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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)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization COMMUNITY FOUNDATION OF WESTERN VIRGINIA D/B/A FOUNDATION FOR ROANOKE VALLEY Doing Business As		D Employer identification number 54-1959458
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1159		E Telephone number 540-985-0204
		City or town, state or country, and ZIP + 4 ROANOKE, VA 24006		G Gross receipts \$ 2,976,756.
		F Name and address of principal officer: ALAN RONK PO BOX 1159, ROANOKE, VA 24006		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.FOUNDATIONFORROANOKEVALLEY.ORG				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶				
L Year of formation, 1988				
M State of legal domicile: VA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION PROVIDES LEADERSHIP, RESOURCES, AND INSPIRATION FOR PHILANTHROPY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,462,543.	Current Year 2,126,170.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,220.	419,967.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	444,538.	422,339.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,958,301.	2,968,476.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,077,159.	2,090,656.
	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)	306,183.	338,121.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 83,299.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	930,484.	898,088.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,313,826.	3,326,865.
19 Revenue less expenses Subtract line 18 from line 12	<355,525.>	<358,389.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 37,530,858.	End of Year 39,765,343.
	21 Total liabilities (Part X, line 26)	2,333,001.	2,483,818.
	22 Net assets or fund balances Subtract line 21 from line 20	35,197,857.	37,281,525.

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 ▶ *Alan Ronk* Signature of officer Date **11/8/10**
ALAN RONK, EXECUTIVE DIRECTOR
 Type or print name and title

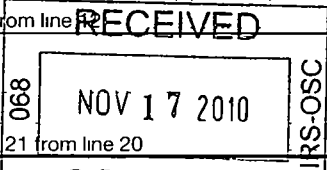
Paid Preparer's Use Only

Preparer's signature ▶ *Michael Porter* Date **11/01/10** Check if self-employed Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **GOODMAN & COMPANY, L. L. P.**
111 FRANKLIN RD SE SUITE 501
ROANOKE, VIRGINIA 24011-2114

EIN ▶ _____ Phone no. ▶ **540-989-6144**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

DEC 08 2010



9-16
4

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
COMMUNITY FOUNDATION OF WESTERN VIRGINIA PROVIDES LEADERSHIP,
RESOURCES, AND INSPIRATION FOR PHILANTHROPY IN THE COMMUNITIES IT
SERVES. TO FULFILL THE FOUNDATION'S MISSION, IT: ENABLES DONORS TO
CARRY OUT THEIR CHARITABLE INTENT THROUGH ENDOWMENT FUNDS; PROVIDES

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 \$ 2,090,656. including grants of \$ 2,090,656.) (Revenue \$)
GRANT-MAKING AND CHARITABLE CONTRIBUTIONS FOR COMMUNITY DEVELOPMENT.
SEE SCHEDULE I FOR MORE DETAIL.

4b (Code) (Expenses \$ 207,444. including grants of \$) (Revenue \$)
ADMINISTRATION OF FUNDS FOR GRANT-MAKING TO ENHANCE COMMUNITY
DEVELOPMENT.

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 ► \$ 2,298,100.

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY**

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • 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? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes X	No X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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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>	X	
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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?		
d 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
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>		X
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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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	15		
1b	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			
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	8		
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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
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?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
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?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
12b			

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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		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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		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	
10b	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?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	X	
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?		X
16b	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**
- 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 **THE FOUNDATION - 540-985-0204**
CHURCH AVENUE, SW, ROANOKE, VA 24006

Form 990 (2009)

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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			
NANCY HOWELL AGEE BOARD MEMBER	0.20	X						0.	0.	0.
ROBERT A ARCHER BOARD MEMBER	0.20	X						0.	0.	0.
RITA D. BISHOP BOARD MEMBER	0.20	X						0.	0.	0.
NAN L. COLEMAN, ESQ. BOARD MEMBER	0.20	X						0.	0.	0.
LUCY R. ELLETT BOARD MEMBER	0.20	X						0.	0.	0.
RUSSELL H. ELLIS BOARD MEMBER	0.20	X						0.	0.	0.
EDWIN R. FEINOUR BOARD MEMBER	0.20	X						0.	0.	0.
JOHN C. PARROT, II BOARD MEMBER	0.20	X		X				0.	0.	0.
ROBERT P. FRALIN BOARD MEMBER	0.20	X						0.	0.	0.
JAN B. GARRETT BOARD MEMBER	0.20	X		X				0.	0.	0.
MARYELLEN F. GOODLATTE BOARD MEMBER	0.20	X		X				0.	0.	0.
CYNTHIA D. LAWRENCE BOARD MEMBER	0.20	X						0.	0.	0.
KATHRYN KRISCH OELSCHLAG BOARD MEMBER	0.20	X						0.	0.	0.
CHARLOTTE K. PORTERFIELD BOARD MEMBER	0.20	X						0.	0.	0.
R. STEVE BLANKS BOARD MEMBER	0.20	X						0.	0.	0.
FRANK W. ROGERS, III BOARD MEMBER	0.20	X						0.	0.	0.
SUSAN K. STILL BOARD MEMBER	0.20	X						0.	0.	0.

