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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

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

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

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
ROANOKE, VA 24006

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

D Employer identification number
54-1959458

E Telephone number
540-985-0204

G Gross receipts $ 7,081,357.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FOUNDATIONFORROANOKEVALLEY.ORG

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

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

Part I Summary

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	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	23
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,485,316.	3,662,039.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,254,083.	2,671,788.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	685,918.	747,530.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,425,317.	7,081,357.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,497,431.	2,637,276.
	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)	425,961.	469,708.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,791.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	966,281.	1,188,336.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,889,673.	4,295,320.
	19	Revenue less expenses. Subtract line 18 from line 12	3,535,644.	2,786,037.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	55,399,145.	62,079,793.
	21	Total liabilities (Part X, line 26)	2,783,061.	2,635,515.
	22	Net assets or fund balances. Subtract line 21 from line 20	52,616,084.	59,444,278.

RECEIVED FEB 09 2015

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 Alan E. Ronk Date 1/26/15

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

Paid Preparer Use Only

Print/Type preparer's name: MELISSA C. STANLEY
Preparer's signature: Melissa C. Stanley
Date: 01/26/15
Check ☐ if self-employed
PTIN: P00720497

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 FEB 18 2015

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 2,688,009. including grants of $ 2,637,276.) (Revenue $ _____)
GRANT-MAKING AND CHARITABLE CONTRIBUTIONS AND ANNUITIES FOR COMMUNITY DEVELOPMENT. SEE SCHEDULE I FOR MORE DETAIL.

4b (Code _____) (Expenses $ 218,318. 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 ▶ 2,906,327.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19		
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?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, 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		

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	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?	10a	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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply
[ ] Own website [X] Another's website [X] 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

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

Check if Schedule O contains a response or note to any line 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) RITA D. BISHOP BOARD MEMBER	0.20	X						0.	0.	0.
(2) LUCY R. ELLETT BOARD MEMBER	0.20	X						0.	0.	0.
(3) RUSSELL H. ELLIS BOARD MEMBER	0.20	X						0.	0.	0.
(4) ROBERT P. FRALIN BOARD MEMBER	0.20	X						0.	0.	0.
(5) JAMES W. MCADEN BOARD MEMBER	0.20	X						0.	0.	0.
(6) KATHRYN KRISCH OELSCHLAGER BOARD MEMBER	0.20	X						0.	0.	0.
(7) RANDALL RHEA, MD BOARD MEMBER	0.20	X						0.	0.	0.
(8) CLEO C. SIMS BOARD MEMBER	0.20	X						0.	0.	0.
(9) JIMMIE L. WADE BOARD MEMBER	0.20	X						0.	0.	0.
(10) TAMMY FINLEY BOARD MEMBER	0.20	X						0.	0.	0.
(11) CYNTHIA M. SHELOR BOARD MEMBER	0.20	X						0.	0.	0.
(12) WILLIAM D. ELLIOT BOARD MEMBER	0.20	X						0.	0.	0.
(13) STEPHEN A. MUSSELWHITE BOARD MEMBER	0.20	X						0.	0.	0.
(14) DEBORAH A. OEHLSCHLAEGER BOARD MEMBER	0.20	X						0.	0.	0.
(15) JERRY HIGGENBOTHAM BOARD MEMBER	0.20	X						0.	0.	0.
(16) STEPHEN W. LEMON BOARD MEMBER	0.20	X						0.	0.	0.
(17) FRANK G. CARTER BOARD MEMBER	0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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) NANCY V. DYE BOARD MEMBER	0.20	X						0.	0.	0.
(19) MELINDA T. CHITWOOD BOARD MEMBER - CHAIR	0.20	X		X				0.	0.	0.
(20) SUSAN K. STILL BOARD MEMBER - VICE CHAIR	0.20	X		X				0.	0.	0.
(21) A. DAMON WILLIAMS BOARD MEMBER - TREASURER	0.20	X		X				0.	0.	0.
(22) ALAN E. RONK EXECUTIVE DIRECTOR	37.50			X				137,543.	0.	14,916.
1b Sub-total ▶								137,543.	0.	14,916.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								137,543.	0.	14,916.

