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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

2012Open to Public
Inspection**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

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		D Employer identification number 54-1959458
	Doing Business As		E Telephone number 540-985-0204
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,425,317.
	PO BOX 1159		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
	City, town, or post office, state, and ZIP code ROANOKE, VA 24006		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions)
F Name and address of principal officer: ALAN E. RONK PO BOX 1159, ROANOKE, VA 24006			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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES LEADERSHIP, RESOURCES, AND INSPIRATION FOR PHILANTHROPY.	
	2 Check this box ☐ 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 20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 20
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 8
	6 Total number of volunteers (estimate if necessary)	6 25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,618,498. Current Year 4,485,316.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	699,813. 2,254,083.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	628,985. 685,918.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,947,296. 7,425,317.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,047,196. 2,497,431.
	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)	400,202. 425,961.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 107,160.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,099,430. 966,281.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,546,828. 3,889,673.
	19 Revenue less expenses. Subtract line 18 from line 12	1,400,468. 3,535,644.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 49,375,293. End of Year 55,399,145.
	21 Total liabilities (Part X, line 26)	2,573,948. 2,783,061.
	22 Net assets or fund balances. Subtract line 21 from line 20	46,801,345. 52,616,084.

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 <i>Alan E. Ronk</i>		Date 2/10/14	
	ALAN E. RONK, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Michael P. Norton</i>	Date 11/11/13	Check if self-employed ☐ PTIN P00430694
	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN ▶ 56-0747981		
	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

SCANNED MAR 04 2014

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9/16

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,497,431. including grants of \$ 2,497,431.) (Revenue \$)
GRANT-MAKING AND CHARITABLE CONTRIBUTIONS FOR COMMUNITY DEVELOPMENT.
SEE SCHEDULE I FOR MORE DETAIL.

4b (Code) (Expenses \$ 238,346. 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 2,735,777.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 8		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
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 as charitable contributions?	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		

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Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	20	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		20		
1b Enter the number of voting members included in line 1a, above, who are independent		20		
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 Did the organization have members or stockholders?		6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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 Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ALAN E. RONK, EXEC. DIR. - 540-985-0204**
611 S. JEFFERSON ST., SUITE 8, ROANOKE, VA 24011

232006
12-10-12

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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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROBERT A. ARCHER BOARD MEMBER	0.20	X						0.	0.	0.
(2) RITA D. BISHOP BOARD MEMBER	0.20	X						0.	0.	0.
(3) LUCY R. ELLETT BOARD MEMBER	0.20	X						0.	0.	0.
(4) RUSSELL H. ELLIS BOARD MEMBER	0.20	X						0.	0.	0.
(5) ROBERT P. FRALIN BOARD MEMBER	0.20	X						0.	0.	0.
(6) CYNTHIA D. LAWRENCE BOARD MEMBER	0.20	X						0.	0.	0.
(7) JAMES W. MCADEN BOARD MEMBER	0.20	X						0.	0.	0.
(8) KATHRYN KRISCH OELSCHLAGER BOARD MEMBER	0.20	X						0.	0.	0.
(9) CHARLOTTE K. PORTERFIELD BOARD MEMBER	0.20	X						0.	0.	0.
(10) CLEO C. SIMS BOARD MEMBER	0.20	X						0.	0.	0.
(11) KENNETH D. TUCK, MD BOARD MEMBER	0.20	X						0.	0.	0.
(12) JIMMIE L. WADE BOARD MEMBER	0.20	X						0.	0.	0.
(13) MARYELLEN F. GOODLATTE BOARD MEMBER	0.20	X						0.	0.	0.
(14) CYNTHIA M. SHELOR BOARD MEMBER	0.20	X						0.	0.	0.
(15) WILLIAM D. ELLIOT BOARD MEMBER	0.20	X						0.	0.	0.
(16) STEPHEN A. MUSSELWHITE BOARD MEMBER	0.20	X						0.	0.	0.
(17) DEBORAH A. OEHLISCHLAEGER BOARD MEMBER	0.20	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) MELINDA T. CHITWOOD BOARD MEMBER - CHAIR	0.20	X		X				0.	0.	0.
(19) SUSAN K. STILL BOARD MEMBER - VICE CHAIR	0.20	X		X				0.	0.	0.
(20) A. DAMON WILLIAMS BOARD MEMBER - TREASURER	0.20	X		X				0.	0.	0.
(21) ALAN E. RONK EXECUTIVE DIRECTOR	40.00			X				133,648.	0.	14,127.
1b Sub-total								133,648.	0.	14,127.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								133,648.	0.	14,127.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,485,316.				
	g Noncash contributions included in lines 1a-1f \$		855,653.				
	h Total. Add lines 1a-1f			4,485,316.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			710,955.			710,955.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)			3,646.	3,646.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			1,543,128.	1,543,128.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a ADMINISTRATIVE FEE INCOME		900099	678,132.	678,132.			
b MISC REVENUE		900099	4,140.	4,140.			
c							
d All other revenue							
e Total. Add lines 11a-11d			682,272.				
12 Total revenue. See instructions.			7,425,317.	2,229,046.	0.	710,955.	

