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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

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

C Name of organization
COMMUNITY FOUNDATION OF WESTERN VIRGINIA
D/B/A FOUNDATION FOR ROANOKE VALLEY

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 1159
Room/suite:

City or town, state or country, and ZIP + 4: ROANOKE, VA 24006

F Name and address of principal officer: ALAN RONK
PO BOX 1159, ROANOKE, VA 24006

D Employer identification number: 54-1959458

E Telephone number: 540-985-0204

G Gross receipts $: 8,746,859.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FOUNDATIONFORROANOKEVALLEY.ORG

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶

L Year of formation: 1988 M State of legal domicile: VA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES LEADERSHIP, RESOURCES, AND INSPIRATION FOR PHILANTHROPY.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total 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.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,126,170.	7,262,917.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	419,967.	1,003,077.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	422,339.	480,865.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,968,476.	8,746,859.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,090,656.	2,602,485.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	338,121.	368,488.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,262.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	898,088.	1,369,664.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,326,865.	4,340,637.
19	Revenue less expenses. Subtract line 18 from line 12	<358,389.>	4,406,222.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	39,765,343.	49,520,945.
21	Total liabilities (Part X, line 26)	2,483,818.	2,782,413.
22	Net assets or fund balances. Subtract line 21 from line 20	37,281,525.	46,738,532.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 1/5/12

▶ ALAN RONK, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHAEL P. NORTON	Preparer's signature: Michael Norton	Date: 12/21/11	Check ☐ if self-employed	PTIN
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶	
Firm's address ▶ 111 FRANKLIN RD SE SUITE 501 ROANOKE, VA 24011-2114			Phone no. 540.989.6144	

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

5 C16

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
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 [X] 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 [X] 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 $ 2,602,485. including grants of $ 2,602,485.) (Revenue $)
GRANT-MAKING AND CHARITABLE CONTRIBUTIONS FOR COMMUNITY DEVELOPMENT. SEE SCHEDULE I FOR MORE DETAIL.

4b (Code:) (Expenses $ 220,971. 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** ▶ 2,823,456.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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*	11b		X
c	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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 [X] Another's website [X] 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 ▶

ALAN RONK, EXEC. DIR. - 540-985-0204

611 S. JEFFERSON ST., SUITE 8, ROANOKE, VA 24011

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
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 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.
ROBERT P. FRALIN BOARD MEMBER	0.20	X						0.	0.	0.
CYNTHIA D. LAWRENCE BOARD MEMBER	0.20	X						0.	0.	0.
KATHRYN KRISCH OELSCHLAGER BOARD MEMBER	0.20	X						0.	0.	0.
CHARLOTTE K. PORTERFIELD 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.
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.
ROBERT P. MARTIN BOARD MEMBER	0.20	X						0.	0.	0.
MELINDA T. CHITWOOD BOARD MEMBER	0.20	X						0.	0.	0.
A. DAMON WILLIAMS BOARD MEMBER	0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
STEPHEN A. MUSSELWHITE BOARD MEMBER	0.20	X						0.	0.	0.
JOHN C. PARROTT, II BOARD MEMBER - CHAIR	0.50	X		X				0.	0.	0.
JAN B. GARRETT BOARD MEMBER - VICE CHAIR	0.50	X		X				0.	0.	0.
MARYELLEN F. GOODLATTE BOARD MEMBER - TREASURER	0.50	X		X				0.	0.	0.
ALAN E. RONK EXECUTIVE DIRECTOR & SECRETARY	40.00			X		X		120,695.	0.	12,330.
1b Sub-total ▶								120,695.	0.	12,330.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								120,695.	0.	12,330.

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 or individual 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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7262917.				
	g Noncash contributions included in lines 1a-1f $		526,396.				
	h **Total.** Add lines 1a-1f		▶	7262917.			
Program Service Revenue		Business Code					
	2a						
	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)		▶	574,517.			574,517.
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		▶				
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	428560.					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)	428560.					
	d Net gain or (loss)		▶	428,560.	428,560.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events		▶				
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities		▶				
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory		▶				
	Miscellaneous Revenue		Business Code				
	11a ADMINISTRATIVE FEE INC		900099	480,865.	480,865.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d		▶	480,865.			
	12 **Total revenue.** See instructions.		▶	8746859.	909,425.	0.	574,517.

