	revenue	512, 513, or 514
ts ts	1a	Federated campaigns	1a						
	b	Membership dues	1b			1		,	<b>1</b>
ΒE	c	Fundraising events	1c			ŕ		,	<b>‡</b>
ifts	٦	Related organizations	1d			1		:	•
2,5	u		1e						
Sic	e	Government grants (contributions)	16						ŧ
들힐	Т	All other contributions, gifts, grants, and similar amounts not included above			200			,	<b>‡</b>
윤등		ļ	1f		300				
o D	g	Noncash contributions included in lines 1a-1	if \$		1				<b>‡</b>
Program Service Revenue   Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f			<b>•</b>	300		-	
e e					Busn. Code			,	
Ven	2a								
æ	b								
<u>.</u> 2	С								
ē	d								
E S	e								
gra	•	All other program service reven							
e e	_	Total Add lines 2a-2f	ide		<b></b>				
$\dashv$									
	3	Investment income (including d	iviaenas	s, interesi		22 222	22 222		
		other similar amounts)			<b>&gt;</b>	32,233	32,233		
	4	Income from investment of tax-	exempt	poud bro	T T				
	5	Royalties			<b>•</b>				
		(ı) Real		(II) P	ersonal				<b>!</b> ,
	6a	Gross Rents							
	b	Less rental exps					,		
	С	Rental inc or (loss)							,
	d	Net rental income or (loss)			<b>&gt;</b>				
	7a	Gross amount from (i) Securities	3	(11)	Other				,
		sales of assets other than inventory							
	h	Less cost or other							1
	_	basis & sales exps							<b>[</b>
	_								Ī
		Gain or (loss)	1		<b>—</b>	:			Ť
		Net gain or (loss)	г						<u> </u>
enue	ва	Gross income from fundraising ever	າເຮ						•
eu		(not including \$	- 1						<u> </u>
ě		of contributions reported on line 1c)	1						į.
Other Reve		See Part IV, line 18	a			į			
Ę		Less direct expenses	ь[						-
		Net income or (loss) from fundr		events	<b>•</b>				
	9a	Gross income from gaming activities	s			`	<del>.</del>		
		See Part IV, line 19	a	<del></del>					
	b	Less direct expenses	ь						
	С	Net income or (loss) from gami	ng activ	rities	<b>&gt;</b>				
	10a	Gross sales of inventory, less	ſ						
		returns and allowances	a		l				į
	ь	Less cost of goods sold	ьГ						ŧ
		Net income or (loss) from sales	of inve	ntory	<b>•</b>			,	İ
	Ť	Miscellaneous Revenue			Busn, Code			,	
	11a		_						
	b				<del> </del>				
					1				
	C	All other revenue			<del>                                     </del>			<del> </del>	<del></del>
	d	All other revenue							<del> </del>
	e	Total. Add lines 11a-11d				20 522	20.022	^	-
	12	Total Revenue. See instruction	าร		. ▶	32,533	32,233	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

					(-)-
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)		<del></del>		
9 10	Other employee benefits Payroll taxes		·		
11	Fees for services (non-employees)	-			
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees				
g	Other				<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16 17	Occupancy Travel		<del> </del>		
18	Payments of travel or entertainment expenses		· <del></del>		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23	Insurance			····· - · · · · · · · · · · · · · · · ·	
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 )				
а	W/O UNCOLLECTIBLE PLEDGE	50,000	50,000		
b					
C					
d					
e f	All other expenses			<u>.</u> ,	
25	Total functional expenses. Add lines 1 through 24f	50,000	50,000		
26	Joint costs. Check here ▶ 1f 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				<u> </u>