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY**

Form 990 (2009)

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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			
KENNETH D. TUCK, M.D. BOARD MEMBER	0.20	X						0.	0.	0.
JOHN B, WILLIAMSON, III BOARD MEMBER	0.20	X						0.	0.	0.
MARY K. BICKFORD BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
ABNEY S. BOXLEY, III BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
ROBERT L. BRADSHAW, JR. BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
DOROTHY S. CLIFTON BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
SALLEY T. COLEMAN BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
SALLY FISHBURN CROCKET BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
WALTER M. DIXON, JR. BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
JOY D. FRANTZ BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
1b Total								113,121.	0.	11,135.

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 1

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
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		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 NONE

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

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY**

Form 990 (2009)

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Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2126170.			
	g Noncash contributions included in lines 1a-1f \$		414,131.			
	h Total. Add lines 1a-1f		2126170.			
Program Service Revenue		Business Code				
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		428,247.	428,247.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses	8,280.			
		c Gain or (loss)	<8,280.>			
	d Net gain or (loss)		<8,280.>	<8,280.>		
	8 a 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				
	9 a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses	b			
c Net income or (loss) from gaming activities						
10 a 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					
Miscellaneous Revenue		Business Code				
11 a ADMINISTRATIVE FEE INC		900099	422,339.	422,339.		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d			422,339.			
12 Total revenue. See instructions			2968476.	842,306.	0.	0.

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Form 990 (2009)

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

D/B/A FOUNDATION FOR ROANOKE VALLEY

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,090,656.	2,090,656.		
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	116,000.	40,600.	63,800.	11,600.
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	158,444.	55,455.	87,144.	15,845.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	43,069.	14,927.	23,877.	4,265.
10 Payroll taxes	20,608.	7,213.	11,335.	2,060.
11 Fees for services (non-employees)				
a Management	552,393.		552,393.	
b Legal	975.	975.		
c Accounting	21,735.		21,735.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	90,199.	33,360.	39,016.	17,823.
14 Information technology				
15 Royalties				
16 Occupancy	46,602.		46,602.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,548.	11,274.		11,274.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,378.		8,378.	
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.)				
a BAD DEBT	59,913.		59,913.	
b ANNUITY PAYMENTS	41,780.	41,780.		
c MISCELLANEOUS	41,000.		31,273.	9,727.
d COMMUNITY EVENTS	8,845.			8,845.
e DUES	3,720.	1,860.		1,860.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,326,865.	2,298,100.	945,466.	83,299.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest bearing		1	
	2 Savings and temporary cash investments	2,469,203.	2	1,194,671.
	3 Pledges and grants receivable, net	1,474,260.	3	1,736,358.
	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	5,181.	9	6,792.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 74,885.		
	b Less accumulated depreciation	10b 50,495.	18,779.	10c 24,390.
	11 Investments - publicly traded securities	32,380,536.	11	35,891,038.
	12 Investments - other securities. See Part IV, line 11	1,182,899.	12	912,094.
	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)	37,530,858.	16	39,765,343.	
Liabilities	17 Accounts payable and accrued expenses	2,860.	17	3,183.
	18 Grants payable	19,074.	18	11,000.
	19 Deferred revenue		19	
	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	2,311,067.	25	2,469,635.
	26 Total liabilities. Add lines 17 through 25	2,333,001.	26	2,483,818.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,223,126.	27	34,552,316.
	28 Temporarily restricted net assets	2,974,731.	28	2,729,209.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	35,197,857.	33	37,281,525.	
34 Total liabilities and net assets/fund balances	37,530,858.	34	39,765,343.	

Form 990 (2009)

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY**

Form 990 (2009)

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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		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY** Employer identification number **54-1959458**

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?

