

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA  
 Doing business as

**D** Employer identification number  
 54-1959458

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

**E** Telephone number  
 (540) 985-0204

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

**G** Gross receipts \$ 10,560,771

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

**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.CFWESTERNVA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

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

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 THE ORGANIZATION PROVIDES LEADERSHIP, RESOURCES, AND INSPIRATION FOR PHILANTHROPY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	9
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	21
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-5,792
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	3,012,227	4,740,158
<b>9</b> Program service revenue (Part VIII, line 2g)	1,255,695	1,318,415
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,957,758	4,502,198
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,225,680	10,560,771
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,250,056	3,923,653
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	773,970	918,519
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶144,728		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,978,535	2,059,544
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,002,561	6,901,716
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,223,119	3,659,055

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	100,299,802	112,179,116
<b>21</b> Total liabilities (Part X, line 26)	3,907,859	4,702,713
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	96,391,943	107,476,403

**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  
 2024-03-14  
 Date

ALAN E RONK PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date 2024-03-13 Check  if self-employed PTIN P00587461

Firm's name ▶ BROWN EDWARDS & COMPANY LLP Firm's EIN ▶ 54-0504608

Firm's address ▶ 3906 ELECTRIC ROAD Phone no. (540) 345-0936  
 ROANOKE, VA 24018

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

COMMUNITY FOUNDATION SERVING 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 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.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,923,653 including grants of \$ 3,923,653 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 391,759 including grants of \$ ) (Revenue \$ 1,318,415 )  
See Additional Data

**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** ▶ 4,315,412

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 14.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions a, b, c, d, e, f, g, h, and 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b, 15, 16, 17.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. VA
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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.
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, address, and telephone number of the person who possesses the organization's books and records: ALAN E RONK PRESIDENT CEO PO BOX 1159 ROANOKE, VA 24006 (540) 985-0204

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or 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.
- See the instructions for the order in which to list the persons above.

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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RICHARD BAILEY DVM BOARD MEMBER - CHAIR	0.20	X		X			0	0	0	
(2) LAUREN ELLERMAN BOARD MEMBER - TREASURER	0.20	X		X			0	0	0	
(3) SHERRY W DAVIDSON BOARD MEMBER	0.20	X					0	0	0	
(4) RICK JAMES BOARD MEMBER	0.20	X					0	0	0	
(5) MIMI RAINERO COLES BOARD MEMBER	0.20	X					0	0	0	
(6) COLLEEN M MARSTON BOARD MEMBER	0.20	X					0	0	0	
(7) GEORGE A LEVICKI BOARD MEMBER	0.20	X					0	0	0	
(8) SAMUEL ROMAN JR BOARD MEMBER	0.20	X					0	0	0	
(9) NADRA L SCOTT BOARD MEMBER	0.20	X					0	0	0	
(10) PHILIP TROMPETER BOARD MEMBER	0.20	X					0	0	0	
(11) LUTHERIA H SMITH BOARD MEMBER - EXECUTIVE COMMITTEE SENIOR VP	0.20	X		X			0	0	0	
(12) VERLETTA WHITE BOARD MEMBER	0.20	X					0	0	0	
(13) FLORENCE WILLIAMS BOARD MEMBER	0.20	X					0	0	0	
(14) STEVE ARNER BOARD MEMBER	0.20	X					0	0	0	
(15) MARGIE B EASON BOARD MEMBER	0.20	X					0	0	0	
(16) JAMES B FRITH JR BOARD MEMBER	0.20	X					0	0	0	
(17) SUSAN LANCASTER BOARD MEMBER - VICE CHAIR	0.20	X		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 dotted 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) GRETHCHEN W BEEDLE BOARD MEMBER	0.20	X						0	0	0
(19) ELAINE MILAN CRONK BOARD MEMBER	0.20	X						0	0	0
(20) JOHN BLANTON BOARD MEMBER	0.20	X						0	0	0
(21) ALAN E RONK BOARD SECRETARY, PRESIDENT	40.00			X				202,082	0	20,350
(22) CARLY C OLIVER CHIEF OPERATING OFFICER	40.00					X		126,083	0	10,194
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								328,165	0	30,544

**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 **▶ 2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**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