Form Par		(2009) CENTER IN THE SQUARE EI  Balance Sheet	NDOMMENT.	54-1775412	Page 11			
+ 61	£ /	C Dalation Officer		(A)	(B)			
				Beginning of year	End of year			
	1	Cash—non-interest bearing		1	1			
ĺ	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net		50,000	3			
- 1	4	Accounts receivable, net			4			
	5	Receivables from current and former officers, directors, tr	ustees, key					
		employees, and highest compensated employees Compl						
		Schedule L		5				
	6	Receivables from other disqualified persons (as defined u	nder section					
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Complete					
		Part II of Schedule L						
Assets	7	Notes and loans receivable, net		491,191	402,113			
SS	8	Inventories for sale or use		8	8			
⋖	9	Prepaid expenses and deferred charges		9	9			
-	10a	Land, buildings, and equipment cost or			1			
		other basis Complete Part VI of Schedule D	10a					
	þ	Less accumulated depreciation	10b		0c			
-	11	Investments—publicly traded securities	2,965,854 1	1 3,369,838				
1	12	Investments—other securities See Part IV, line 11	1	2				
1	13	Investments—program-related See Part IV, line 11	1	3				
'	14	Intangible assets		1	4			
	15	Other assets See Part IV, line 11			5			
<u></u>	16	Total assets. Add lines 1 through 15 (must equal line 34)	ı	3,507,045 1	6 3,771,95			
	17	Accounts payable and accrued expenses		1	7			
- 1	18	Grants payable	1	8				
·	19	Deferred revenue		1	9			
:	20	Tax-exempt bond liabilities		2	20			
es :	21	Escrow or custodiał account liability Complete Part IV of	Schedule D	2	!1			
Liabilities	22	Payables to current and former officers, directors, trustee	s, key 「					
api		employees, highest compensated employees, and disqua	lified					
<u> </u>		persons Complete Part II of Schedule L		<del></del>	22			
- 1:	23	Secured mortgages and notes payable to unrelated third	•	<del></del>	23			
	24	Unsecured notes and loans payable to unrelated third par	rties		24			
ľ	25	Other liabilities Complete Part X of Schedule D		· · · · · · · · · · · · · · · · · · ·	25			
	26	Total liabilities. Add lines 17 through 25	a		26			
Balances		Organizations that follow SFAS 117, check here ▶ [2]	⊈ and					
일		complete lines 27 through 29, and lines 33 and 34		1 _	🕴			
ala	27	Unrestricted net assets			27			
<b>⊞</b>   ∶	28	Temporarily restricted net assets			28 2 771 051			
Fund	29	Permanently restricted net assets		3,507,045 2	3,771,951			
屲		Organizations that do not follow SFAS 117, check her		I .				
5		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds		30				
SS	31	Paid-in or capital surplus, or land, building, or equipment			31			
~	32	Retained earnings, endowment, accumulated income, or	omer tunas		32 3,771,951			
<u> </u>	33	Total net assets or fund balances			$\frac{3}{3}$ $\frac{3}{771}$ , $\frac{3}{951}$			
	<u>34</u>	Total liabilities and net assets/fund balances		3,301,043 3	,4 J,111,3J1			

Form 990 (2009)

Form	990 (2009) CENTER IN THE SQUARE ENDOWMENT 54-1775412		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting		,	
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u></u>
	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	,		ι.
	the Single Audit Act and OMB Circular A-133?	3a	N,	<b>[</b> /_

**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

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER IN THE SQUARE ENDOWMENT FOUNDATION

Employer identification number 54-1775412

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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 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 Type I Type II c Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(lı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (vi) Is the (v) Did you notify (vii) Amount of (t) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization the organization in organization in col organization (described on lines 1-9 in col (i) listed in your support col (i) of your (I) organized in the above or IRC section governing document? support? US2 (see instructions)) No

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

CENTER IN THE SQUARE ENDOWMENT 54-1775412 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 23,428 10,569 15,233 8,674 300 58,204 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 23,428 8,674 300 Total. Add lines 1 through 3 10,569 15,233 58,204 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) Public support. Subtract line 5 from line 4 58,204 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 8,674 23,428 10,569 15,233 300 58,204 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 5,463 32,233 37,696 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 95,900

12	Gross receipts from related activities, etc. (see instructions)	12
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 60.69 %

14	Public support percentage for 2009 (line 6, column (1) divided by line 11, column (1))	<u> </u>	80.8378
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	43.16%
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.