	Yes	No
(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?		
- 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									

LHA 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

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

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")	13,697,939.	7,320,212.	5,689,451.	2,462,543.	2,126,170.	31,296,315.
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	13,697,939.	7,320,212.	5,689,451.	2,462,543.	2,126,170.	31,296,315.
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)						3,163,387.
6 Public support. Subtract line 5 from line 4						28,132,928.

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	13,697,939.	7,320,212.	5,689,451.	2,462,543.	2,126,170.	31,296,315.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	500,775.	845,593.	888,379.	759,230.	428,247.	3,422,224.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	285,331.	325,099.	407,151.	444,538.	422,339.	1,884,458.
11 Total support. Add lines 7 through 10						36,602,997.
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	76.86 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.23 %

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

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 OF WESTERN VIRGINIA** Employer identification number **54-1959458**
D/B/A FOUNDATION FOR ROANOKE VALLEY

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	89	21
2 Aggregate contributions to (during year)	899,355.	24,992.
3 Aggregate grants from (during year)	895,998.	36,550.
4 Aggregate value at end of year	8,752,735.	832,067.

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)
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included 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 ▶ \$ _____

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2009

D/B/A FOUNDATION FOR ROANOKE VALLEY

54-1959458 Page 2

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 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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e 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
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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				
b Buildings				
c Leasehold improvements				
d Equipment	74,885.		50,495.	24,390.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 24,390.

Schedule D (Form 990) 2009

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2009

D/B/A FOUNDATION FOR ROANOKE VALLEY

54-1959458 Page 3

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		
Total (Col (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 (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
AGENCY FUNDS	2,199,996.
CHARITABLE GIFT ANNUITY PAYMENTS	269,639.
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 organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2009

D/B/A FOUNDATION FOR ROANOKE VALLEY

54-1959458 Page 4

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	2,968,476.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,326,865.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<358,389.>
4	Net unrealized gains (losses) on investments	4	2,442,057.
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	2,442,057.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	2,083,668.

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	5,410,533.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,442,057.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,442,057.
3	Subtract line 2e from line 1	3	2,968,476.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,968,476.

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

1	Total expenses and losses per audited financial statements	1	3,326,865.
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	3,326,865.
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	3,326,865.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY** Employer identification number
54-1959458

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY FOR TECHNIION 55 EAST 59TH STREET NEW YORK, NY 10022	13-0434195	501(C)(3)	5,292.	0.			GENERAL SUPPORT
APPLE RIDGE FARM 541 LUCK AVE., STE. 304 ROANOKE, VA 24016	54-1409250	501(C)(3)	12,140.	0.			TO ADD SIX INNER-CITY ELEMENTARY SCHOOLS TO PARTICIPATE IN THE ENVIRONMENTAL EDUCATION DESIGNATED FOR THE BOTETOURT RESOURCE CENTER TO BE USED IN ACCORDANCE WITH THE BELONGING TO HELP OLDER ADULTS (AGE 55 OR OLDER) BECOME MORE AWARE OF EXISTING RESOURCES IN ACCORDANCE
BOTETOURT RESOURCE CENTER P.O. BOX 153 BUCHANAN, VA 24066	54-0718859	501(C)(3)	29,550.	0.			GENERAL SUPPORT
COUNCIL OF COMMUNITY SERVICES P.O. BOX 598 ROANOKE, VA 24002	54-0718859	501(C)(3)	20,000.	0.			GENERAL SUPPORT
FERRUM COLLEGE P.O. BOX 1000 FERRUM, VA 24088-9014	54-0506457	501(C)(3)	18,250.	0.			GENERAL SUPPORT
GOUCHER COLLEGE 1021 DULANEY VALLEY ROAD BALTIMORE, MD 21204-2794	52-0591613	501(C)(3)	6,615.	0.			FOR GENERAL SUPPORT

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

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **SEE PART IV FOR COLUMN (H) DESCRIPTIONS** Schedule I (Form 990) 2009

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY**

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: LARGER GRANTS TYPICALLY HAVE A GRANT AGREEMENT

LETTER THAT SPELLS OUT THE GRANTEE'S RESPONSIBILITIES ON USE OF THE GRANT, AND INTERIM AND FINAL GRANT REPORTS ARE REQUIRED. SITE VISITS ARE ALSO CONDUCTED PERIODICALLY BY STAFF. MORE MODEST GRANTS MAY NOT USE A GRANT AGREEMENT LETTER, BUT ARE STILL MONITORED VIA SITE VISITS AND A FINAL GRANT REPORT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: APPLE RIDGE FARM