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	2,602,485.	2,602,485.		
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	125,000.	43,750.	68,750.	12,500.
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	172,297.	60,303.	94,764.	17,230.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	49,290.	17,068.	27,345.	4,877.
10 Payroll taxes	21,901.	7,665.	12,046.	2,190.
11 Fees for services (non-employees):				
a Management	610,883.		610,883.	
b Legal	5,298.	5,298.		
c Accounting	23,243.		23,243.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	85,274.	30,998.	37,117.	17,159.
14 Information technology				
15 Royalties				
16 Occupancy	53,250.		53,250.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,832.	12,916.		12,916.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,865.		7,865.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	283,955.		283,955.	
b BAD DEBT	190,139.		190,139.	
c ANNUITY PAYMENTS	39,721.	39,721.		
d COMMUNITY EVENTS	13,347.			13,347.
e ALLOCATION OF MARKETING	12,477.		12,477.	
f All other expenses	18,380.	3,252.	1,085.	14,043.
25 **Total functional expenses.** Add lines 1 through 24f	4,340,637.	2,823,456.	1,422,919.	94,262.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,194,671.	2	2,533,309.
	3	Pledges and grants receivable, net		1,736,358.	3	1,646,045.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,792.	9	7,061.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,584.			
	b	Less: accumulated depreciation	10b 58,360.	24,390.	10c	19,224.
	11	Investments - publicly traded securities		35,891,038.	11	44,482,539.
	12	Investments - other securities. See Part IV, line 11		912,094.	12	832,767.
	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)		39,765,343.	16	49,520,945.
Liabilities	17	Accounts payable and accrued expenses		3,183.	17	2,347.
	18	Grants payable		11,000.	18	100,165.
	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		2,469,635.	25	2,679,901.
	26	**Total liabilities.** Add lines 17 through 25		2,483,818.	26	2,782,413.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,552,316.	27	44,174,950.
	28	Temporarily restricted net assets		2,729,209.	28	2,563,582.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		37,281,525.	33	46,738,532.
	34	Total liabilities and net assets/fund balances		39,765,343.	34	49,520,945.

Part XII Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,746,859.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,340,637.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,406,222.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,281,525.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,050,785.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	46,738,532.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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.	2c	X	
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 separate basis, consolidated basis, or both: [X] 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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF WESTERN VIRGINIA D/B/A FOUNDATION FOR ROANOKE VALLEY	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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,320,212.	5,689,451.	2,462,543.	2,126,170.	7,262,917.	24,861,293.
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	7,320,212.	5,689,451.	2,462,543.	2,126,170.	7,262,917.	24,861,293.
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)						3,075,666.
6 **Public support.** Subtract line 5 from line 4						21,785,627.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	7,320,212.	5,689,451.	2,462,543.	2,126,170.	7,262,917.	24,861,293.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	845,593.	888,379.	759,230.	428,247.	574,517.	3,495,966.
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.)	325,099.	407,151.	444,538.	422,339.	480,865.	2,079,992.
11 **Total support.** Add lines 7 through 10						30,437,251.

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 2010 (line 6, column (f) divided by line 11, column (f))	14	71.58 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	76.86 %

16a **33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** 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

2010

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 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	97	21
2	Aggregate contributions to (during year)	1,002,304.	19,839.
3	Aggregate grants from (during year)	874,522.	41,585.
4	Aggregate value at end of year	9,993,183.	945,288.

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? [X] 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? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Preservation of an historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

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

Part VI 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	77,584.		58,360.	19,224.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				19,224.

Schedule D (Form 990) 2010

032052
12-20-10

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) AGENCY FUNDS	2,455,245.
(3) CHARITABLE GIFT ANNUITY PAYMENTS	224,656.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	2,679,901.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	8,746,859.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,340,637.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,406,222.
4	Net unrealized gains (losses) on investments	4	5,050,785.
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	5,050,785.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,457,007.

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	13,797,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	5,050,785.		
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	5,050,785.
3	Subtract line **2e** from line **1**			3	8,746,859.
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	8,746,859.