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**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
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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).

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

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 United States. See Part IV, line 21	2,497,431.	2,497,431.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,187.	47,315.	74,353.	13,519.
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	206,191.	72,167.	113,405.	20,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,894.	20,963.	32,942.	5,989.
10 Payroll taxes	24,689.	8,641.	13,579.	2,469.
11 Fees for services (non-employees):				
a Management	841,136.		841,136.	
b Legal	4,368.	4,368.		
c Accounting	24,711.		24,711.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,000.		28,000.	
12 Advertising and promotion				
13 Office expenses	100,305.	35,065.	47,149.	18,091.
14 Information technology				
15 Royalties				
16 Occupancy	80,657.		80,657.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,582.	10,607.		16,975.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,670.		14,670.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ANNUITY PAYMENTS	35,710.	35,710.		
b MISCELLANEOUS	34,024.		25,704.	8,320.
c COMMUNITY EVENTS	14,267.			14,267.
d ALLOCATION OF MARKETING	4,401.			4,401.
e All other expenses	<243,550.>	3,510.	<249,570.>	2,510.
25 Total functional expenses. Add lines 1 through 24e	3,889,673.	2,735,777.	1,046,736.	107,160.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF WESTERN VIRGINIA
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,568,071.	2	1,387,459.
	3 Pledges and grants receivable, net	703,506.	3	743,738.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,589.	9	18,011.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	112,713.		
	b Less: accumulated depreciation	83,762.	10c	28,951.
	11 Investments - publicly traded securities	46,482,900.	11	52,636,886.
	12 Investments - other securities. See Part IV, line 11	566,756.	12	584,100.
	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)	49,375,293.	16	55,399,145.	
Liabilities	17 Accounts payable and accrued expenses	7,593.	17	4,087.
	18 Grants payable	202,100.	18	154,127.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,364,255.	25	2,624,847.
	26 Total liabilities. Add lines 17 through 25	2,573,948.	26	2,783,061.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	45,494,125.	27	51,199,103.
	28 Temporarily restricted net assets	1,307,220.	28	1,416,981.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	46,801,345.	33	52,616,084.
	34 Total liabilities and net assets/fund balances	49,375,293.	34	55,399,145.

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

Form 990 (2012)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,425,317.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,889,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,535,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,801,345.
5	Net unrealized gains (losses) on investments	5	2,279,095.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,616,084.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
	☐	☐
2a	☐	☒
	☐	☐
2b	☒	☐
	☐	☐
2c	☒	☐
	☐	☐
3a	☐	☒
3b	☐	☐

Form **990** (2012)

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

2012

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 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 - Non-functionally integrated
- 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?
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule A (Form 990 or 990-EZ) 2012 **D/B/A FOUNDATION FOR ROANOKE VALLEY** 54-1959458 Page **2**

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,462,543.	2,126,170.	7,262,917.	4,618,498.	4,485,316.	20,955,444.
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	2,462,543.	2,126,170.	7,262,917.	4,618,498.	4,485,316.	20,955,444.
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 Public support. Subtract line 5 from line 4						20,955,444.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	2,462,543.	2,126,170.	7,262,917.	4,618,498.	4,485,316.	20,955,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	759,230.	428,247.	574,517.	648,779.	2,257,729.	4,668,502.
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.)	444,538.	422,339.	480,865.	628,985.	682,272.	2,658,999.
11 Total support. Add lines 7 through 10						28,282,945.

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 2012 (line 6, column (f) divided by line 11, column (f))	14	74.09 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	79.59 %

16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 ☐

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012**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	95	20
2 Aggregate contributions to (during year)	1,228,754.	55,820.
3 Aggregate grants from (during year)	823,532.	27,200.
4 Aggregate value at end of year	10,625,472.	988,222.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|--|
| ☐ Preservation of land for public use (e.g., recreation or 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 XIII, 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 XIII, 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 | ▶ \$ _____ |

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2012

D/B/A FOUNDATION FOR ROANOKE VALLEY

54-1959458 Page 2

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

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

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

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

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 XIII and complete the following table:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII ☐

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 current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(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	112,713.		83,762.	28,951.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				28,951.

Schedule D (Form 990) 2012

COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2012

D/B/A FOUNDATION FOR ROANOKE VALLEY

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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) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	2,363,069.
(3) CHARITABLE GIFT ANNUITY PAYMENTS	261,778.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2012

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COMMUNITY FOUNDATION OF WESTERN VIRGINIA

Schedule D (Form 990) 2012

D/B/A FOUNDATION FOR ROANOKE VALLEY

54-1959458 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,704,412.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,279,095.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,279,095.
3	Subtract line 2e from line 1	3	7,425,317.
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 XIII.)	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	7,425,317.

