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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
  - ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning Oct 1, 2011, and ending Sep 30, 2012

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

**C** Name of organization Twin County Community Foundation  
 Number and street (or P.O. box, if mail is not delivered to street address) P.O. Box 1131  
 City or town, state or country, and ZIP + 4 GALAX VA 24333

**D** Employer identification number 54-1593923

**E** Telephone number (276) 238-8754

**F** Group Exemption Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: N/A

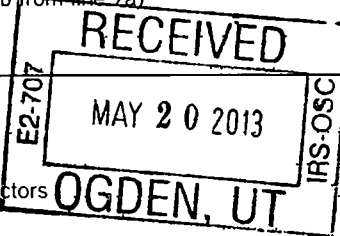
**J** Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 48,138.

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	43,918.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	4,220.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48,138.
	<b>EXPENSES</b>	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	7,010.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	39,394.
17		<b>Total expenses.</b> Add lines 10 through 16	17	49,754.
<b>NET ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,616.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	405,316.
	20	Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	28,367.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	432,067.



See Form 990-EZ, Part I, Line 16 Other Expenses

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

Form 990-EZ (2011)

P 17

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	405,316.	22 433,078.
23 Land and buildings,	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 <b>Total assets</b>	405,316.	25 433,078.
26 <b>Total liabilities</b> (describe in Schedule O) See L-26 Stmt	0.	26 1,011.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	405,316.	27 432,067.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? To improve healthcare in Carroll and Grayson Counties and the City of Galax  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>SCHOLARSHIPS TO STUDENTS</u>		
(Grants \$ 3,350.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,350.
29 <u>PATIENT ASSISTANCE (IE HOSPITAL SERVICES)</u>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,728.
30 <u>DONATION OF EQUIPMENT</u>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	24,721.
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	35,799.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☒

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W 2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WILLIAM COPELAND RPH PO BOX 603 HILLSVILLE VA 24343	MEMBER 1.00	0.	0.	0.
WILLIAM DAVIS JR 124 SHERRY LANE GALAX VA 24333	CHAIR 2.00	0.	0.	0.
MARTHA EASTER RN, BSN 111 KING ARTHUR COURT GALAX VA 24333	MEMBER 1.00	0.	0.	0.
MARY ANN GILLOCK, MED 1151 NORTH INDEPENDENCE AVE INDEPENDENCE VA 24348	MEMBER 1.00	0.	0.	0.
SIDNEY ROSE FANT 6957 PEACH BOTTOM ROAD INDEPENDENCE VA 24348	MEMBER 1.00	0.	0.	0.
SANDRA HANKLEY P.O. Box 14 GALAX VA 24333	SECRETARY 2.00	0.	0.	0.
THALIA JENNINGS BSW, RN 598 MARION HEIGHTS GALAX VA 24333	MEMBER 1.00	0.	0.	0.
HELEN KYLE 103 PINE CONE POINTE GALAX VA 24333	MEMBER 1.00	0.	0.	0.
WILLIAM LANDRETH PO BOX 203 FRIES VA 24330	MEMBER 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	X	
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>35 b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
<b>35 c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37 a</b> 0.		
<b>37 b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>38 b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40 a</b> , section 4912 <b>40 a</b> , section 4955 <b>40 a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40 c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40 d</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40 e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		

**42 a** The organization's books are in care of **42 a** JANE PATTON CPA Telephone no **42 a** (276) 236-2781  
 Located at **42 a** 506 Meadow Street GALAX VA ZIP + 4 **42 a** 24333

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <b>42 b</b>		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <b>42 c</b>		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44 b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>44 c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>44 d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>45 b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

e Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

e Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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.