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

1	Total expenses and losses per audited financial statements			1	4,340,637.
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	4,340,637.
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	4,340,637.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS NOT CATEGORIZED AS A PRIVATE FOUNDATION. IT HAS NO UNRELATED BUSINESS INCOME SUBJECT TO FEDERAL OR STATE INCOME TAX UNDER SECTION 511 OF THE IRC.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

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? [X] 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. Part II can be duplicated 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
LOCAL OFFICE ON AGING P.O. BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	101,625.	0.			GENERAL PURPOSE
REBUILDING TOGETHER P.O. BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	100,000.	0.			TO PROVIDE HOME MAINTENANCE AND SECURITY FOR OLDER ADULTS IN ACCORDANCE WITH THE
UNITED WAY OF ROANOKE VALLEY, INC 325 CAMPBELL AVE, SW ROANOKE, VA 24016	54-0535302	501(C)(3)	83,775.	0.			GENERAL PURPOSE
RESCUE MISSION OF ROANOKE P.O. BOX 11525 ROANOKE, VA 24022	54-0573900	501(C)(3)	78,519.	0.			GENERAL PURPOSE
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC RD SALEM, VA 24153	54-1939556	501(C)(3)	73,150.	0.			GENERAL PURPOSE
SECOND PRESBYTERIAN CHURCH 214 MOUNTAIN AVE SW ROANOKE, VA 24016	23-6393377	CHURCH	72,700.	0.			GENERAL PURPOSE

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

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

032101 01-13-11

Part II **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
VIRGINIA MUSEUM OF NATURAL HISTORY FOUNDATION - 21 STARLING AVENUE - MARTINSVILLE, VA 24112	52-1356848	501(C)(3)	68,967.	0.			GENERAL PURPOSE
MENTAL HEALTH AMERICA - ROANOKE VALLEY CHAPTER - P.O. BOX 592 - ROANOKE, VA 24004	54-0703132	501(C)(3)	64,225.	0.			GENERAL PURPOSE
ROANOKE AREA MINISTRIES 824 CAMPBELL AVE SW ROANOKE, VA 24016	51-0198976	501(C)(3)	62,600.	0.			GENERAL PURPOSE
JAMES MADISON UNIVERSITY 170 BLUESTONE DR. MSC 3516 HARRISONBURG, VA 22807	23-7156305	501(C)(3)	58,200.	0.			COLLEGE - SCHOLARSHIPS
LITERACY VOLUNTEERS OF ROANOKE VALLEY - 706 S. JEFFERSON ST. - ROANOKE, VA 24016	54-1377063	501(C)(3)	53,700.	0.			GENERAL PURPOSE
HISTORICAL SOCIETY OF WESTERN VIRGINIA - P.O. BOX 1904 - ROANOKE, VA 24008	54-0718794	501(C)(3)	52,338.	0.			GENERAL PURPOSE
GLENVAR HIGH SCHOOL 4549 MALUS DR. SALEM, VA 24153	54-6001576	501(C)(3)	51,000.	0.			GENERAL PURPOSE
VIRGINIA TECH 150 STUDENT SERVICES BUILDING BLACKSBURG, VA 24061	54-0721690	501(C)(3)	50,935.	0.			COLLEGE - SCHOLARSHIP
FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT - P.O. BOX 8873 - ROANOKE, VA 24014	54-1934695	501(C)(3)	50,000.	0.			TO ASSIST IN EXPANDING FREE'S CAPABILITY OF RECYCLING MEDICAL MOBILITY DEVICES.

Part II **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
SMART BEGINNINGS GREATER ROANOKE 325 CAMPBELL AVENUE ROANOKE, VA 24016	54-0535302	501(C)(3)	50,000.	0.			GENERAL PURPOSE
WESTERN VIRGINIA FOUNDATION FOR THE ARTS AND SCIENCES - 1 MARKET SQ, SE 5TH FLOOR - ROANOKE, VA 24011	51-0238900	501(C)(3)	46,017.	0.			GENERAL PURPOSE
COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE - P.O. BOX 815 - STAUNTON, VA 24402	54-1647385	501(C)(3)	45,023.	0.			GENERAL PURPOSE
SMITH MOUNTAIN LAKE CHARITY HOME TOUR - P.O. BOX 416 - MONETA, VA 24121	54-1851014	501(C)(3)	42,483.	0.			GENERAL PURPOSE
RADFORD UNIVERSITY P.O. BOX 6922 RADFORD, VA 24142	23-7219782	501(C)(3)	41,350.	0.			COLLEGE - SCHOLARSHIPS
MARTINSVILLE HENRY COUNTY COALITION FOR HEALTH AND WELLNESS - 22 E. CHURCH ST., SUITE 312 - MARTINSVILLE, VA 24112	20-2448149	501(C)(3)	39,050.	0.			GENERAL PURPOSE
FAMILY SERVICE OF ROANOKE VALLEY 360 CAMPBELL AVE., S.W. ROANOKE, VA 24016	54-0505946	501(C)(3)	38,843.	0.			GENERAL PURPOSE
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	501(C)(3)	38,025.	0.			GENERAL PURPOSE
GREENVALE SCHOOL, INC. 627 WESTWOOD BLVD ROANOKE, VA 24017	54-0525801	501(C)(3)	35,720.	0.			GENERAL PURPOSE