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 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	3,662,039.				
	g Noncash contributions included in lines 1a-1f $ 874,243.						
	h **Total.** Add lines 1a-1f ▶			3,662,039.			
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) ▶			761,913.			761,913.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	1,909,875.					
	b Less: cost or other basis and sales expenses	0.					
	c Gain or (loss)	1,909,875.					
	d Net gain or (loss) ▶			1,909,875.	1,909,875.		
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events ▶						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue		**Business Code**				
	11 a ADMINISTRATIVE FEE INCOME		900099	728,976.	728,976.		
	b MISC REVENUE		900099	18,554.	18,554.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			747,530.			
	12 **Total revenue.** See instructions. ▶			7,081,357.	2,657,405.	0.	761,913.

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 or note to any line in this Part IX [X]

	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	2,637,276.	2,637,276.		
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	139,000.	48,650.	76,450.	13,900.
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	226,169.	79,159.	124,393.	22,617.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	78,047.	27,316.	42,926.	7,805.
10	Payroll taxes	26,492.	9,272.	14,571.	2,649.
11	Fees for services (non-employees):				
a	Management	929,618.		929,618.	
b	Legal	1,438.	1,438.		
c	Accounting	22,757.		22,757.	
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.)	12,000.		12,000.	
12	Advertising and promotion				
13	Office expenses	83,539.	30,107.	36,346.	17,086.
14	Information technology				
15	Royalties				
16	Occupancy	90,611.		90,611.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,472.	17,236.		17,236.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,992.		7,992.	
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	50,733.	50,733.		
b	MISCELLANEOUS	23,687.	1,380.	13,717.	8,590.
c	COMMUNITY EVENTS	13,887.			13,887.
d	MARKETING	9,011.			9,011.
e	All other expenses SEE SCH O	<91,409.>	3,760.	<98,179.>	3,010.
25	**Total functional expenses.** Add lines 1 through 24e	4,295,320.	2,906,327.	1,273,202.	115,791.
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line 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	1,387,459.	2	1,540,505.
	3	Pledges and grants receivable, net	743,738.	3	2,481,838.
	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	584,100.	7	478,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,011.	9	18,204.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 114,485.			
	b	Less: accumulated depreciation — 10b: 91,754.	28,951.	10c	22,731.
	11	Investments - publicly traded securities	52,636,886.	11	57,538,515.
	12	Investments - other securities See Part IV, line 11		12	
	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)	55,399,145.	16	62,079,793.
Liabilities	17	Accounts payable and accrued expenses	4,087.	17	24,283.
	18	Grants payable	154,127.	18	76,750.
	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	2,624,847.	25	2,534,482.
	26	**Total liabilities.** Add lines 17 through 25	2,783,061.	26	2,635,515.
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	51,199,103.	27	56,386,500.
	28	Temporarily restricted net assets	1,416,981.	28	3,057,778.
	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	52,616,084.	33	59,444,278.
	34	Total liabilities and net assets/fund balances	55,399,145.	34	62,079,793.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,081,357.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,295,320.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,786,037.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,616,084.
5	Net unrealized gains (losses) on investments	5	4,042,157.
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	59,444,278.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - 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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,126,170.	7,262,917.	4,618,498.	4,485,316.	3,662,039.	22,154,940.
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	2,126,170.	7,262,917.	4,618,498.	4,485,316.	3,662,039.	22,154,940.
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						22,154,940.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,126,170.	7,262,917.	4,618,498.	4,485,316.	3,662,039.	22,154,940.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	428,247.	574,517.	648,779.	2,257,729.	2,671,788.	6,581,060.
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.)	422,339.	480,865.	628,985.	682,272.	747,530.	2,961,991.
11 **Total support.** Add lines 7 through 10						31,697,991.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	69.89 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.09 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 ▶ ☐

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

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.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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	101	20
2	Aggregate contributions to (during year)	1,257,690.	41,175.
3	Aggregate grants from (during year)	907,749.	29,370.
4	Aggregate value at end of year	12,072,709.	1,074,702.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e g , recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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 ▶ $ _____

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part 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:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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	114,485.		91,754.	22,731.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				22,731.

Schedule D (Form 990) 2013

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY FUNDS	2,291,259.
(3) CHARITABLE GIFT ANNUITY PAYMENTS	243,223.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	2,534,482.

2. Liability for uncertain tax positions 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 [X]

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	11,123,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	4,042,157.		
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	4,042,157.
3	Subtract line **2e** from line **1**			3	7,081,357.
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	7,081,357.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,295,320.
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	4,295,320.
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	4,295,320.

Part XIII Supplemental Information.