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

1	Total expenses and losses per audited financial statements	1	3,889,673.
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 XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,889,673.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,889,673.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME

TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC);

ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A

PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE

FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED

TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2013. FISCAL YEARS ENDING ON

OR AFTER JUNE 30, 2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE

AUTHORITIES. IT IS NOT CATEGORIZED AS A PRIVATE FOUNDATION AND HAS NO

Schedule D (Form 990) 2012

**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

2012



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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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
APPLE RIDGE FARM, INC. 541 LUCK AVE STE. 304 ROANOKE, VA 24016	54-1409250	501(C)(3)	65,000.	0.			TO SUPPORT ACADEMIC SUMMER CAMP AND BUILD AN OUTDOOR CLASSROOM PAVILION
BETHANY HALL 1109 FRANKLIN RD SW ROANOKE, VA 24016	54-1516806	501(C)(3)	65,960.	0.			TO UPDATE THE FACILITY'S KITCHEN AND FOR GENERAL SUPPORT
BLUE RIDGE LAND CONSERVANCY 722 FIRST ST. SW, SUITE L ROANOKE, VA 24016	31-0496895	501(C)(3)	10,800.	0.			FOR GENERAL SUPPORT
BLUE RIDGE SOARING SOCIETY P. O. BOX 787 NEW CASTLE, VA 24127	54-6055669	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT
BOYS & GIRLS CLUBS OF SOUTHWEST VIRGINIA - 1714 9TH STREET, SE - ROANOKE, VA 24013	54-1867366	501(C)(3)	27,375.	0.			TO SUPPORT THE PROJECT LEARN INITIATIVE AND THE IMAGE MAKERS PROGRAM
BOYS & GIRLS CLUBS OF THE BLUE RIDGE - 6 EAST MAIN ST - MARTINSVILLE, VA 24112	26-3166453	501(C)(3)	22,000.	0.			TO SUPPORT SMART MOVES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

54-1959458

Page 1

Schedule I (Form 990) 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
BRAIN INJURY SERVICES OF SWVA 3904 FRANKLIN RD., STE B ROANOKE, VA 24014	54-2011536	501(C)(3)	25,000.	0.			TO ASSIST INDIVIDUALS AND FAMILIES IN THE ROANOKE VALLEY WITH BRAIN INJURIES
CARILION MEDICAL CENTER 101 ELM ST. SW ROANOKE, VA 24013	54-0506332	501(C)(3)	20,707.	0.			TO SUPPORT THE CANCER CENTER SUNSHINE FUND, CHILDREN'S HOSPITAL FAMILY CAMP, PROJECT BACK
CENTER FOR RELIGIOUS TOLERANCE 520 RALPH STREET SARASOTA, FL 34242	20-5782137	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
CHARITY LEAGUE OF MARTINSVILLE & HENRY CO. - PO BOX 3613 - MARTINSVILLE, VA 24115	51-0246455	501(C)(3)	12,000.	0.			EDUCATION/SCHOLARSHIPS
CHILD HEALTH INVESTMENT PARTNERSHIP - 1201 3RD STREET SW - ROANOKE, VA 24016	54-1566451	501(C)(3)	15,000.	0.			TO SUPPORT THE BEGIN WITH A GRIN PROGRAM
CHILDREN'S TRUST ROANOKE VALLEY 541 LUCK AVE., SUITE 308 ROANOKE, VA 24016	51-0235891	501(C)(3)	15,000.	0.			TO SUPPORT THE FAMILY ADVOCATE PROJECT
CITIZENS AGAINST FAMILY VIOLENCE P.O.D. 352 MARTINSVILLE, VA 24114	54-1199987	501(C)(3)	10,000.	0.			FOR EMERGENCY SHELTER SERVICES FOR WOMEN AND CHILDREN
CLOTHE A CHILD P. O. BOX 218 FIELDALE, VA 24089		CHURCH	5,000.	0.			TO SUPPORT CLOTHE-A-CHILD
COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY - P. O. BOX 6009 - CHRISTIANSBURG, VA 24068	54-1740455	501(C)(3)	10,000.	0.			FOR THE PULASKI LIBRARY FUND

Schedule I (Form 990)