Part II 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
FERRUM COLLEGE P.O. BOX 1000 FERRUM, VA 24088	54-0506457	501(C)(3)	32,500.	0.			COLLEGE - SCHOLARSHIPS
FIRST BAPTIST CHURCH OF MARTINSVILLE - 23 STARLING AVENUE - MARTINSVILLE, VA 24112		CHURCH	32,000.	0.			GENERAL PURPOSE
SALEM MINISTERS CONFERENCE COMMUNITY FOOD PANTRY - 620 CHAPMAN ST. - SALEM, VA 24153	54-1641990	501(C)(3)	30,200.	0.			GENERAL PURPOSE
BETHANY HALL 1109 FRANKLIN RD., S.W. ROANOKE, VA 24016	54-1516806	501(C)(3)	29,700.	0.			GENERAL PURPOSE
SAINT FRANCIS SERVICE DOGS 8232 ENON DR. ROANOKE, VA 24019	54-1806879	501(C)(3)	28,425.	0.			GENERAL PURPOSE
BOYS & GIRLS CLUBS OF THE BLUE RIDGE - 6 EAST MAIN ST. - MARTINSVILLE, VA 24112	26-3166453	501(C)(3)	28,000.	0.			GENERAL PURPOSE
GOOD SAMARITAN HOSPICE, INC. 2408 ELECTRIC RD., S.W. ROANOKE, VA 24018	54-1608259	501(C)(3)	25,042.	0.			GENERAL PURPOSE
BOTETOURT RESOURCE CENTER P.O. BOX 153 BUCHANAN, VA 24066	54-0718859	501(C)(3)	25,000.	0.			TO BE USED IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT
FREE CLINIC OF FRANKLIN COUNTY P.O. BOX 764 ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	24,000.	0.			GENERAL PURPOSE

Part II 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
APPLE RIDGE FARM 541 LUCK AVE., STE. 304 ROANOKE, VA 24016	54-1409250	501(C)(3)	23,115.	0.			GENERAL PURPOSE
SOUTHERN AREA AGENCY ON AGING P.O. BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	22,000.	0.			SUPPORT FOR CANCER PATIENTS
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400801 - CHARLOTTESVILLE, VA 22904	54-2009312	501(C)(3)	21,125.	0.			FROM DR. JAMES T. MCCLUNG, JR. AND DR. CATHY Z. FORD DESIGNATED FOR THE SOUTH LAWN
BRADLEY FREE CLINIC 1240 THIRD ST., S.W. ROANOKE, VA 24016	23-7380491	501(C)(3)	20,819.	0.			GENERAL PURPOSE
ROANOKE COMMUNITY GARDEN ASSOCIATION, INCORPORATED - 655 HIGHLAND AVE., S.E. - ROANOKE, VA 24013	26-2082150	501(C)(3)	20,758.	0.			TO PURCHASE THE NECESSARY MATERIALS FOR CONSTRUCTION OF THE HURT PARK COMMUNITY GARDEN AS
MARTINSVILLE HENRY COUNTY ECONOMIC DEVELOPMENT CORPORATION - P.O. BOX 631 - MARTINSVILLE, VA 24114	11-3843016	501(C)(3)	20,000.	0.			MARKETING CO-OP
PATRICK HENRY COMMUNITY COLLEGE P.O. BOX 5311 MARTINSVILLE, VA 24115	54-1268271	501(C)(3)	20,000.	0.			COLLEGE - SCHOLARSHIPS
ROANOKE COUNTY 5925 COVE RD ROANOKE, VA 24019	54-1474023	GOV'T	20,000.	0.			GENERAL PURPOSE
PRESBYTERIAN COMMUNITY CENTER 1288 JAMISON AVE., S.E. ROANOKE, VA 24013	54-1610899	501(C)(3)	19,050.	0.			GENERAL PURPOSE