**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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,923,653	3,923,653		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	358,708	125,548	197,289	35,871
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	421,585	147,555	231,871	42,159
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	83,279	29,148	45,803	8,328
<b>10</b> Payroll taxes . . . . .	54,947	19,231	30,221	5,495
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,318,415		1,318,415	
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	28,187	1,095	25,997	1,095
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	378,117		378,117	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .	32,537	8,410		24,127
<b>13</b> Office expenses . . . . .	19,722	5,497	11,728	2,497
<b>14</b> Information technology . . . . .	66,688	19,575	41,520	5,593
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	114,092		114,092	
<b>17</b> Travel . . . . .	4,149	1,452	2,282	415
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,613		4,613	
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	18,817		18,817	
<b>23</b> Insurance . . . . .	11,873	630	11,063	180
<b>24</b> 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.)				
<b>a</b> COMMUNITY EVENTS	27,661	12,519		15,142
<b>b</b> ANNUITY PAYMENTS	21,099	21,099		
<b>c</b> MISCELLANEOUS	9,828		6,002	3,826
<b>d</b> BAD DEBT	3,746		3,746	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,901,716	4,315,412	2,441,576	144,728
<b>26</b> 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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,791,686	<b>2</b>	2,642,018
	<b>3</b> Pledges and grants receivable, net . . . . .	2,390,507	<b>3</b>	2,438,615
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	168,559	<b>7</b>	113,978
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	52,699	<b>9</b>	14,879
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	481,816		
	<b>b</b> Less: accumulated depreciation	210,150		
		47,071	<b>10c</b>	271,666
	<b>11</b> Investments—publicly traded securities . . . . .	55,902,055	<b>11</b>	63,925,328
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	39,947,225	<b>12</b>	42,512,390
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	260,242	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	100,299,802	<b>16</b>	112,179,116	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	47,385	<b>17</b>	47,235
	<b>18</b> Grants payable . . . . .	56,750	<b>18</b>	384,000
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	3,803,724	<b>25</b>	4,271,478
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,907,859	<b>26</b>	4,702,713
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	93,725,301	<b>27</b>	104,670,692
	<b>28</b> Net assets with donor restrictions . . . . .	2,666,642	<b>28</b>	2,805,711
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	96,391,943	<b>32</b>	107,476,403	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	100,299,802	<b>33</b>	112,179,116	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,560,771
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,901,716
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,659,055
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	96,391,943
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,425,405
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	107,476,403

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1959458

**Name:** COMMUNITY FOUNDATION SERVING WESTERN  
VIRGINIA

Form 990 (2022)

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**Form 990, Part III, Line 4a:**

GRANT-MAKING AND CHARITABLE CONTRIBUTIONS AND ANNUITIES FOR COMMUNITY DEVELOPMENT. SEE SCHEDULE I FOR MORE DETAIL.

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**Form 990, Part III, Line 4b:**

ADMINISTRATION OF FUNDS FOR GRANT-MAKING TO ENHANCE COMMUNITY DEVELOPMENT.

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**SCHEDULE A**  
**(Form 990)**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**Name of the organization**  
COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

**Employer identification number**  
54-1959458

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	7,595,060	10,539,887	6,873,361	3,012,227	4,740,158	32,760,693
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	7,595,060	10,539,887	6,873,361	3,012,227	4,740,158	32,760,693
<b>5</b>	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) . . . . .						15,809,118
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						16,951,575

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b>	Amounts from line 4. . . . .	7,595,060	10,539,887	6,873,361	3,012,227	4,740,158	32,760,693
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	650,618	657,453	502,713	754,072	1,223,496	3,788,352
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	1,159,166	985,644	1,095,602	1,255,695	1,318,415	5,814,522
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						42,363,567

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13** **First 5 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**

<b>14</b>	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	40.010 %
<b>15</b>	Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	43.760 %

**16a** **33 1/3% support test—2022.** 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—2021.** 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—2022.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b** **10%-facts-and-circumstances test—2021.** 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 VI 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 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b>	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2022.** 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—2021.** 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 Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2022</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017. . . . .			
<b>b</b> From 2018. . . . .			
<b>c</b> From 2019. . . . .			
<b>d</b> From 2020. . . . .			
<b>e</b> From 2021. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018. . . . .			
<b>b</b> Excess from 2019. . . . .			
<b>c</b> Excess from 2020. . . . .			
<b>d</b> Excess from 2021. . . . .			
<b>e</b> Excess from 2022. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2022**  
**Open to Public Inspection**

**Name of the organization**  
COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

**Employer identification number**  
54-1959458

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .	118	30
<b>2</b> Aggregate value of contributions to (during year)	1,691,772	210,547
<b>3</b> Aggregate value of grants from (during year)	923,938	83,700
<b>4</b> Aggregate value at end of year . . . . .	19,266,625	2,127,691

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

- 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, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under FASB 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 FASB 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)** Revenue included on 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 FASB ASC 958 relating to these items:
- a** Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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** Term endowment ▶ .....

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on 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
<b>1a</b> Land . . . . .		219,000		219,000
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		262,816	210,150	52,666
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				271,666



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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) LIMITED PARTNERSHIP INVESTMENTS	33,768,671	F
(B) CASH EQUIVALENTS AND ACCRUED INCOME	8,743,719	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	42,512,390	

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on 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)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on 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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on 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	
AGENCY FUNDS	3,921,539
CHARITABLE GIFT ANNUITY PAYMENTS	87,604
OPERATING LEASE LIABILITY	262,335
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,271,478

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	17,986,176
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	7,425,405
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	7,425,405
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	10,560,771
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	10,560,771

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	6,901,716
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	6,901,716
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	6,901,716

**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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1959458

**Name:** COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA; 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, 2023. THE FOUNDATION 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.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization  
COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

**Employer identification number**  
54-1959458

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total . . . . .	0	0			908,783
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			908,783

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1)								
( 2)								
( 3)								
( 4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1959458

**Name:** COMMUNITY FOUNDATION SERVING WESTERN  
VIRGINIA

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	VARIOUS INDIRECT PARTNERSHIP INTERESTS		97,662
CENTRAL AMERICA AND THE CARIBBEAN	0	0	VARIOUS INDIRECT PARTNERSHIP INTERESTS		557,026

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	VARIOUS INDIRECT PARTNERSHIP INTERESTS		59,481
NORTH AMERICA	0	0	VARIOUS INDIRECT PARTNERSHIP INTERESTS		194,614

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

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...
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows (1) through (12).