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

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Schedule I (Form 990) 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
COMMUNITY OUTREACH PROGRAM 305 MOUNTAIN AVE. ROANOKE, VA 24016	01-0583325	501(C)(3)	20,883.	0.			TO PROVIDE EDUCATIONAL SUPPLIES AND PROGRAMS TO CHILDREN
COUNCIL OF COMMUNITY SERVICES 502 CAMPBELL AVENUE, SW ROANOKE, VA 24016	54-0718859	501(C)(3)	22,000.	0.			DESIGNATED FOR BOTETOURT RESOURCE CENTER
CRAIG COUNTY HIGH SCHOOL P. O. BOX 245 NEW CASTLE, VA 24127		GOVT ENTITY	9,425.	0.			DESIGNATED FOR THE ART DEPARTMENT
CRAIG COUNTY RECREATION AND CONSERVATION INC - P. O. BOX 371 - NEW CASTLE, VA 24127	27-3076198	501(C)(3)	19,850.	0.			TO PURCHASE MATERIALS AND TO BUILD A BACK STOP AND FENCE FOR FIELD #4
DELVIN HAIRSTON MEMORIAL FUND P. O. BOX 466 MARTINSVILLE, VA 24114	20-0588816	501(C)(3)	5,000.	0.			FOR LET'S SWIM 2013
EMORY & HENRY PO BOX 947 EMORY, VA 24327	54-0505892	501(C)(3)	5,000.	0.			EDUCATION/SCHOLARSHIPS
FAMILY SERVICE OF ROANOKE VALLEY 360 CAMPBELL AVE SW ROANOKE, VA 24016	54-0505946	501(C)(3)	10,000.	0.			TO PROVIDE IN-HOME CASE MANAGEMENT, COUNSELING SERVICES, AND EDUCATIONAL WORKSHOPS TO OLDER
FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION - 3 STARLING AVE. - MARTINSVILLE, VA 24112	54-0839746	501(C)(3)	5,200.	0.			TO SUPPORT THE SAFETY PROGRAM AND FOR AQUATIC IMPROVEMENTS
FIRST BAPTIST CHURCH OF MARTINSVILLE - 23 STARLING AVENUE - MARTINSVILLE, VA 24114		CHURCH	35,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

54-1959458 Page 1

Schedule I (Form 990) 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
FLOYD COUNTY VOLUNTEER FIRE DEPARTMENT - 1710 KING'S STORE ROAD - CHECK, VA 24072	51-0214464	501(C)(3)	12,830.	0.			TO PURCHASE A NEW THERMAL IMAGER CAMERA AND A POSITIVE PRESSURE FAN
FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT - P. O. BOX 8873 - ROANOKE, VA 24014	541934695	501(C)(3)	8,514.	0.			TO PURCHASE EQUIPMENT THAT IS NOT DONATED IN SUFFICIENT QUANTITIES TO MEET THE NEEDS OF THE
FREE CLINIC OF FRANKLIN COUNTY PO BOX 764							
ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT
GLENVAR HIGH SCHOOL 4549 MALUS DRIVE SALEM, VA 24153	54-6001576	501(C)(3)	25,000.	0.			TO SUPPORT THE FOOTBALL PROGRAM
GLENVAR MIDDLE SCHOOL 4555 MALUS DR SALEM, VA 24153	54-6001576	501(C)(3)	5,000.	0.			TO SUPPORT THE FOOTBALL PROGRAM
GOOD SAMARITAN HOSPICE, INC. 2408 ELECTRIC RD SW ROANOKE, VA 24018	54-1608259	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21204	52-0591613	501(C)(3)	5,348.	0.			EDUCATION/SCHOLARSHIPS
GRACE ASSEMBLY OF GOD 5530 CATAWBA VALLEY DRIVE CATAWBA, VA 24070	62-1460383	CHURCH	14,725.	0.			TO HELP WITH START UP COSTS WITH STARTING AN ADULT DAY CARE FACILITY
GRACE NETWORK OF MHC PO BOX 3902 MARTINSVILLE, VA 24115	20-3111703	501(C)(3)	20,000.	0.			TO SUPPORT PROJECT HEAT

Schedule I (Form 990)

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

54-1959458 Page 1

Schedule I (Form 990) 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
GRANDIN THEATRE FOUNDATION 1310 GRANDIN RD. ROANOKE, VA 24015	01-0557881	501(C)(3)	95,000.	0.			TO UPGRADE THE 35 MM PROJECTION EQUIPMENT TO DIGITAL
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMPDEN-SYDNEY, VA 23943	54-0505906	501(C)(3)	5,000.	0.			EDUCATION/SCHOLARSHIPS
HISTORICAL SOCIETY OF WESTERN VIRGINIA - PO BOX 1904 - ROANOKE, VA 24008	54-0718794	501(C)(3)	9,500.	0.			TO SUPPORT GENERAL OPERATIONS FOR THE O. WINSTON LINK MUSEUM
JACK KENT ORAL AND MAXILLOFACIAL SURGERY FOUNDATION - 2003 FORSYTHE AVENUE - MONROE, LA 71201	26-0706702	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
JEFFERSON CENTER FOUNDATION 541 LUCK AVENUE STE 221 ROANOKE, VA 24016	62-1392982	501(C)(3)	30,000.	0.			TO SUPPORT THE JEFFERSON CENTER "SONG PROJECT"
KIDS IN CRISIS INC ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)(3)	5,000.	0.			DESIGNATED TO HELP SANDY HOOK ELEMENTARY SCHOOL IN NEWTOWN, CT
LEGAL AID SOCIETY OF ROANOKE VALLEY - 132 CAMPBELL AVE. SW # 200 - ROANOKE, VA 24011	54-0856327	501(C)(3)	37,000.	0.			TO HIRE A FULL TIME ATTORNEY TO REPRESENT VICTIMS OF DOMESTIC VIOLENCE IN THE ROANOKE
LOCAL OFFICE ON AGING PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	30,000.	0.			TO BE DESIGNATED FOR THE SENIOR COMPANION PROGRAM TO BE USED IN ACCORDANCE WITH THE BELONGING
MARTINSVILLE HENRY CO. CHAMBER OF COMMERCE EDUCATION FOUNDATION - PO BOX 709 - MARTINSVILLE, VA 24114	20-4844332	501(C)(3)	5,000.	0.			TO PROVIDE SCHOLARSHIPS FOR THE YOUTH LEADERSHIP PROGRAM