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA**
D/B/A FOUNDATION FOR ROANOKE VALLEY
 Employer identification number
54-1959458

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPDEN-SYDNEY COLLEGE P. O. BOX 637 HAMPDEN-SYDNEY, VA 23943-0637	54-0505906	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT
HISTORICAL SOCIETY OF WESTERN VIRGINIA - P. O. BOX 1904 - ROANOKE, VA 24008	54-0718794	501(C)(3)	7,829.	0.			HISTORIC PRESERVATION TO PROVIDE SUPPORT FOR THE HEATING ASSISTANCE PROGRAM TO BE DESIGNATED FOR THE
LOA AREA AGENCY ON AGING P. O. BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	14,332.	0.			FOR GENERAL SUPPORT
MARTINSVILLE HENRY COUNTY COALITION FOR HEALTH & WELLNESS - 22 E CHURCH ST, SUITE 312 - MARTINSVILLE, VA 24112	20-2448149	501(C)(3)	40,212.	0.			TO EDUCATE OLDER ADULTS (AGE 55 OR OLDER) ABOUT MENTAL WELLNESS IN ACCORDANCE WITH THE TO PROVIDE HOME
MENTAL HEALTH AMERICA OF ROANOKE VALLEY, INC. - P. O. BOX 592 - ROANOKE, VA 24004	54-0703132	501(C)(3)	50,000.	0.			MAINTENANCE AND SECURITY FOR OLDER ADULTS (AGE 55 OR OLDER) IN ACCORDANCE
REBUILDING TOGETHER P. O. BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	100,000.	0.			TO SUPPORT THE RESCUE MISSION FREE CLINIC FOR THE HOMELESS
RESCUE MISSION OF ROANOKE, INC. P. O. BOX 11525 ROANOKE, VA 24022	54-0573900	501(C)(3)	5,830.	0.			FOR THE FINTAL LIBRARY IN MEMORY OF DOROTHY S. MUIR AND THE UNRESTRICTED ROANOKE FUND, 2009-2010
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153-3794	54-0505945	501(C)(3)	9,680.	0.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA**
D/B/A FOUNDATION FOR ROANOKE VALLEY
Employer identification number **54-1959458**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF ROANOKE VALLEY 325 CAMPBELL AVE., S.W. ROANOKE, VA 24016-3631	54-0535302	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY PLANNED GIVING OFFICE LEXINGTON, VA 24450	54-0505977	501(C)(3)	6,615.	0.			FOR GENERAL SUPPORT.
WOODLAWN UNITED METHODIST CHURCH 2922 CORBIESHAW ROAD ROANOKE, VA 24015	54-6129113	501(C)(3)	9,206.	0.			FOR GENERAL SUPPORT.
ADULT CARE CENTER OF ROANOKE VALLEY, INC. - 2321 ROANOKE BLVD. - SALEM, VA 24153	54-1235000	501(C)(3)	10,000.	0.			TO SUPPLEMENT THE DIETARY BUDGET FOR NUTRITIOUS FOOD FOR PARTICIPANTS DIAGNOSED WITH DIABETES.
AVERETT UNIVERSITY 420 W. MAIN STREET DANVILLE, VA 24541		501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT TO SUPPORT CARILION CLINIC CHILDREN'S HOSPITAL FAMILY CAMP AND CARILION HOSPICE
CARILION MEDICAL CENTER 101 ELM AVENUE, S.W. ROANOKE, VA 24013	54-0506332	501(C)(3)	5,646.	0.			SCHOLARSHIPS DESIGNATED FOR THE ROANOKE-LYNCHBURG AFFILIATE TO SUPPORT THE LEMONAID FUNDRAISER
CHARITY LEAGUE OF MARTINSVILLE & HENRY CO. - P.O. BOX 3613 - MARTINSVILLE, VA 24115	51-0246455	501(C)(3)	11,000.	0.			
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	54-0506332	501(C)(3)	15,000.	0.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA**
D/B/A FOUNDATION FOR ROANOKE VALLEY
Employer identification number **54-1959458**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY & HENRY P.O. BOX 947 EMORY, VA 24327	54-0505892	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 1901 PATRICK HENRY AVE. MARTINSVILLE, VA 24112-3954		501(C)(3)	9,600.	0.			GENERAL SUPPORT
JAMES MADISON UNIVERSITY 170 BLUESTONE DR. MSC 3516 HARRISONBURG, VA 22807		501(C)(3)	27,700.	0.			FOR GENERAL SUPPORT
JEFFERSON COLLEGE OF HEALTH SCIENCES - P.O. BOX 13186 - ROANOKE, VA 24031-3186		501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT
LONGWOOD UNIVERSITY 201 HIGH STREET FARMVILLE, VA 23909		501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT
OLD DOMINION UNIVERSITY 121 ALFRED ROLLINS HALL NORFOLK, VA 23529-0052		501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT
RADFORD UNIVERSITY P.O. BOX 6922 RADFORD, VA 24142		501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT
ROANOKE ADOLESCENT HEALTH PARTNERSHIP - 1633 SALEM AVE - ROANOKE, VA 24016	54-1805687	501(C)(3)	10,000.	0.			TO HIRE A CLINIC ASSISTANT TO HAVE THREE HEALTH CLINICS OPEN PER DAY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA**
D/B/A FOUNDATION FOR ROANOKE VALLEY
 Employer identification number **54-1959458**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROANOKE AREA MINISTRIES 824 CAMPBELL AVENUE, SW ROANOKE, VA 24016	51-0198976	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 400160 CHARLOTTESVILLE, VA 22904-4204		501(C)(3)	26,600.	0.			FOR GENERAL SUPPORT
VIRGINIA TECH 150 STUDENT SERVICES BLDG BLACKSBURG, VA 24061		501(C)(3)	37,500.	0.			FOR GENERAL SUPPORT
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843036 RICHMOND, VA 23284-3036		501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
WESTERN VIRGINIA FOUNDATION FOR THE ARTS AND SCIENCES - 1 MARKET SQUARE, SE 5TH FLOOR - ROANOKE, VA 24011	51-0238900	501(C)(3)	20,536.	0.			FOR GENERAL SUPPORT
WESTERN VIRGINIA LAND TRUST 722 FIRST ST SW STE L ROANOKE, VA 24016	31-0496895	501(C)(3)	9,100.	0.			FOR GENERAL SUPPORT
PATRICK HENRY COMMUNITY COLLEGE P.O. BOX 5311 MARTINSVILLE, VA 24115		501(C)(3)	7,150.	0.			FOR GENERAL SUPPORT
VIRGINIA WESTERN COMMUNITY COLLEGE P.O. BOX 14007 ROANOKE, VA 24038		501(C)(3)	3,000.	0.			FOR GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