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:

EXPLANATION: 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, 2014. FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES. IT IS NOT CATEGORIZED AS A PRIVATE FOUNDATION AND HAS NO UNRELATED BUSINESS INCOME SUBJECT TO FEDERAL OR STATE INCOME TAX UNDER SECTION 511 OF THE IRC.

Part XIII Supplemental Information *(continued)*

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number 54-1959458

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 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
AMERICAN RED CROSS, ROANOKE VALLEY CHAPTER - 352 CHURCH AVE - ROANOKE, VA 24016	54-0538602	501(C)(3)	52,150.	0.			FOR GENERAL SUPPORT & THE HOPE IS FIREPROOF CAMPAIGN
APPLE RIDGE FARM, INC. 541 LUCK AVE STE. 304 ROANOKE, VA 24016	54-1409250	501(C)(3)	28,280.	0.			TO SUPPORT ACADEMIC SUMMER CAMP AND GENERAL SUPPORT
BETHANY HALL 1109 FRANKLIN RD SW ROANOKE, VA 24016	54-1516806	501(C)(3)	34,590.	0.			LONG-TERM RESIDENTIAL CARE PROGRAM, WOMEN WITH CHILDREN INITIATIVE, GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF SOUTHWEST VIRGINIA - 124 WELLS AVENUE NW - ROANOKE, VA 24016	54-0837136	501(C)(3)	10,687.	0.			STEM MENTORING PROGRAM AND GENERAL SUPPORT
BLUE RIDGE LAND CONSERVANCY 722 FIRST ST. SW, SUITE L ROANOKE, VA 24016	31-0496895	501(C)(3)	12,130.	0.			FOR GENERAL SUPPORT
BLUE RIDGE SOARING SOCIETY P. O. BOX 787 NEW CASTLE, VA 24127	54-6055669	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT

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.** **Schedule I (Form 990) (2013)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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10-29-13