Schedule I (Form 990)

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

54-1959458 Page 1

Schedule I (Form 990) 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
MARTINSVILLE HENRY COUNTY CHAMBERS PARTNERSHIP FOR ECONOMIC GROWTH - P. O. BOX 709 - MARTINSVILLE, VA 24114	204844332	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT
MARTINSVILLE HENRY COUNTY COALITION FOR HEALTH AND WELLNESS - 22 E CHURCH ST. SUITE 312 - MARTINSVILLE, VA 24112	20-2448149	501(C)(3)	46,180.	0.			FOR LADIES FIRST PROGRAM AND GENERAL SUPPORT
MED-RIDE 141 EAST MAIN STREET STE 500 PULASKI, VA 24301	54-1022999	501(C)(3)	5,000.	0.			TO REIMBURSE VOLUNTEERS WHO PROVIDE FLOYD COUNTY RESIDENTS WITH TRANSPORTATION TO AND FROM BUILDING GRANTEE'S
MENTAL HEALTH AMERICA - ROANOKE VALLEY CHAPTER - PO BOX 592 - ROANOKE, VA 24004	54-0703132	501(C)(3)	60,000.	0.			CAPACITY TO SERVE ITS CLIENTS THROUGH ADDITIONAL STAFFING AND
MOUNTAIN VALLEY HOSPICE & PALLIATIVE CARE - 22099 JEB STUART DR. - STUART, VA 24171	56-1346589	501(C)(3)	5,000.	0.			FOR HOSPICE CARE
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	7,500.	0.			DESIGNATED FOR YOUTH PROGRAM INITIATIVES AND INFRASTRUCTURE TO EDUCATE YOUTH IN THE HISTORICAL
NORTH CROSS SCHOOL 4254 COLONIAL AVE ROANOKE, VA 24018	54-0699572	501(C)(3)	10,000.	0.			TO PROVIDE SUMMER CAMP SCHOLARSHIPS, DESIGNATED FOR THE MIDDLE SCHOOL BUILDING FUND, AND FOR
OAKLAND SCHOOL INC BOYD TAVERN KESWICK, VA 22947	54-0884554	501(C)(3)	5,000.	0.			\$2500 DESIGNATED FOR THE NEW SCHOLARSHIP FUND AND \$2500 FOR UNRESTRICTED USE
OUR LADY OF PERPETUAL HELP 314 TURNER RD SALEM, VA 24153	54-0739217	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990) 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
PARTNERSHIP FOR FLOYD P.O. BOX 53 FLOYD, VA 24091	200738033	501(C)(3)	5,000.	0.			TO PAY FOR THE COMPLETION OF A PARK PAVILION
PIEDMONT VIRGINIA DENTAL HEALTH FOUNDATION - P. O. BOX 591 - MARTINSVILLE, VA 24114	20-1468244	501(C)(3)	5,000.	0.			SUPPORT OF DENTAL CLINIC
PRESBYTERIAN CHILDREN'S HOME OF THE HIGHLANDS, INC. - PO BOX 545 - WYTHEVILLE, VA 24382	54-0733972	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT
PRESBYTERIAN COMMUNITY CENTER 1288 JAMISON AVE ROANOKE, VA 24013	54-1610899	501(C)(3)	22,394.	0.			TO SUPPORT THE COUNSELING AND MENTAL HEALTH SERVICES AND FOR GENERAL SUPPORT
PRESBYTERIAN HOME & FAMILY SERVICES, INC. - 150 LINDEN AVE - LYNCHBURG, VA 24503	54-0346118	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT
PRICE MEMORIAL AME ZION CHURCH 506 15TH STREET NW ROANOKE, VA 24012		CHURCH	10,000.	0.			FOR GENERAL SUPPORT
REBUILDING TOGETHER PO BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	80,000.	0.			TO PURCHASE THREE AUTOMATED EXTERNAL DEFIBRILLATORS
RESCUE MISSION OF ROANOKE PO BOX 11525 ROANOKE, VA 24022	54-0573900	501(C)(3)	5,355.	0.			TO SUPPORT THE MAKING HISTORY LIVE! JAMESTOWN PROGRAM AND UNDERWRITE STUDENT MATINEE
ROANOKE CHILDREN'S THEATRE PO BOX 4392 ROANOKE, VA 24015	26-3128430	501(C)(3)	16,500.	0.			