<b>Sign Here</b>	Signature of officer <u>Oliver A. McBride</u>	Date <u>5-8-13</u>			
	Type or print name and title <u>OLIVER A. MCBRIDE, TREASURER</u>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Corbin C Stone C.P.A.</u>	Preparer's signature <u>[Signature]</u>	Date <u>05/03/13</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00848231</u>
	Firm's name ▶ <u>Robinson, Farmer, Cox Associates</u>				
	Firm's address ▶ <u>108 South Park</u>				
	<u>Blacksburg</u> VA <u>24060</u>	Firm's EIN ▶ <u>54-1896113</u>	Phone no <u>(540) 552-7322</u>		

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

**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

**2011**

**Open to Public Inspection**

Name of the organization

Twin County Community Foundation

Employer identification number

54-1593923

**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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III — Functionally integrated
  - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? ☐

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

	Yes	No
11 g (i)		
11 g (ii)		
11 g (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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)						
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 <b>Total.</b> Add lines 1 through 3						
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2011

**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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	127,310.	64,870.	62,710.	111,527.	43,918.	410,335.
<b>2</b> 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		29,413.	27,077.	13,946.		70,436.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	127,310.	94,283.	89,787.	125,473.	43,918.	480,771.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						480,771.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	127,310.	94,283.	89,787.	125,473.	43,918.	480,771.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	716.	13,467.	15,740.	-4,474.	4,220.	29,669.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	716.	13,467.	15,740.	-4,474.	4,220.	29,669.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	128,026.	107,750.	105,527.	120,999.	48,138.	510,440.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.19 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5.81 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

<b>19a 33-1/3% support tests – 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
<b>b 33-1/3% support tests – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>	

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

Negative revenue in 2010 represents investment losses

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545 0047

**2011**

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

Name of the organization

Twin County Community Foundation

Employer identification number

54-1593923

Pt V, Line 34 See enclosed copy of amended and restated articles of incorporation

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

PATIENT ASSISTANCE	7,728.
DONATION OF EQUIPMENT	24,721.
BANK SERVICE CHARGES	1,478.
FUNDRAISING EXPENSES	811.
MISCELLANEOUS	4,656.
Total	39,394.

Form 990-EZ, Page 2, Part IV

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input type="checkbox"/> OLIVER MCBRIDE PO BOX 1056 HILLSVILLE VA 24343 Foreign City Foreign Country	Title TREASURER Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> PATTI MERDIAN, CPC, CPH 123 SHERRY LANE GALAX VA 24333 Foreign City Foreign Country	Title MEMBER Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> JANE PATTON CPA 114 WAUGH DRIVE GALAX VA 24333 Foreign City Foreign Country	Title VICE CHAIR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> SHARON PLICHTA 103 PROSPECT AVENUE GALAX VA 24333 Foreign City Foreign Country	Title MEMBER Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> JACQUELINE ROBERTS MED 609 MCAUTHUR STREET GALAX VA 24333 Foreign City Foreign Country	Title MEMBER Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> MAVA VASS PO BOX 743 HILLSVILLE VA 24343 Foreign City Foreign Country	Title MEMBER Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

**List of Officers, Directors, Trustees, & Key Employees Stmt**

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) <b>(if not paid, enter -0-)</b>	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input type="checkbox"/> ROBBY WINGATE, CHFC, LTCP 578 EAST MAIN STREET, SUITE A INDEPENDENCE VA 24348 Foreign City Foreign Country	Title MEMBER  Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> DONALD YONCE PO BOX 664 HILLSVILLE VA 24343 Foreign City Foreign Country	Title MEMBER  Hours/Week 1.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Page 1, Part I, Line 20**

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	28,367.
Total	<u>28,367.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Page 1, Part II, Line 26**

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE		1,011.
Total		<u>1,011.</u>

**AMENDED AND RESTATED  
ARTICLES OF INCORPORATION  
OF  
TWIN COUNTY COMMUNITY FOUNDATION**

**ARTICLE I  
NAME**

The name of the corporation is "Twin County Community Foundation" (hereinafter referred to as the "Foundation").

**ARTICLE II  
PURPOSES**

The Foundation shall be organized and operated exclusively for scientific, educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code") and may make expenditures for one or more of these purposes. The specific purposes for which the Foundation is organized are to serve a broadly defined mission to improve healthcare in Carroll County, Grayson County and the City of Galax, Virginia and in surrounding communities. That mission may include meeting the unmet healthcare needs of the indigent and uninsured; supporting healthcare education programs and supporting programs which have the primary purpose of preventing and reducing illness and disease and other programs to promote the health, education and welfare of the community. The preceding sentences shall not limit the ability of the Foundation to carry out any other charitable, scientific, literary and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. The Foundation shall be authorized to receive and solicit gifts, bequests and/or grants to further its purposes. Consistent with the foregoing, the Foundation shall have and exercise all powers and authorities now or hereafter conferred upon nonstock corporations under the laws of Virginia.