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE ZOOLOGICAL SOCIETY OF VIRGINIA - PO BOX 13484 - ROANOKE, VA 24034	54-1030634	501(C)(3)	6,250.	0.			FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA, BLUE RIDGE MOUNTAINS COUNCIL - PO BOX 7606 - ROANOKE, VA 24019	54-0912706	501(C)(3)	6,830.	0.			SCOUTREACH PROGRAM AND GENERAL SUPPORT
BRADLEY FREE CLINIC 1240 THIRD ST SW ROANOKE, VA 24016	23-7380491	501(C)(3)	18,685.	0.			WELLNESS ADVOCATE PROGRAM AND GENERAL SUPPORT
CARILION MEDICAL CENTER 101 ELM ST. SW ROANOKE, VA 24013	54-0506332	501(C)(3)	16,722.	0.			TO SUPPORT THE CANCER CENTER SUNSHINE FUND, CHILDREN'S HOSPITAL FAMILY CAMP, AND
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)	17,048.	0.			TO PURCHASE BOOKS, PRINT NEWSLETTERS, PROVIDE NURSE-BASED CARE MGMT SERVICES AND GENERAL
CHILDREN'S TRUST ROANOKE VALLEY 541 LUCK AVE., SUITE 308 ROANOKE, VA 24016	51-0235891	501(C)(3)	89,273.	0.			TO SUPPORT THE FAMILY ADVOCATE PROJECT, SALARY AND GENERAL SUPPORT
CHRISTOPHER NEWPORT UNIVERSITY 1 UNIVERSITY PLACE NEWPORT NEWS, VA 23636		501(C)(3)	5,000.	0.			EDUCATION/SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ROANOKE 117 W. CHURCH AVE ROANOKE, VA 24011		501(C)(3)	40,000.	0.			PARKS AND ARTS SERIES
CLOTHE A CHILD P. O. BOX 218 FIELDALE, VA 24089		CHURCH	5,910.	0.			TO SUPPORT CLOTHE-A-CHILD
COUNCIL OF COMMUNITY SERVICES 502 CAMPBELL AVENUE, SW ROANOKE, VA 24016	54-0718859	501(C)(3)	22,500.	0.			DESIGNATED FOR BOTETOURT RESOURCE CENTER
DELVIN HAIRSTON MEMORIAL FUND P. O. BOX 466 MARTINSVILLE, VA 24114	20-0588816	501(C)(3)	7,750.	0.			FOR LET'S SWIM AND CHRISTMAS WISH 2014
DUKE UNIVERSITY-THE DIVINITY SCHOOL - P. O. BOX 90969 - DURHAM, NC 27708	56-0532129	501(C)(3)	10,000.	0.			EDUCATION/SCHOLARSHIPS
EMORY & HENRY PO BOX 947 EMORY, VA 24327	54-0505892	501(C)(3)	28,500.	0.			EDUCATION/SCHOLARSHIPS
FAMILY SERVICE OF ROANOKE VALLEY 360 CAMPBELL AVE SW ROANOKE, VA 24016	54-0505946	501(C)(3)	69,529.	0.			TECHNOLOGY UPGRADE, TO FUND COUNSELING SERVICES AND GENERAL SUPPORT
FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION - 3 STARLING AVE. - MARTINSVILLE, VA 24112	54-0839746	501(C)(3)	50,400.	0.			SUPPORT FOR CAPITAL, AFTER SCHOOL, SWIM AND HEALTH PROGRAMS
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)	12,920.	0.			BACKPACK PROGRAM, FAMILY FOOD DISTRIBUTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FERRUM COLLEGE PO BOX 1000 FERRUM, VA 24088	54-0506457	501(C)(3)	7,000.	0.			EDUCATION/SCHOLARSHIPS
FIRST BAPTIST CHURCH OF MARTINSVILLE - 23 STARLING AVENUE - MARTINSVILLE, VA 24114		CHURCH	43,000.	0.			FOR GENERAL SUPPORT
FLOYD COMMUNITY CENTER FOR THE ARTS - 220 PARKWAY LANE SUITE 1 - FLOYD, VA 24091	54-1750001	501(C)(3)	6,498.	0.			STUDIO ENHANCEMENT PROJECT
FRANKLIN COUNTY YMCA PO BOX 720 ROCKY MOUNT, VA 24151	54-1740065	501(C)(3)	17,720.	0.			SENIOR HEALTH ADVANTAGE PROGRAM
FREE CLINIC OF FRANKLIN COUNTY PO BOX 764 ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	73,000.	0.			FOR GENERAL SUPPORT AND START UP COSTS FOR ON-SITE LAB AND MEDICAL EQUIPMENT
FRIENDS OF INFINITY ACRES 136 JOPPA ROAD RIDGEWAY, VA 24148	90-0789086	501(C)(3)	7,000.	0.			ENABLE
GEORGE MASON UNIVERSITY 440 UNIVERSITY DRIVE 3B5 FAIRFAX, VA 22030	54-1603842	501(C)(3)	9,500.	0.			EDUCATION/SCHOLARSHIPS
GLENVAR HIGH SCHOOL 4549 MALUS DRIVE SALEM, VA 24153	54-6001576	501(C)(3)	25,500.	0.			TO SUPPORT THE FOOTBALL PROGRAM AND THEATRE ARTS