Name of the organization

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
 D/B/A FOUNDATION FOR ROANOKE VALLEY**

Employer identification number
54-1959458

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY P.O. BOX 7246 WINSTON-SALEM, VA 27109		501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADD SIX INNER-CITY ELEMENTARY SCHOOLS TO PARTICIPATE IN THE ENVIRONMENTAL EDUCATION CENTER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: BOTETOVRT RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE BOTETOVRT RESOURCE CENTER TO BE USED IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL OF COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP OLDER ADULTS (AGE 55 OR OLDER) BECOME MORE AWARE OF EXISTING RESOURCES IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: LOA AREA AGENCY ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR THE HEATING ASSISTANCE PROGRAM TO BE DESIGNATED FOR THE SENIOR COMPANION PROGRAM TO BE USED IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA OF ROANOKE VALLEY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE OLDER ADULTS (AGE 55 OR OLDER) ABOUT MENTAL WELLNESS IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE HOME MAINTENANCE AND SECURITY FOR OLDER ADULTS (AGE 55 OR OLDER) IN ACCORDANCE WITH THE

Part IV Supplemental Information

BELONGING INITIATIVE GRANT AGREEMENT

NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE FINTAL LIBRARY IN MEMORY OF
DOROTHY S. MUIR AND THE UNRESTRICTED ROANOKE FUND, 2009-2010 FOR ELAINE
MILAN CRONK.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization

COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY

Employer Identification number
54-1959458

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MASON HAYNESWORTH BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
JAMES N. HINSON BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
TALFOURD H. KEMPER BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
ROBERT C. LAWSON, JR BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
JAMES B. LEE BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
BARBARA B. LEMON BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
OLIN R. MELCHIONNA, JR BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
DR. JULIEN H. MEYER, JR BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
WILLIAM A. NASH BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
J. LEE E. OSBORNE BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
PETER A. OSTASESKI BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
DR. DOUGLAS E. PIERCE BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
BITTLE W. PORTERFIELD, I BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
HARRY S. RHODES BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
DONALD G. SMITH BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
MICHAEL E. WARNER BOARD MEMBER EMERITUS	0.20	X						0.	0.	0.
ALAN E. RONK EXECUTIVE DIRECTOR	40.00			X	X			113,121.	0.	11,135.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY** Employer identification number **54-1959458**

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	38	414,131.	FMV OF THE STOCK
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 Acknowledgment **29**

	Yes	No
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		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
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		X
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		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

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 OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY

Employer identification number
54-1959458

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONSIBLE STEWARDSHIP FOR ENTRUST FUNDS; MAKES CREATIVE GRANTS FOR
CURRENT AND FUTURE COMMUNITY NEEDS AND OPPORTUNITIES; OFFERS
COMPREHENSIVE SERVICES TO ENCOURAGE AND ADVANCE EFFECTIVE PHILANTHROPY;
PROMOTES AND PARTICIPATES IN COLLABORATIVE EFFORTS TO SHAPE A HEALTHY,
CARING COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE BOARD
OF GOVERNORS MEETING FOR REVIEW BEFORE FILING WITH THE IRS. COPIES ARE
DISTRIBUTED AT THE MEETING TO THE ATTENDING BOARD MEMBERS. COPIES ARE
SUBSEQUENTLY MAILED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, EVERY STAFF AND BOARD
MEMBER MUST COMPLETE AND SIGN A DISCLOSURE FORM STATING:
PURSUANT TO THE FOUNDATION'S CONFLICT OF INTEREST POLICY, I AM DISCLOSING
THE FOLLOWING AFFILIATIONS (INCLUDING THOSE OF MY IMMEDIATE FAMILY) WITH
ANY PUBLIC CHARITABLE, EDUCATIONAL, OR OTHER ORGANIZATION ELIGIBLE FOR
FOUNDATION GRANTS. FOR ANY ORGANIZATION LISTED BELOW, I UNDERSTAND THAT MY
DUTIES AT THE FOUNDATION WILL EXCLUDE VOTING ON ANY GRANT OR OTHER ACTIVITY
THAT MAY INVOLVE THE FOUNDATION AND SUCH ORGANIZATIONS. AFFILIATIONS
DESCRIBED INCLUDE WITHOUT LIMITATION THOSE ARISING IN CONNECTION WITH A
POSITION AS TRUSTEE, DIRECTOR, OR OTHER MEMBER OF A GOVERNING BOARD,
OFFICER OR EMPLOYEE FOR ANY SUCH ORGANIZATION. EXCLUDED FROM THIS LISTING
IS ANY AFFILIATION ARISING SOLELY OUT OF PAYMENT OF DUES FOR MEMBERSHIP OR
OTHER MINIMAL CONTRIBUTIONS OF CASH OR PROPERTY.

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 OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY

Employer identification number
54-1959458

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR REVIEWS EACH
EMPLOYEE ANNUALLY AND REPORTS TO THE MANAGEMENT AND PERSONNEL COMMITTEE,
WHICH DECIDES THE ANNUAL COMPENSATION PERCENTAGE INCREASE, IF APPLICABLE.
THE MANAGEMENT AND PERSONNEL COMMITTEE CHAIR MAKES THE RECOMMENDATION TO
THE FULL BOARD FOR APPROVAL AT A BOARD OF GOVERNORS MEETING.
THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD CHAIR. THE BOARD
CHAIR REPORTS RESULTS TO THE MANAGEMENT AND PERSONNEL COMMITTEE, WHICH
DECIDES THE ANNUAL COMPENSATION PERCENTAGE INCREASE, IF APPLICABLE. THE
MANAGEMENT AND PERSONNEL COMMITTEE CHAIR MAKES THE RECOMMENDATION TO THE
FULL BOARD FOR APPROVAL AT A BOARD OF GOVERNORS MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE POLICIES ARE AVAILABLE UPON
INSPECTION AT THE OFFICE. FINANCIAL STATEMENTS ARE AVAILABLE ON THE
WEBSITE.

FORM 990, PART XI, LINE 2C
HAS THE PROCESS OF AN INDEPENDENT AUDITOR CHANGED SINCE PEIOR YEAR.
NO, THE PROCESS HAS NOT CHANGED.