**ARTICLE III  
DISTRIBUTIONS**

No part of the net earnings of the Foundation shall inure to the benefit of or, be distributable to, any member, director, officer or other private person except that the

Foundation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II above. No substantial part of the activities of the Foundation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Foundation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision hereof, the Foundation shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c)(3) of the Code.

#### **ARTICLE IV DISSOLUTION**

Upon the dissolution of the Foundation, and after all of its liabilities and obligations have been paid, satisfied, and discharged or adequate provisions made therefor, all of the Foundation's remaining assets shall be distributed to one or more organizations that are organized and operated exclusively for charitable purposes within the meaning of Sections 501(c)(3) and 170(c)(2)(B) of the Code.

#### **ARTICLE V MEMBERS**

The sole member of the Foundation shall be TCRH, Inc. The sole member shall have full voting rights.

#### **ARTICLE VI DIRECTORS**

The affairs of the Foundation shall be managed by a Board of Directors whose number and qualifications shall be set forth in the Bylaws. The term of each director shall be three (3) years; provided, however, the term of a director may be for a shorter term in order to establish and maintain the three groups of directors referenced hereafter.

The number of directors shall be divided into three (3) groups with each group containing an approximately equal number of directors. The terms of the directors in the first group shall expire at the first annual meeting of the Board of Directors. The terms of the directors in the second group shall expire at the second annual meeting of the Board of Directors and the terms of directors in the third group shall expire at the third annual meeting of the Board of Directors. At each annual meeting of the Board of Directors, one group of directors shall be elected by the sole member from nominations submitted to the sole member by the Board of Directors to succeed those directors whose terms expire.

#### **ARTICLE VII LIMIT ON LIABILITY AND INDEMNIFICATION**

7.1 Definitions. For purposes of this Article the following definitions shall apply:

- (i) "Foundation" means this corporation only;
- (ii) "expenses" include counsel fees, expert witness fees and costs of investigation, litigation and appeal, as well as any amounts expended in asserting a claim for indemnification;
- (iii) "liability" means the obligation to pay a judgment, settlement, penalty, fine or other such obligation, including, without limitation, any excise tax assessed with respect to an employee benefit plan;
- (iv) "legal entity" means a corporation, partnership, joint venture, limited liability company, trust, employee benefit plan or other enterprise; and
- (v) "proceeding" means any threatened, pending, or completed action, suit, proceeding or appeal whether civil, criminal, administrative or investigative and whether formal or informal.

**7.2 Limit on Liability.** In every instance in which the Virginia Nonstock Corporation Act, as it exists on the date hereof or may hereafter be amended, permits the limitation or elimination of liability of directors of a corporation to the Foundation, the directors of this Foundation shall not be liable to the Foundation.

**7.3 Mandatory Indemnification.** The Foundation shall indemnify any individual who is, was, or is threatened to be made a party to a proceeding (including a proceeding by or in the right of the Foundation) because such individual is or was a director or officer of the Foundation, or because such individual is or was serving the Foundation or any other legal entity in any capacity at the request of the Foundation while a director or officer of the Foundation, against all liabilities and reasonable expenses incurred by him or her on account of the proceeding in accordance with the provisions set forth in Sections 13.1-875 through 13.1-883 of the Code of Virginia, as same may from time to time be amended, or in any successor statute thereto. Service as a director or officer of a legal entity controlled by the Foundation shall be deemed service at the request of the Foundation. The determination that indemnification under this Section 7.3 is permissible and the evaluation as to the reasonableness of expenses in a specific case shall be made as provided by law; provided, however, that if a majority of the directors of the Foundation has changed after the date of the alleged conduct giving rise to a claim for indemnification, such determination and evaluation shall, at the option of the person claiming indemnification, be made by special legal counsel agreed upon by the Board of Directors and such person. Unless a determination has been made that indemnification is not permissible, the Foundation shall make advances and reimbursement for expenses incurred by a director or officer in a proceeding upon receipt of an undertaking from him or her to repay the same if it is ultimately determined that such individual is not entitled to indemnification. Such undertaking shall be an unlimited, unsecured general obligation of the director or officer and shall be accepted

without reference to such director's or officer's ability to make repayment. The termination of a proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent shall not of itself create a presumption that a director or officer acted in such a manner as to make such director or officer ineligible for indemnification. The Foundation is authorized to contract in advance to indemnify any of its directors or officers to the extent it is required to indemnify them pursuant to this Article VII.