GLENVAR MIDDLE SCHOOL 4555 MALUS DR SALEM, VA 24153	54-6001576	501(C)(3)	5,000.	0.			TO SUPPORT THE FOOTBALL PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN HOSPICE, INC. 2408 ELECTRIC RD SW ROANOKE, VA 24018	54-1608259	501(C)(3)	14,250.	0.			FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF THE VALLEYS INC - PO BOX 6159 - ROANOKE, VA 24017	54-0884014	501(C)(3)	25,637.	0.			COMPUTER SKILLS TRAINING
GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21204	52-0591613	501(C)(3)	5,430.	0.			EDUCATION/SCHOLARSHIPS
GRACE NETWORK OF MHC PO BOX 3902 MARTINSVILLE, VA 24115	20-3111703	501(C)(3)	21,695.	0.			TO SUPPORT PROJECT HEAT, CRISIS INTERVENTION HOUSING ASSISTANCE, AND GENERAL SUPPORT
HABITAT FOR HUMANITY 403 SALEM AVENUE ROANOKE, VA 24016	54-1375465	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT
HAMPDEN-SYDNEY COLLEGE PO BOX 637 HAMDEN-SYDNEY, VA 23943	54-0505906	501(C)(3)	5,500.	0.			EDUCATION/SCHOLARSHIPS
HISTORICAL SOCIETY OF WESTERN VIRGINIA - PO BOX 1904 - ROANOKE, VA 24008	54-0718794	501(C)(3)	8,392.	0.			TO SUPPORT THE O. WINSTON LINK MUSEUM, HISTORY MUSEUM, AND MAINTENACE AT CRYSTAL SPRING PUMP
HOLLINS UNIVERSITY PO BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	11,450.	0.			EDUCATION/SCHOLARSHIPS
JAMES MADISON UNIVERSITY 170 BLUESTONE DR HARRISONBURG, VA 22807	23-7156305	501(C)(3)	45,100.	0.			EDUCATION/SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON CENTER FOUNDATION 541 LUCK AVENUE STE 221 ROANOKE, VA 24016	62-1392982	501(C)(3)	22,250.	0.			TO SUPPORT THE JEFFERSON CENTER PERFORMANCES AND CAPITAL
JEFFERSON COLLEGE OF HEALTH SCIENCES - PO BOX 13186 - ROANOKE, VA 24031		501(C)(3)	6,850.	0.			EDUCATION/SCHOLARSHIPS
LIBERTY UNIVERSITY 1971 UNIVERSOTY BLVD LYNCHBURG, VA 24501	54-0946734	501(C)(3)	21,300.	0.			EDUCATION/SCHOLARSHIPS
LOCAL OFFICE ON AGING PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	51,824.	0.			TO BE DESIGNATED FOR THE SENIOR COMPANION PROGRAM AND TO SUPPORT MEALS ON WHEELS
LUTHERAN FAMILY SERVICES 2609 MCVITTY ROAD ROANOKE, VA 24018	54-1222012	501(C)(3)	7,400.	0.			MINNICK EDUCATION CENTER
MARTINSVILLE CITY SCHOOLS PO BOX 5548 MARTINSVILLE, VA 24115		501(C)(3)	8,390.	0.			FOR GENERAL SUPPORT
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
MARTINSVILLE HENRY COUNTY CHAMBERS PARTNERSHIP FOR ECONOMIC GROWTH - P. O. BOX 709 - MARTINSVILLE, VA 24114	54-0675121	501(C)(3)	31,960.	0.			SMALL BUSINESS GRANTS PROGRAM
MARTINSVILLE HENRY COUNTY COALITION FOR HEALTH AND WELLNESS - 22 E CHURCH ST. SUITE 312 - MARTINSVILLE, VA 24112	20-2448149	501(C)(3)	26,245.	0.			FOR LADIES FIRST PROGRAM AND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHONOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	10,000.	0.			GLASS LAB RENOVATION FUND
MENTAL HEALTH AMERICA - ROANOKE VALLEY CHAPTER - PO BOX 592 - ROANOKE, VA 24004	54-0703132	501(C)(3)	62,390.	0.			TO BUILD GRANTEE'S 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)	29,320.	0.			FOR HOSPICE CARE-PROJECT ACCESS
SML GOOD NEIGHBORS, INC. 60 HARBOUR COURT MONETA, VA 24121	26-1274000	501(C)(3)	5,000.	0.			TO SUPPORT THE ENRICHMENT CAMP AND AFTER-SCHOOL THEATRE PROGRAM AS PER THE PROJECT BUDGET
BOYS AND GIRLS CLUB OF SOUTHWEST VIRGINIA - 1714 9TH STREET SE - ROANOKE, VA 24013	54-1867366	501(C)(3)	10,000.	0.			TO SUPPORT THE IMAGEMAKERS PROGRAM AS PER THE PROJECT BUDGET
ROANOKE CHILDREN'S THEATRE PO BOX 4392 ROANOKE, VA 24015	26-3128430	501(C)(3)	5,000.	0.			TO SUPPORT THE KALEIDESCOPE CAMP AS PER THE PROJECT BUDGET