Schedule I (Form 990)

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

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Schedule I (Form 990) 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 CITY PUBLIC SCHOOLS 40 DOUGLASS AVENUE ROANOKE, VA 24012	546002570	501(C)(3)	5,310.	0.			TO COVER THE COSTS OF THE PRESENTATION FEE FOR DR. MICHAEL C. MCKENNA AND TO PURCHASE BOOKS FOR
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	501(C)(3)	18,153.	0.			DESIGNATED FOR FINTEL LIBRARY AND GENERAL SUPPORT
ROANOKE COMMUNITY GARDEN ASSOCIATION INC - 655 HIGHLAND AVE SE - ROANOKE, VA 24013	26-2082150	501(C)(3)	70,000.	0.			TO TRANSFORM A VACANT UNUSED PARCEL OF LAND CONTIGUOUS WITH THE MOUNTAIN VIEW RECREATION
SAINT FRANCIS SERVICE DOGS 8232 ENON DR ROANOKE, VA 24019	54-1806879	501(C)(3)	48,837.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS OVER THE AGE OF 60 FOR A SERVICE DOG AND FOR \$16,000 FROM THE COMMUNITY CATALYST FUNDS - \$10,000 TO BE USED TO PURCHASE FOOD FOR
SALEM MINISTERS CONFERENCE COMMUNITY FOOD PANTRY - P.O. BOX 288 - SALEM, VA 24153	54-1641990	501(C)(3)	20,000.	0.			TO PROVIDE CARE AND ASSISTANCE TO BATTERED WOMEN
SEXUAL ASSAULT RESPONSE AND AWARENESS INC - 3034 BRAMBLETON AVE. SW - ROANOKE, VA 24015	27-5494784	501(C)(3)	5,000.	0.			TO SUPPORT THE VIRGINIA START QUALITY INITIATIVE FOR SCHOOL READINESS BY PURCHASING MATERIALS
SMART BEGINNINGS GREATER ROANOKE 325 CAMPBELL AVE. ROANOKE, VA 24016	54-0535302	501(C)(3)	10,000.	0.			TO HIRE HIGH-QUALIFIED INTERNS AND CAMP DIRECTOR FOR FOUR-WEEK SUMMER ENRICHMENT CAMP IN
SML GOOD NEIGHBORS INC 60 HARBOUR CT. MONETA, VA 24121	26-1274000	501(C)(3)	7,480.	0.			
SOUTHERN AREA AGENCY ON AGING INC. PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	12,560.	0.			TO SUPPORT CANCER PATIENTS

Schedule I (Form 990)

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

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Schedule I (Form 990) 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
ST JOHNS EPISCOPAL CHURCH P. O. BOX 257 ROANOKE, VA 24002		CHURCH	20,000.	0.			DESIGNATED FOR THE OUTREACH FUND
STORYDANCER PROJECT PO BOX 31099 SANTA FE, NM 87594	01-0848334	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT
TACKFULLY TEAMED RIDING ACADEMY INC - 7975 HENRY RD. - HENRY, VA 24102	65-1201947	501(C)(3)	20,000.	0.			HEALTH HORSES AND HEROES PROGRAM
TAUBMAN MUSEUM OF ART 110 SALEM AVE ROANOKE, VA 24011	54-6026841	501(C)(3)	43,000.	0.			TO PROVIDE SUMMER CAMP SCHOLARSHIPS, PURCHASE SUPPLIES FOR AND PAY SUMMER CAMP FACULTY, AND TO PURCHASE DURABLE MEDICAL EQUIPMENT FOR THE LOAN CLOSET LOCATED IN ROANOKE, VA
THE AMYOTROPHIC LATERAL SCLEROSIS ASSOC - 7507 STANDISH PLACE - ROCKVILLE, MD 20855	52-1749047	501(C)(3)	7,830.	0.			FOR GENERAL SUPPORT
THE CENTER FOR TEACHING THE RULE OF LAW - ROANOKE COLLEGE, 9 COLLEGE LANE - SALEM, VA 24153	46-1477446	501(C)(3)	50,000.	0.			TO SUPPORT 2013 BACK TO SCHOOL PROGRAM
THE COMMUNITY FELLOWSHIP PO BOX 388 COLLINSVILLE, VA 24078	20-5606264	501(C)(3)	5,000.	0.			TO SUPPORT THE WELCOME HOME FUND BY PROVIDING LOANS, FINANCIAL SUPPORT AND SUBSTANCE ABUSE
TOTAL ACTION AGAINST POVERTY P.O. BOX 2868 ROANOKE, VA 24001	546057095	501(C)(3)	15,000.	0.			TO PROVIDE FINANCIAL INCENTIVE AND SUPPORT TO THOSE STUDENTS WHO ARE MOST NEEDY AND WORTHY OF
UNITED PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	7,000.	0.			