7.4 Miscellaneous. The right of each person entitled to indemnification under this Article shall inure to the benefit of such person's heirs, executors, and administrators. Indemnification pursuant to this Article shall not be exclusive of any other right of indemnification to which any person may be entitled, including indemnification pursuant to a valid contract, indemnification by legal entities other than the Foundation and indemnification under policies of insurance purchased and maintained by the Foundation or others. However, no person shall be entitled to indemnification by the Foundation to the extent he or she is indemnified by another, including an insurer. The Foundation is authorized to purchase and maintain insurance against any liability it may have under this Article or to protect any of the persons named above against any liability arising from their service to the Foundation or any other legal entity at the request of the Foundation regardless of the Foundation's power to indemnify against such liability. The provisions of this Article shall not be deemed to preclude the Foundation from entering into contracts otherwise permitted by law with any individuals or legal entities, including directors and officers. If any provision of this Article or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the invalidity shall not affect other provisions or applications of this Article, and to this end the provisions of this Article are severable.

7.5 Amendments. No amendment, modification or repeal of this Article shall diminish the rights provided hereunder to any person arising from conduct or events occurring before the adoption of such amendment, modification or repeal.

**ARTICLE VIII  
INTERNAL REVENUE CODE**

Each reference in these Articles of Incorporation to a Section of the Internal Revenue Code means such Section of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any subsequent federal tax law.

**COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

**AT RICHMOND, MARCH 30, 2012**

The State Corporation Commission has found the accompanying articles submitted on behalf of  
**Twin County Community Foundation (formerly TWIN COUNTY REGIONAL  
HEALTHCARE FOUNDATION, INC. )**

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it  
is **ORDERED** that this

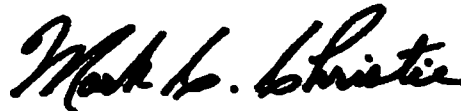
**CERTIFICATE OF RESTATEMENT**

be issued and admitted to record with the articles of restatement in the Office of the Clerk of the  
Commission, effective April 1, 2012.

The corporation is granted the authority conferred on it by law in accordance with the articles,  
subject to the conditions and restrictions imposed by law.

**STATE CORPORATION COMMISSION**

By

A handwritten signature in black ink, appearing to read "Mark C. Christie", written in a cursive style.

**Mark C. Christie  
Commissioner**

**12-03-29-1204  
AMENACPT  
CIS0322**



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

March 30, 2012

THOMAS C BROWN JR  
MCGUIREWOODS LLP  
1750 TYSONS BLVD  
STE 1800  
TYSONS CORNER, VA 22102

RECEIPT

RE: Twin County Community Foundation

ID: 0357885 - 3

DCN: 12-03-29-1204

Dear Customer:

This is your receipt for \$25.00 to cover the fee(s) for filing articles of restatement for a corporation with this office.

The effective date of the restatement is April 1, 2012.

Note: Prior to the effective date of this filing, the name of the above-referenced corporation was TWIN COUNTY REGIONAL HEALTHCARE FOUNDATION, INC..

This is also your receipt for \$100.00 to cover the fee(s) for expedited service(s).

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck  
Clerk of the Commission

AMENACPT  
CIS0322

P.O. Box 1197, Richmond, VA 23218-1197  
Tyler Building, First Floor, 1300 East Main Street, Richmond, VA 23219-3630  
Clerk's Office (804) 371-9733 or (866) 722-2551 (toll-free in Virginia) [www.scc.virginia.gov/cck](http://www.scc.virginia.gov/cck)  
Telecommunications Device for the Deaf-TDD/Voice: (804) 371-9206