VH1 SAVE THE MUSIC FOUNDATION 1515 BROADWAY STREET, 20TH FLOOR NEW YORK, NY 10036-8901	13-6089816	501(C)(3)	25,000.	0.			TO PURCHASE A FULL INSTRUMENTAL MUSIC PACKAGE FOR ONE ROANOKE CITY ELEMENTARY SCHOOL AS
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	7,600.	0.			FOR GENERAL SUPPORT
NEW COLLEGE FOUNDATION 29 JONES STREET MARTINSVILLE, VA 24112	20-8407010	501(C)(3)	5,000.	0.			NCI BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CROSS SCHOOL 4254 COLONIAL AVE ROANOKE, VA 24018	54-0699572	501(C)(3)	8,000.	0.			TO PROVIDE SUMMER CAMP SCHOLARSHIPS AND FOR GENERAL SUPPORT
NORTHSIDE HIGH SCHOOL 6810 NORTHSIDE HIGH SCHOOL ROAD ROANOKE, VA 24019		501(C)(3)	5,000.	0.			BANDFEST 2014
OAKLAND SCHOOL INC BOYD TAVERN KESWICK, VA 22947	54-0884554	501(C)(3)	7,500.	0.			$5000 DESIGNATED FOR THE SCHOLARSHIP FUND AND $2500 FOR UNRESTRICTED USE
OPERA ROANOKE 20E CHURCH AVENUE, 3RD FLOOR ROANOKE, VA 24011	51-0213334	501(C)(3)	5,120.	0.			SCHOLARSHIPS FOR YOUNG ARTISTS, MARKETING, HIRING OF A PIANIST, AND GENERAL SUPPORT
OPERATION FIRST RESPONSE 20037 DOVE HILL ROAD CULPEPER, VA 22701	20-1622436	501(C)(3)	5,000.	0.			MILITARY FAMILY ASSISTANCE AND SUPPORT INJURED AND DISABLE MILITARY
PATRICK HENRY COMMUNITY COLLEGE PO BOX 5311 MARTINSVILLE, VA 24115	54-1268271	501(C)(3)	16,000.	0.			EDUCATION/SCHOLARSHIPS
PIEDMONT VIRGINIA DENTAL HEALTH FOUNDATION - P. O. BOX 591 - MARTINSVILLE, VA 24114	20-1468244	501(C)(3)	6,800.	0.			SUPPORT OF DENTAL CLINIC
PLANNED PARENTHOOD 2207 PETERS CREEK ROAD ROANOKE, VA 24017	56-1282557	501(C)(3)	8,850.	0.			TEEN PREGNANCY PREVENTION AND GENERAL SUPPORT
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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RADFORD UNIVERSITY PO BOX 6922 RADFORD, VA 24142	23-7219782	501(C)(3)	40,000.	0.			EDUCATION/SCHOLARSHIPS
REBUILDING TOGETHER PO BOX 4532 ROANOKE, VA 24015	54-1961045	501(C)(3)	129,350.	0.			TO PROVIDE HOME MAINTENANCE AND SECURITY FOR OLDER ADULTS (AGE 55 OR OLDER) AND HIRE A
RESCUE MISSION OF ROANOKE PO BOX 11525 ROANOKE, VA 24022	54-0573900	501(C)(3)	36,832.	0.			FOR GENERAL SUPPORT
ROANOKE AREA MINISTRIES 824 CAMPBELL AVE ROANOKE, VA 24016	51-0198976	501(C)(3)	6,390.	0.			ANNUAL VOLUNTEER DINNER AND GENERAL SUPPORT
ROANOKE CITY POLICE DEPARTMENT 348 CAMPBELL AVENUE SW ROANOKE, VA 24016		501(C)(3)	13,320.	0.			EQUIPMENT PURCHASES FOR PROJECT LIFESAVER
ROANOKE CITY PUBLIC SCHOOLS 40 DOUGLASS AVENUE ROANOKE, VA 24012	54-6002570	501(C)(3)	6,220.	0.			TO COVER THE PRESENTATION FEE FOR DR. LISA DIEKER AS PART OF SYMPOSIUM AND GENERAL SUPPORT
ROANOKE COLLEGE 221 COLLEGE LANE SALEM, VA 24153	54-0505945	501(C)(3)	28,849.	0.			DESIGNATED FOR FINTEL LIBRARY, EVALUATION OF THE BELONGING INITIATIVE, EDUCATION AND GENERAL
ROANOKE COUNTY POLICE DEPARTMENT PUBLIC SAFETY CENTER, 5925 COVE ROA ROANOKE, VA 24019		501(C)(3)	8,040.	0.			EQUIPMENT PURCHASES FOR PROJECT LIFESAVER
ROANOKE SYMPHONY ORCHESTRA 541 LUCK AVENUE ROANOKE, VA 24016	54-6019736	501(C)(3)	11,570.	0.			EDUCATIONAL PROGRAMS, MUSICIAN SALARIES, AND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROANOKE VALLEY SPCA 1340 BALDWIN AVE NE ROANOKE, VA 24012	54-0679796	501(C)(3)	7,366.	0.			COMPANION ANIMAL RELIEF FUND AND GENERAL SUPPORT
SAINT FRANCIS SERVICE DOGS 8232 ENON DR ROANOKE, VA 24019	54-1806879	501(C)(3)	18,748.	0.			TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS OVER THE AGE OF 60 FOR A SERVICE DOG AND FOR