Schedule I (Form 990)

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARTINSVILLE & HENRY COUNTY - P.O. BOX 951 - MARTINSVILLE, VA 24114	54-0753318	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
UNITED WAY OF ROANOKE VALLEY, INC 325 CAMPBELL AVE ROANOKE, VA 24016	54-0535302	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT
VIRGINIA ATHLETICS FOUNDATION PO BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT
VIRGINIA COOPERATIVE EXTENSION FLOYD COUNTY - P.O. BOX 218 - FLOYD, VA 24091		GOVT ENTITY	6,250.	0.			TO SUPPORT THE FOOD & NUTRITION PROGRAM SERVING LOW-INCOME FAMILIES IN FLOYD COUNTY TO INCLUDE
VIRGINIA TECH 150 STUDENT SERVICES BLDG BLACKSBURG, VA 24061	54-0721690	501(C)(3)	8,000.	0.			EDUCATION/SCHOLARSHIPS
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD (0336) BLACKSBURG, VA 24061	54-0721690	501(C)(3)	5,000.	0.			FOR THE CENTER FOR THE ARTS
VIRGINIA WESTERN COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - P.O. BOX 14007 - ROANOKE, VA 24038-4007	52-1200913	501(C)(3)	20,000.	0.			TO SUPPORT THE CCAP SCHOLARSHIP PROGRAM
W.VA FOUNDATION FOR THE ARTS AND SCIENCES - 1 MARKET SQUARE SE, 5TH FLOOR - ROANOKE, VA 24011	51-0238900	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST LEXINGTON, VA 24450	54-0505977	501(C)(3)	5,348.	0.			EDUCATION/SCHOLARSHIPS

Schedule I (Form 990)

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

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Page 1

Schedule I (Form 990) 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
WEST END CENTER PO BOX 4562 ROANOKE, VA 24015	54-1150320	501(C)(3)	5,000.	0.			TO SUPPORT TO WEST END CENTER LEADERS, TUTORING AND AFTER-SCHOOL PROGRAMS, AND FOR GENERAL
WESTERN VIRGINIA FOUNDATION FOR THE ARTS AND SCIENCES - 1 MARKET SQ. SE 5TH FLOOR - ROANOKE, VA 24011	51-0238900	501(C)(3)	42,307.	0.			DESIGNATED FOR THE CAPITAL CAMPAIGN AND FOR GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY FOREST STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	10,000.	0.			FOR THE AMICI FUND
WOODLAWN UNITED METHODIST CHURCH 2922 CORBIESHAW RD ROANOKE, VA 24015	54-6129113	CHURCH	11,193.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

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

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Schedule I (Form 990) (2012)

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, Part III, column (b), 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: CARILION MEDICAL CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CANCER CENTER
SUNSHINE FUND, CHILDREN'S HOSPITAL FAMILY CAMP, PROJECT BACK ON TRACK,
CARILION HOSPICE AND TO PROVIDE SCHOLARSHIPS TO PATIENTS PARTICIPATING IN
HIPPO THERAPY.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF ROANOKE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE IN-HOME CASE MANAGEMENT,
COUNSELING SERVICES, AND EDUCATIONAL WORKSHOPS TO OLDER ADULTS, FAMILIES,
AND THEIR SERVICE PROVIDERS AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE EQUIPMENT THAT IS NOT
DONATED IN SUFFICIENT QUANTITIES TO MEET THE NEEDS OF THE ELDERLY WHO ARE
APPLYING FOR ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID SOCIETY OF ROANOKE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE A FULL TIME ATTORNEY TO
REPRESENT VICTIMS OF DOMESTIC VIOLENCE IN THE ROANOKE VALLEY

NAME OF ORGANIZATION OR GOVERNMENT: LOCAL OFFICE ON AGING

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

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

Part IV Supplemental Information

APPOINTMENTS AND TO PAY TO MAINTAIN A TOLL-FREE TELEPHONE LINE

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH AMERICA - ROANOKE VALLEY CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD GRANTEE'S CAPACITY TO SERVE ITS CLIENTS THROUGH ADDITIONAL STAFFING AND TO EDUCATE OLDER ADULTS (AGE 55 OR OLDER) ABOUT MENTAL WELLNESS IN ACCORDANCE WITH THE BELONGING INITIATIVE GRANT AGREEMENT, AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL D-DAY MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR YOUTH PROGRAM INITIATIVES AND INFRASTRUCTURE TO EDUCATE YOUTH IN THE HISTORICAL EVENT OF WORLD WAR II, AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CROSS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUMMER CAMP SCHOLARSHIPS, DESIGNATED FOR THE MIDDLE SCHOOL BUILDING FUND, AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: REBUILDING TOGETHER