Part II **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
OLD DOMINION UNIVERSITY 121 ALFRED ROLLINS HALL NORFOLK, VA 23529	54-6052014	501(C)(3)	19,000.	0.			COLLEGE - SCHOLARSHIPS
ARTS COUNCIL OF THE BLUE RIDGE 20 CHURCH AVE., S.E. ROANOKE, VA 24011	54-1020480	501(C)(3)	18,959.	0.			GENERAL PURPOSE
UNIVERSITY OF VIRGINIA P.O. BOX 400160 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	18,700.	0.			GENERAL PURPOSE
NORTH CROSS SCHOOL 4254 COLONIAL AVE. ROANOKE, VA 24018	54-0699572	501(C)(3)	18,200.	0.			GENERAL PURPOSE
CHILD HEALTH INVESTMENT PARTNERSHIP - 1201 THIRD ST., S.W. - ROANOKE, VA 24016	54-1566451	501(C)(3)	17,475.	0.			GENERAL PURPOSE
VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 843036 RICHMOND, VA 23284	54-0757884	501(C)(3)	17,250.	0.			COLLEGE - SCHOLARSHIPS
CHECK ELEMENTARY SCHOOL 6810 FLOYD HIGHWAY COPPER HILL, VA 24079		501(C)(3)	16,165.	0.			GENERAL PURPOSE
VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	14,875.	0.			GENERAL PURPOSE
UNBRIDLED CHANGE P.O. BOX 157 BOONES MILL, VA 24065	26-3398687	501(C)(3)	13,750.	0.			GENERAL PURPOSE

Part II **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
THE JUNE BUG CENTER, INC. 251 PARKWAY LN. FLOYD , VA 24091	54-2004834	501(C)(3)	13,000.	0.			TO IMPLEMENT A DRAMA/THEATER EDUCATION PROGRAM IN FLOYD COUNTY HIGH SCHOOL
GOODWILL INDUSTRIES OF THE VALLEYS, INC. - P.O. BOX 6159 - ROANOKE, VA 24017	54-0884014	501(C)(3)	12,809.	0.			GENERAL PURPOSE
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST. LEXINGTON, VA 24450	54-0505977	501(C)(3)	12,500.	0.			GENERAL PURPOSE
CARILION MEDICAL CENTER 101 ELM ST SW ROANOKE, VA 24013	54-0506332	501(C)(3)	12,475.	0.			GENERAL PURPOSE
GRACE NETWORK OF MHC P.O. BOX 3902 MARTINSVILLE, VA 24115	20-3111703	501(C)(3)	12,100.	0.			GENERAL PURPOSE
BLUE RIDGE AUTISM AND ACHIEVEMENT CENTER - 312 WHITEWELL DR. - ROANOKE, VA 24019	54-0524904	501(C)(3)	12,050.	0.			GENERAL PURPOSE
CHARITY LEAGUE OF MARTINSVILLE & HENRY CO. - P.O. BOX 3613 - MARTINSVILLE, VA 24115	51-0246455	501(C)(3)	12,000.	0.			SCHOLARSHIPS
EMORY & HENRY P.O. BOX 947 EMORY, VA 24327	54-0505892	501(C)(3)	12,000.	0.			COLLEGE - SCHOLARSHIPS
WESTERN VIRGINIA LAND TRUST 722 FIRST ST SW STE L ROANOKE, VA 24016	31-0496895	501(C)(3)	11,925.	0.			GENERAL PURPOSE