SALEM MINISTERS CONFERENCE COMMUNITY FOOD PANTRY - P.O.BOX 288 - SALEM, VA 24153	54-1641990	501(C)(3)	21,250.	0.			TO BE USED TO PURCHASE FOOD FOR FAMILIES IN NEED AND TO ASSIST FAMILIES WITH RENT
SCIENCE MUSEUM OF WESTERN VIRGINIA ONE MARKET SQUARE SE, SUITE 4 ROANOKE, VA 24011	54-1023953	501(C)(3)	5,350.	0.			FOR GENERAL SUPPORT AND SUMMER CAMP SCHOLARSHIPS
SOUTHERN AREA AGENCY ON AGING INC. PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	9,520.	0.			TO SUPPORT CANCER PATIENTS
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)	5,250.	0.			SPONSORSHIPS
TAUBMAN MUSEUM OF ART 110 SALEM AVE ROANOKE, VA 24011	54-6026841	501(C)(3)	17,750.	0.			FOR GENERAL SUPPORT
THE HOSPITAL AUXILLARY OF MARTINSVILLE AND HENRY COUNTY INC - PO BOX 4788 - MARTINSVILLE, VA 24115	54-6060220	501(C)(3)	5,800.	0.			MEDICATION AND FINANCIAL ASSISTANCE FOR UNINSURED AND UNDERINSURED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JUNE BUG CENTER 251 PARKWAY LANE FLOYD, VA 24091	54-2004834	501(C)(3)	5,400.	0.			TO SUPPORT THE TEEN AFTER SCHOOL ENRICHMENT CENTER
THE SALVATION ARMY ROANOKE CORP 724 DALE AVE ROANOKE, VA 24013	58-0660607	501(C)(3)	5,372.	0.			FOR GENERAL SUPPORT
TRINITY UNITED PRESBYTERIAN CHURCH 305 MOUNTAIN AVENUE ROANOKE, VA 24016		501(C)(3)	6,000.	0.			FOR CAMPERSHIPS AND GENERAL SUPPORT
UNBRIDLED CHANGE 754 RIDGE MOUNTAIN DRIVE BOONES MILL, VA 24065	26-3398687	501(C)(3)	30,220.	0.			FOR TAKE BACK THE REINS PROGRAM FOR BATTERED WOMEN AND GENERAL SUPPORT
UNITED PRESBYTERIAN SEMINARY 3401 BROOK ROAD RICHMOND, VA 23227	54-0506428	501(C)(3)	7,600.	0.			TO PROVIDE FINANCIAL INCENTIVE AND SUPPORT TO STUDENTS WHO ARE MOST NEEDY AND WORTHY OF HELP
UNITED WAY OF MARTINSVILLE & HENRY COUNTY - P.O. BOX 951 - MARTINSVILLE, VA 24114	54-0753318	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT
UNITED WAY OF ROANOKE VALLEY, INC 325 CAMPBELL AVE ROANOKE, VA 24016	54-0535302	501(C)(3)	66,410.	0.			FOR GENERAL SUPPORT
UNIVERSITY OF VIRGINIA PO BOX 400160 CHARLOTTESVILLE, VA 22904	54-1682176	501(C)(3)	51,350.	0.			EDUCATION/SCHOLARSHIPS
VIRGINIA TECH 150 STUDENT SERVICES BLDG BLACKSBURG, VA 24061	54-0721690	501(C)(3)	56,150.	0.			EDUCATION/SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD (0336) BLACKSBURG, VA 24061	54-0721690	501(C)(3)	48,937.	0.			TO OFFSET FUNDING CUTS, PUBLIC RADIO, AND OTHER GENERAL SUPPORT
VIRGINIA WESTERN COMMUNITY COLLEGE PO BOX 14007 ROANOKE, VA 24038	52-1200913	501(C)(3)	10,500.	0.			EDUCATION/SCHOLARSHIPS
VIRGINIA WESTERN COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - P.O. BOX 14007 - ROANOKE, VA 24038-4007	52-1200913	501(C)(3)	177,756.	0.			TO SUPPORT THE CCAP SCHOLARSHIP PROGRAM AND GENERAL SUPPORT
W.E. SKELTON 4-H EDUCATIONAL CONFERENCE CENTER - 775 HERMITAGE ROAD - WIRTZ, VA 24184	54-0790881	501(C)(3)	15,000.	0.			TO PURCHASE DELL TABLETS AND OTHER EQUIPMENT
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST LEXINGTON, VA 24450	54-0505977	501(C)(3)	12,680.	0.			EDUCATION/SCHOLARSHIPS
WEST END CENTER PO BOX 4562 ROANOKE, VA 24015	54-1150320	501(C)(3)	15,237.	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)	36,873.	0.			DESIGNATED FOR THE CAPITAL CAMPAIGN AND FOR GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH OF AMERICA - 2216 PETERS CREEK ROAD NW - ROANOKE, VA 24017	54-0799385	501(C)(3)	101,270.	0.			TO PROVIDE CLOTHING, FOOD, TRANSPORTATION, TRAINING AND EDUCATION FOR THE NEEDY, FOR SPCIAL
WOODLAWN UNITED METHODIST CHURCH 2922 CORBIESHAW RD ROANOKE, VA 24015	54-6129113	CHURCH	12,175.	0.			FOR GENERAL SUPPORT