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

NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE CHILDREN'S THEATRE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MAKING HISTORY LIVE! JAMESTOWN PROGRAM AND UNDERWRITE STUDENT MATINEE ATTENDANCE

NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE CITY PUBLIC SCHOOLS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO COVER THE COSTS OF THE PRESENTATION FEE FOR DR. MICHAEL C. MCKENNA AND TO PURCHASE BOOKS FOR ELEMENTARY AND SECONDARY TEACHERS AS PART OF THE FRV SHEDD FUND SYMPOSIUM

NAME OF ORGANIZATION OR GOVERNMENT:

ROANOKE COMMUNITY GARDEN ASSOCIATION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRANSFORM A VACANT UNUSED PARCEL OF LAND CONTIGUOUS WITH THE MOUNTAIN VIEW RECREATION CENTER INTO A PERMANENT AND SUSTAINABLE ORGANIC COMMUNITY GARDEN/LOCAL FOOD PROJECT IN THE MOUNTAIN VIEW NEIGHBORHOOD OF SW ROANOKE CITY

NAME OF ORGANIZATION OR GOVERNMENT: SAINT FRANCIS SERVICE DOGS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS OVER THE AGE OF 60 FOR A SERVICE DOG AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

SALEM MINISTERS CONFERENCE COMMUNITY FOOD PANTRY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$16,000 FROM THE COMMUNITY CATALYST FUNDS - \$10,000 TO BE USED TO PURCHASE FOOD FOR FAMILIES IN NEED AND \$6,000 TO ASSIST FAMILIES WITH RENT; \$4,000 FROM THE MARION S. AND WILLIE Z. CAMP FUND FOR ELDERCARE TO ASSIST SENIORS WITH RENT.

NAME OF ORGANIZATION OR GOVERNMENT: SMART BEGINNINGS GREATER ROANOKE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE VIRGINIA START QUALITY INITIATIVE FOR SCHOOL READINESS BY PURCHASING MATERIALS NEEDED

NAME OF ORGANIZATION OR GOVERNMENT: SML GOOD NEIGHBORS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HIRE HIGH-QUALIFIED INTERNS AND

Part IV Supplemental Information

CAMP DIRECTOR FOR FOUR-WEEK SUMMER ENRICHMENT CAMP IN FRANKLIN COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: TAUBMAN MUSEUM OF ART

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUMMER CAMP SCHOLARSHIPS,
PURCHASE SUPPLIES FOR AND PAY SUMMER CAMP FACULTY, AND FOR GENERAL
SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: TOTAL ACTION AGAINST POVERTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WELCOME HOME FUND BY
PROVIDING LOANS, FINANCIAL SUPPORT AND SUBSTANCE ABUSE TREATMENT CLASSES
FOR VETERANS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED PRESBYTERIAN SEMINARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL INCENTIVE AND
SUPPORT TO THOSE STUDENTS WHO ARE MOST NEEDY AND WORTHY OF HELP AND WHO
WILL MAKE THE BEST USE OF THE SCHOLARSHIP FUNDS IN PURSUING THEIR
EDUCATIONAL GOALS

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA COOPERATIVE EXTENSION FLOYD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FOOD & NUTRITION
PROGRAM SERVING LOW-INCOME FAMILIES IN FLOYD COUNTY TO INCLUDE PURCHASING
PROGRAM MATERIALS, TO TRAIN AN UPCOMING CLASS OF VOLUNTEERS, AND TO COVER
EXPENSES OF AN AMERICORPS VISTA WORKER TO COORDINATE THE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WEST END CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TO WEST END CENTER
LEADERS, TUTORING AND AFTER-SCHOOL PROGRAMS, AND FOR GENERAL SUPPORT

**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

2012

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	53	855,653.	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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2012)

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

2012

Open to Public
Inspection

Name of the organization

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

Employer identification number
54-1959458

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

RESPONSIBLE STEWARDSHIP FOR 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
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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 XII, LINE 2C

THE PROCESS OF FINANCIAL STATEMENT REVIEW AND OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART IX, LINE 24E

NEGATIVE NUMBER IN MISCELLANEOUS EXPENSE

THE \$249,570 NEGATIVE NUMBER ON PAGE 10, LINE 24E, COLUMN C, REPRESENTS A NET RECOVERY OF BAD DEBTS.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- 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 or other filer, see instructions. COMMUNITY FOUNDATION OF WESTERN VIRGINIA D/B/A FOUNDATION FOR ROANOKE VALLEY	Employer identification number (EIN) or 54-1959458
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1159	Social security number (SSN)
	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)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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

ALAN E. RONK, EXEC. DIR.

- The books are in the care of ► **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, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

- 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-EQ and Form 8879-EQ for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2013)