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.

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

Schedule A (Form 990 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.)

Sec	tion A. Public Support	cked the box t	on line 9 of Fa	irt 1.)			<del></del>
	lendar 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						
С	Add lines 7a and 7b	ļ	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	<u> </u>		· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						· · · · · · · · · · · · · · · · · · ·
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			ļ			
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						
С	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)	1					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	%
16	Public support percentage from 2008 Schei	* *	-			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (lin			column (f))		17	%
18	Investment income percentage from 2008 \$		· · · · · · · · · · · · · · · · · · ·			18	%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	nore than 33 1/3 %,	and line	
	17 is not more than 33 1/3 %, check this bo						▶ []
þ	33 1/3 % support tests—2008. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check this	s box and stop he	re. The organization	on qualifies as a pul	blicly supported org	anization	▶ 🗌
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	and see instructions	<b>S</b>	▶ □

Schedule A (Form 990 or 990-EZ) 2009 CENTER IN THE SQUARE ENDOWMENT

54-1775412

Page 4

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.

SCHEDULE D

## Supplemental Financial Statements

OMB No 1545-0047

(Form 990) ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Department of the Treasury Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number CENTER IN THE SQUARE ENDOWMENT FOUNDATION 54-1775412 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 conferning impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line Part II 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 certified historic structure Preservation of open space 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

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

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

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

Assets included in Form 990, Part X

<b>&gt;</b>	<b>\$</b> _	_	_	_			_
•	\$_	_	_	_	_	_	_

sche	dule D (Form 990) 2009 CENTER IN	THE SQUARE EL	ADOMMENT.	54.	-1775412	Page 2
Pa	rt III Örganizations Maintaining (	Collections of Art, H	istorical Treas	ures, or Oth	ner Similar Asse	ts (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check a	iny of the following t	hat are a signifi	cant use of its	
а	Public exhibition	d Loan or	exchange program	s		
b	Scholarly research	e Other	J- F - J I			
c	Preservation for future generations	J J				-
4	Provide a description of the organization's collect	tions and explain how they	further the organiza	ation's exempt p	ourpose in	
5	During the year, did the organization solicit or re-					
<u> </u>	assets to be sold to raise funds rather than to be				- 1 (1)/ 11 1 - 5	Yes No
۳a	rt IV Escrow and Custodial Arrar	-	•	tion answer	ed "Yes" to Form	1 990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian of	or other intermediary for co	ntributions or other	assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following tal	ole			
	r				<u></u>	Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	-
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV	, , ,				
	ert V Endowment Funds. Comple	te if organization ans	wered "Yes" to	Form 990	Part IV line 10	
		(a) Current year	(b) Prior year	(c) Two years b		pack (e) Four years back
1a	Beginning of year balance	3,507,045	3,839,110	(-,	(-,	(-)
b	Contributions	300	8,674			*****
_	Net investment earnings, gains,	300	- 0,0,1			
·	and losses	264,606	-340,739			
_		204,000	-340,733	·····		
	Grants or scholarships					
е	Other expenditures for facilities	_				
_	and programs					
t	Administrative expenses	2 551 251				
g	End of year balance	3,771,951	3,507,045			
2	Provide the estimated percentage of the year en	d balance held as				
а	Board designated or quasi-endowment	<b>-</b> %				
b	Permanent endowment ► _100.00%					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	n of the organization that a	ire held and adminis	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(ı) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(II), are the related organizations lis	ted as required on Schedu	le R?			3b N A
4	Describe in Part XIV the intended uses of the organization	ganization's endowment fu	nds			•
Рa	rt VI Investments—Land, Buildin	gs, and Equipment.	See Form 990	Part X, line	e 10.	
	Description of investment	(a) Cost or other basis	(b) Cost or oth	er (e	c) Accumulated	(d) Book value
		(investment)	basis (other)	į	depreciation	
1a	Land					
	Buildings			<u> </u>		
	Leasehold improvements	<del></del>				
	Equipment	· · · · · · · · · · · · · · · · · · ·				<del></del>
	Other				1	
	. Add lines 1a through 1e (Column (d) must equa	I Form 990 Part X column	(B) line 10(c) )		<b>•</b>	
		Jim Joo, Fait X, Colum	1 (D), mic 10(c) /	<del></del>		