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

EXPLANATION: 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):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CARILION MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CANCER CENTER SUNSHINE FUND, CHILDREN'S HOSPITAL FAMILY CAMP, AND COMMUNITY BASED HEALTH EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: CHILD HEALTH INVESTMENT PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE BOOKS, PRINT NEWSLETTERS, PROVIDE NURSE-BASED CARE MGMT SERVICES AND GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:
HISTORICAL SOCIETY OF WESTERN VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE O. WINSTON LINK MUSEUM, HISTORY MUSEUM, AND MAINTENACE AT CRYSTAL SPRING PUMP STATION

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 ABOUT MENTAL WELLNESS AND FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: VH1 SAVE THE MUSIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE A FULL INSTRUMENTAL MUSIC PACKAGE FOR ONE ROANOKE CITY ELEMENTARY SCHOOL AS PER THE PROJECT BUDGET

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) AND HIRE A FULL-TIME PROGRAM

Part IV Supplemental Information

ADMINISTRATOR

NAME OF ORGANIZATION OR GOVERNMENT: ROANOKE COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR FINTEL LIBRARY, EVALUATION OF THE BELONGING INITIATIVE, EDUCATION AND GENERAL SUPPORT

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: UNITED PRESBYTERIAN SEMINARY

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

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

NAME OF ORGANIZATION OR GOVERNMENT:

WESTMINSTER PRESBYTERIAN CHURCH OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CLOTHING, FOOD, TRANSPORTATION, TRAINING AND EDUCATION FOR THE NEEDY, FOR SPCIAL PROJECTS, OR MISSION WORK

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at** www.irs.gov/form990

OMB No 1545-0047

2013

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALAN E. RONK	(i)	137,543.	0.	0.	9,730.	5,186.	152,459.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

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.**
▶ **Information about Schedule M (Form 990) and its instructions is at** *www.irs.gov/form990*

OMB No 1545-0047

2013

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	28	874,243.	FMV OF THE STOCK
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990	2013 Open to Public Inspection

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

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

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

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: 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:

EXPLANATION: THE POLICIES ARE AVAILABLE UPON INSPECTION AT THE OFFICE. FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

DUES :

PROGRAM SERVICE EXPENSES	2,710.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,710.
TOTAL EXPENSES	5,420.

SPECIAL PROJECTS :

PROGRAM SERVICE EXPENSES	1,050.
MANAGEMENT AND GENERAL EXPENSES	1,650.

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

Employer identification number 54-1959458

FUNDRAISING EXPENSES	300.
TOTAL EXPENSES	3,000.
LIFE INSURANCE :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	631.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	631.
BAD DEBT :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	-100,460.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	-100,460.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	-91,409.

FORM 990, PART XII, LINE 2C

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

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

▶ **Information about Form 8868 and its instructions is at** *www.irs gov/form8868* ·

OMB No. 1545-1709

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

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

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF WESTERN VIRGINIA D/B/A FOUNDATION FOR ROANOKE VALLEY	Enter filer's identifying number 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 (other than individual)	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, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2013, and ending JUN 30, 2014

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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.