Part II **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
TAUBMAN MUSEUM OF ART 110 SALEM AVE., S.E. ROANOKE, VA 24011	54-6026841	501(C)(3)	11,850.	0.			GENERAL PURPOSE
JEFFERSON COLLEGE OF HEALTH SCIENCES - P.O. BOX 13186 - ROANOKE, VA 24031		501(C)(3)	11,675.	0.			COLLEGE - SCHOLARSHIPS
AMERICAN RED CROSS, ROANOKE VALLEY CHAPTER - 352 CHURCH AVE. S.W. - ROANOKE, VA 24016	54-0538602	501(C)(3)	11,300.	0.			GENERAL PURPOSE
COLLEGE OF WILLIAM AND MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187	54-0734117	501(C)(3)	11,200.	0.			COLLEGE - SCHOLARSHIPS
SALEM MUSEUM AND HISTORICAL SOCIETY - 801 E. MAIN ST. - SALEM, VA 24153	54-1088887	501(C)(3)	11,000.	0.			GENERAL PURPOSE
UNITED WAY OF MARTINSVILLE & HENRY COUNTY - P.O. BOX 951 - MARTINSVILLE, VA 24114	54-0753318	501(C)(3)	11,000.	0.			GENERAL PURPOSE
COMMUNITY STOREHOUSE 4201 GREENSBORO RD. RIDGEWAY, VA 24148	61-1466341	501(C)(3)	10,750.	0.			GENERAL PURPOSE
ROANOKE VALLEY SPEECH & HEARING CENTER, INC. - 2030 COLONIAL AVE., S.W. - ROANOKE, VA 24015	54-0722391	501(C)(3)	10,100.	0.			GENERAL PURPOSE
ASSOCIATION FOR THE PRESERVATION OF VIRGINIA ANTIQUITIES - 204 W. FRANKLIN ST. - RICHMOND, VA 23220	54-0568800	501(C)(3)	10,000.	0.			TO BE RESTRICTED TO USE IN ROANOKE AND BOTETOURT COUNTIES AND THE CITY OF ROANOKE

Part II **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
JACK KENT ORAL AND MAXILLOFACIAL SURGERY FOUNDATION - 2003 FORSYTHE AVENUE - MONROE, LA 71201	26-0706702	501(C)(3)	10,000.	0.			GENERAL PURPOSE
PIEDMONT REGIONAL COMMUNITY SERVICES BOARD - 24 CLAY ST. - MARTINSVILLE, VA 24112	23-7376013	501(C)(3)	10,000.	0.			COMMUNITY RECOVERY PROGRAM
WOODLAWN UNITED METHODIST CHURCH 2922 CORBIESHAW RD ROANOKE, VA 24015	54-6129113	CHURCH	9,979.	0.			GENERAL PURPOSE
FIRST PRESBYTERIAN CHURCH 1901 PATRICK HENRY AVE MARTINSVILLE, VA 24112		CHURCH	9,600.	0.			GENERAL PURPOSE
WEST END CENTER P.O BOX 4562 ROANOKE, VA 24015	54-1150320	501(C)(3)	9,543.	0.			GENERAL PURPOSE
FLOYD COMMUNITY EDUCATIONAL ASSOCIATION - ROUTE 3 BOX 211 - FLOYD , VA 24091	54-1179512	501(C)(3)	9,500.	0.			TO SUPPORT THE EARLY CHILDHOOD MUSIC PROGRAM AT FLOYD COUNTY SCHOOLS
GLENVAR MIDDLE SCHOOL 4555 MALUS DR. SALEM, VA 24153	54-6001576	SCHOOL	9,000.	0.			GENERAL PURPOSE
TACKFULLY TEAMED RIDING ACADEMY, INC. - 7975 HENRY RD. - HENRY, VA 24102	65-1201947	501(C)(3)	9,000.	0.			GENERAL PURPOSE
HAMPDEN-SYDNEY COLLEGE P.O. BOX 637 HAMDEN-SYDNEY, VA 23943	54-0505906	501(C)(3)	8,500.	0.			COLLEGE - SCHOLARSHIPS AND GENERAL SUPPORT