Schedule D (Form 990) 2009 CENTER IN THE SQUARE	FUDOMWENT	34-1//3414	Page 3
Part VII Investments—Other Securities. See Form 990	0, 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 v	value
Financial derivatives	· · · · · · · · · · · · · · · · · · ·		
Closely-held equity interests			
Other			
<u>-</u>			
_ <b> </b>			<del></del>
<b> </b>			
_ <b> </b>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		,	
Part VIII Investments—Program Related. See Form 99	00. Part X. line 13	_F	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
			<del></del>
		<del>                                     </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			······································
Part IX Other Assets. See Form 990, Part X, line 15.		<u> </u>	<del></del>
(a) Description		(b	) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b></b>	
Part X Other Liabilities. See Form 990, Part X, line 2			
1 (a) Description of liability	(b) Amount	-{	
Federal income taxes		-[	
	<del>   </del>	-[	
		_	
		_[	
		4	
		-[	
Tuel (Oders (I) - 100 Del V. 1 (O) 1 (O)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organi	_ <del>.l</del>	that reports the	
2. The 40 Foundle in Fall Aiv, provide the text of the loothole to the organi	ızadon s imanciai statements	ה ווומו ובטטווש וווכ	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 CENTER IN THE SQUARE ENDOWMENT		54-17/541	-	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	32,533
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	50,000
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-17,467
4	Net unrealized gains (losses) on investments			4_	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-17,467
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	ıts W	ith Revenue per Ret	urn	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements			1	32,533
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	2d		]	
е	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			3	32,533
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	]		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV )	4b		1	
	Add lines 4a and 4b		L	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	32,533
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Expenses per F	Return	
1	Total expenses and losses per audited financial statements		<u> </u>	1	50,000
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		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV )	2d		1	
	Add lines 2a through 2d	Lu_		2е	
e	Subtract line 2e from line 1			3	50,000
3		1	1	-	30,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	4.			
a	•	4a 4b		┪.	
	Other (Describe in Part XIV )	40		۱ 🚛	
c	Add lines 4a and 4b			4c	50,000
-5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		, , , ,	5	30,000
	art XIV Supplemental Information	16.55	d 4. Doet IV times 45		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	za and	1 40 Also complete		
	eart to provide any additional information	ETTN:	TT) C		
_ P	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT	F UL	705		
T	O PROVIDE A PERMANENT ENDOWMENT FOR THE WEST	<b>TERN</b>	VA FOUNDATIO	ON F	OR THE ARTS
	<del> </del>				, <b></b>
_A	ND_SCIENCES		- <b></b>		·
					· <b>-</b>
			<del>-</del>		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009

**2009**Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization

CENTER IN THE SQUARE ENDOWMENT FOUNDATION

Employer identification number 54 - 1775412

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TAX RETURN WAS PROVIDED TO EACH MEMBER VIA EMAIL PRIOR TO SUBMISSION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION CONSOLIDATED F/S ARE PRESENTED AT EVERY ANNUAL BOARD MEETING AND ARE AVAILABLE UPON REQUEST.

Schedule R (Form 990) 2009 Open to Public Inspection (f)
Direct controlling
entity OMB No 1545-0047 2009 Employer identification number (f) Direct controlling entity N/A 54-1775412 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 1 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) (d) Exempt Code section (d) Total income ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37 501(C) Related Organizations and Unrelated Partnerships ► See separate instructions. (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) 8 Primary activity Primary activity ARTS ▶ Attach to Form 990 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 51-0238900 CENTER IN THE SQUARE ENDOWMENT (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity WESTERN VA FOUNDATION FOR THE ARTS VA 24011 FOUNDATION 1 MARKET STREET Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) ROANOKE Part 1 Part II

Page 2	(J) General or managing partner? Yes No		die die	• • • •	
	Code V—UBI () Schedule K-1 (Form 1085)	ar IV,	(h) Percentage ownership		
art IV, line	1 1	M 990, P	(g) Share of end-of-year assets		
990, F	Dispro- portonate alloc ?  Yes No	to Fo	S end-of-		
ed "Yes" to Form 990, Part IV, line 34	Share of end-of-year assets	a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV,	(f) Share of total income		
unization answere	Share of total income	f the organization	(e)  Type of entity (C corp. S corp. or trust)		
412 nplete if the organing the tax	(e) Predominant income (related, eviciated, eviciated, tax under sections 512-514)	rust (Complete	Ofporation of trus (d) Direct controlling entity		
54-1775412 rtnership (Comple as a partnership d	Direct controlling entity	rporation or T	(c) Legal domicile (state or foreign country)		
NT SaPai	(c) Legal domicle (state or foreign country)	s Co	ations		
SQUARE ENDOWMENT nizations Taxable as	(b) Primary activity	ns Taxable a	lated organiza (b) Primary activity		
Schedule R (Form 990) 2009 CENTER IN THE SQUARE ENDOWMENT 54-1775412  Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered Part III heaven to be or more related organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization	Identification of Related Organizations Taxable as	line 34 because it had one of more rel (a) Name, address and EIN of related organization	ベース	
Schedule R (		<u>&gt;</u>	l i		

## Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) 54-1775412 Schedule R (Form 990) 2009 CENTER IN THE SQUARE ENDOWMENT Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	İ		Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (1) interest (ii) annuites (iii) royalties (iv) rent from a controlled entity		13		×
b Gift, grant, or capital contribution to other organization(s)		1p		×
c Gift, grant, or capital contribution from other organization(s)		7		×
d Loans or loan guarantees to or for other organization(s)		10	×	Í
e Loans or loan quarantees by other organization(s)		16		×
		 - -		*
f Sale of assets to other organization(s)		7		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		4		×
i Lease of facilities, equipment, or other assets to other organization(s)		Ŧ		×
				>
		= ;		ډ >
K Performance of services or membership or fundraising solicitations for other organization(s)		¥ ;		<b>‹ </b> >
Performance of services or membership or fundralising solicitations by other organization(s)		= [		×
		;		×
n Sharing of paid employees		=		4
o Reimbursement paid to other organization for expenses		- 6	٠	×
		1p		×
			1	
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on thresholds			
(a)	(a)	<u></u>		
Name of other organization	Transaction type (a-r)	Amount involved	ved	
(1) WVFAS	A		32,	32,233
(2) WVFAS	Ω	4	100,	400,602
(3) WXFAS	Ω		7,	1,511
			i	•
(4)				
(5)				
(9)				
	Schedul	Schedule R (Form 990) 2009	690)	2009

CENTER IN THE SQUARE ENDOWMENT Schedule R (Form 990) 2009

Part VI

16820

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization. See instructions regarding excusion to certain investment participants	(b)	(c)	(p)	(e)	9	(b)	(h)	_
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners	Share of	Disproportionate		General or	alor
		(state or foreign country)	section 501(c)(3)	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ging ier?
			Ves No		Yes	(Form 1065)	Yes	Ž
4-2					<del> </del>			, ,
								1
								<b>.</b>
						Schedule R (Form 990) 2009	orm 990)	2009