Part II **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
UNION PRESBYTERIAN SEMINARY 3401 BROOK RD. RICHMOND, VA 23227	54-0506428	501(C)(3)	8,200.	0.			GENERAL PURPOSE
SWEET BRIAR COLLEGE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	7,700.	0.			COLLEGE - SCHOLARSHIPS
NATIONAL D-DAY MEMORIAL FOUNDATION (THE) - P.O. BOX 77 - BEDFORD, VA 24523	54-1504679	501(C)(3)	7,600.	0.			GENERAL PURPOSE
LIBERTY UNIVERSITY 1971 UNIVERSTIY BLVD LYNCHBURG, VA 24502	54-0946734	501(C)(3)	7,500.	0.			COLLEGE - SCHOLARSHIPS
THE MASTER'S COLLEGE 21726 PLACERITA CANYON RD. SANTA CLARITA, CA 91321	95-6001907		7,500.	0.			COLLEGE - SCHOLARSHIPS
VIRGINIA WESTERN COMMUNITY COLLEGE P.O. BOX 14007 ROANOKE, VA 24038	52-1200913	501(C)(3)	7,050.	0.			COLLEGE - SCHOLARSHIPS
CASA FOR CHILDREN 1600 N. COALTER ST. STAUNTON, VA 24401	54-1721227	501(C)(3)	7,034.	0.			GENERAL PURPOSE
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR. FAIRFAX, VA 22030	54-1603842	501(C)(3)	7,000.	0.			COLLEGE - SCHOLARSHIPS
OUR LADY OF PERPETUAL HELP 314 TURNER RD. SALEM, VA 24153	54-0739217	501(C)(3)	6,745.	0.			GENERAL PURPOSE

Part II **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 SYMPHONY ORCHESTRA 541 LUCK AVE., STE. 200 ROANOKE, VA 24016	54-6019736	501(C)(3)	6,725.	0.			GENERAL PURPOSE
BOY SCOUTS OF AMERICA, BLUE RIDGE MOUNTAINS COUNCIL - P.O. BOX 7606 - ROANOKE, VA 24019	54-0912706	501(C)(3)	6,650.	0.			GENERAL PURPOSE
HOLLINS UNIVERSITY P.O. BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	6,500.	0.			COLLEGE - SCHOLARSHIPS
CHILDREN'S TRUST ROANOKE VALLEY 541 LUCK AVE. SUITE 308 ROANOKE, VA 24016	51-0235891	501(C)(3)	6,400.	0.			GENERAL PURPOSE
VIRGINIA TECH FOUNDATION 902 PRICES FORK RD. BLACKSBURG, VA 24061	54-0821690	501(C)(3)	6,385.	0.			COLLEGE - SCHOLARSHIPS
WEST VIRGINIA UNIVERSITY P.O. BOX 6009 MORGANTOWN, WV 26506	55-6017181	501(C)(3)	6,200.	0.			GENERAL PURPOSE
SAFETYNET, INC P.O. BOX 4482 MARTINSVILLE, VA 24115	52-1400243	501(C)(3)	6,125.	0.			SHORT TERM CRISIS ASSISTANCE
GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21204	52-0591613	501(C)(3)	6,000.	0.			COLLEGE - SCHOLARSHIPS
THE HOSPITAL AUXILIARY OF MARTINSVILLE & HENRY CO., INC - P.O. BOX 4788 - MARTINSVILLE, VA 24115	54-6060220	501(C)(3)	6,000.	0.			MEDICATION ASSISTANCE FOR UNINSURED AND UNDERINSURED EMERGENCY ROOM AND HOSPITAL

Part II **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
UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL - P.O. BOX 1080 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	5,300.	0.			COLLEGE - SCHOLARSHIPS
THE SALVATION ARMY ROANOKE CORPS 724 DALE AVE., S.E. ROANOKE, VA 24013	58-0660607	501(C)(3)	5,250.	0.			GENERAL PURPOSE
PRESBYTERIAN CHILDREN'S HOME OF THE HIGHLANDS, INC. - P.O. BOX 545 - WYTHEVILLE, VA 24382	54-0733972	501(C)(3)	5,200.	0.			GENERAL PURPOSE
PRESBYTERIAN HOME & FAMILY SERVICES, INC. - 150 LINDEN AVE. - LYNCHBURG, VA 24503	54-0346118	501(C)(3)	5,200.	0.			GENERAL PURPOSE
VIRGINIA WESTERN COMM. COLL. EDUC. FDN. - P.O. BOX 14007 - ROANOKE, VA 24038	52-1200913	501(C)(3)	5,150.	0.			GENERAL PURPOSE
AVERETT UNIVERSITY 420 W. MAIN ST DANVILLE, VA 24541	54-0129860	501(C)(3)	5,000.	0.			COLLEGE - SCHOLARSHIPS
CENTER FOR RELIGIOUS TOLERANCE 520 RALPH ST. SARASOTA, FL 34242	20-5782137	501(C)(3)	5,000.	0.			GENERAL PURPOSE
DANVILLE COMMUNITY COLLEGE 1008 S. MAIN ST. DANVILLE, VA 24541	54-1213521	501(C)(3)	5,000.	0.			COLLEGE - SCHOLARSHIPS
MARTINSVILLE HENRY CO. CHAMBER OF COMM. EDU FDN - P.O. BOX 709 - MARTINSVILLE, VA 24114	20-4844332	501(C)(3)	5,000.	0.			SCHOLARSHIPS FOR THE YOUTH LEADERSHIP PROGRAM

Part II **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
MED-RIDE 141 E. MAIN ST. SUITE 500 PULASKI, VA 24301	54-1022999	501(C)(3)	5,000.	0.			TO REIMBURSE VOLUNTEERS WHO PROVIDE FLOYD COUNTY RESIDENTS WITH TRANSPORTATION TO AND
NATIONAL KIDNEY FOUNDATION SERVING VIRGINIA - 1742 E. PARHAM RD. - RICHMOND, VA 23228	13-1673104	501(C)(3)	5,000.	0.			TO HOLD A KIDNEY EARLY EVALUATION PROGRAM (KEEP) HEALTH SCREENING IN ROANOKE, VIRGINIA
ROANOKE ACADEMY OF MEDICINE ALLIANCE - 5016 FOXRIDGE RD. - ROANOKE, VA 24018	51-0218435	501(C)(3)	5,000.	0.			GENERAL PURPOSE
ROANOKE FIDDLEFEST, INC 3110 WILLIAMSON ROAD ROANOKE, VA 24012	11-3675451	501(C)(3)	5,000.	0.			
SPIRITHORSE OF VIRGINIA, INC. 8767 SNOW CREEK RD. PENHOOK, VA 24137	26-4026465	501(C)(3)	5,000.	0.			SPIRITHORSE IMPROVING MORE LIVES
STORYDANCER PROJECT (THE) P.O. BOX 31099 SANTA FE, NM 87594	01-0848334	501(C)(3)	5,000.	0.			GENERAL PURPOSE

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. Part III can be duplicated 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: REBUILDING TOGETHER

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:
COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA
(H) PURPOSE OF GRANT OR ASSISTANCE: FROM DR. JAMES T. MCCLUNG, JR. AND DR. CATHY Z. FORD DESIGNATED FOR THE SOUTH LAWN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
ROANOKE COMMUNITY GARDEN ASSOCIATION, INCORPORATED
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE THE NECESSARY MATERIALS FOR CONSTRUCTION OF THE HURT PARK COMMUNITY GARDEN AS OUTLINED IN THE PROJECT BUDGET.

NAME OF ORGANIZATION OR GOVERNMENT:
THE HOSPITAL AUXILIARY OF MARTINSVILLE & HENRY CO., INC
(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICATION ASSISTANCE FOR UNINSURED AND UNDERINSURED EMERGENCY ROOM AND HOSPITAL SERVICES DISCHARGES

NAME OF ORGANIZATION OR GOVERNMENT: MED-RIDE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO REIMBURSE VOLUNTEERS WHO PROVIDE FLOYD COUNTY RESIDENTS WITH TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS, TO PARTIALLY PAY FOR MAINTAIN A TOLL-FREE TELEPHONE LINE, AND TO RECRUIT AND TRAIN VOLUNTEER DRIVERS

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	40	526,396.	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 Acknowledgement — 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?		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

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

RESPONSIBLE STEWARDSHIP FOR ENTRUSTED 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.

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 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 5,050,785.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization COMMUNITY FOUNDATION OF WESTERN VIRGINIA D/B/A FOUNDATION FOR ROANOKE VALLEY	Employer identification number 54-1959458
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1159	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROANOKE, VA 24006	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ALAN RONK, EXEC. DIR.
  611 S. JEFFERSON ST., SUITE 8 - ROANOKE, VA 24011
  Telephone No ▶ 540-985-0204 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2010, and ending JUN 30, 2011.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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