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 143
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART 1, LINE 2:	LARGER GRANTS TYPICALLY HAVE A GRANT AGREEMENT LETTER THAT SPELS 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.

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1959458

**Name:** COMMUNITY FOUNDATION SERVING WESTERN  
VIRGINIA

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADULT CARE CENTER OF ROANOKE VALLEY 2321 ROANOKE BLVD SALEM, VA 241536456	54-1235000	501(C)(3)	77,680	0			FOR GENERAL PURPOSES, TO SUPPORT THE SUE NUTTER SCHOLARSHIP FUND PER THE PROJECT BUDGET, AND TO SUPPORT THE NEEDS OF ELDERLY CLIENTS
AGRARIAN LAND TRUST - SOUTHWEST VIRGINIA AGRARIAN COMMONS PO BOX 195 WEARE, NH 032810195	47-5508054	501(C)(3)	12,000	0			DESIGNATED TO SOUTHWEST VIRGINIA AGRARIAN COMMONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS ROANOKE VALLEY CHAPTER 352 CHURCH AVE SW ROANOKE, VA 240165098	53-0196605	501(C)(3)	19,200	0			FOR GENERAL PURPOSES
AMERICAN SOCIETY FOR TECHNION 8311 AQUEDUCT ROAD ROCKVILLE, MD 20854	13-0434195	501(C)(3)	5,404	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
APPLE RIDGE FARM INC PO BOX 13463 ROANOKE, VA 24034	54-1409250	501(C)(3)	18,465	0			DESIGNATED FOR SUMMER CAMP AND FOR GENERAL PURPOSES
AVERETT UNIVERSITY BUSINESS OFFICE DANVILLE, VA 24541	54-0129860	501(C)(3)	26,500	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BASSETT COMMUNITY CENTER CO BASSETT FURNITURE COMPANY PO BOX 626 BASSETT, VA 24055	54-6025364	501(C)(3)	10,000	0			FOR GENERAL PURPOSES
BEDFORD COMMUNITY CHRISTMAS STATION INC P O BOX 1353 BEDFORD, VA 24523	42-1710753	501(C)(3)	40,000	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEGIN FOUNDATION INC P O BOX 2444 ROANOKE, VA 24010	82-5176468	501(C)(3)	20,000	0			FOR GENERAL PURPOSES
BENT MOUNTAIN VOLUNTEER FIRE DEPARTMENT 9606 BENT MOUNTAIN ROAD BENT MOUNTAIN, VA 24059	47-2243237	501(C)(3)	15,232	0			TO PURCHASE A GENESIS SC240 CUTTER TOOL PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BLUE RIDGE LAND CONSERVANCY THE LEMON HOUSE ROANOKE, VA 24016	31-0496895	501(C)(3)	25,550	0			ANNUAL GRANT DISTRIBUTION FROM FUND AND FOR GENERAL PURPOSES
BLUE RIDGE LITERACY 706 SOUTH JEFFERSON STREET ROANOKE, VA 24016	54-1377063	501(C)(3)	6,460	0			ANNUAL GRANT DISTRIBUTION FROM FUND AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOTETOURT RESOURCE CENTER PO BOX 153 BUCHANAN, VA 24066	46-5054516	501(C)(3)	40,500	0			TO SUPPORT PROGRAMS FOR OLDER ADULTS PER THE PROJECT BUDGET
BOY SCOUTS OF AMERICA BLUE RIDGE MOUNTAINS COUNCIL P O BOX 7606 ROANOKE, VA 240190606	54-0912706	501(C)(3)	7,227	0			AN ANNUAL CONTRIBUTION FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTHWEST VIRGINIA 1714 9TH STREET SE ROANOKE, VA 24013	54-1867366	501(C)(3)	12,750	0			FOR GENERAL PURPOSES
BOYS HOME OF VIRGINIA 414 BOYS HOME ROAD COVINGTON, VA 24426	54-0505870	501(C)(3)	16,090	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRADLEY FREE CLINIC 1240 3RD STREET SW ROANOKE, VA 240164612	23-7380491	501(C)(3)	48,468	0			FOR GENERAL PURPOSES
BROAD STREET CHRISTIAN CHURCH 106 BROAD STREET MARTINSVILLE, VA 24112	54-0662757	CHURCH	19,081	0			DESIGNATED FOR MAINTENANCE AND REPAIRS OF THE CHURCH BUILDING; MAINTENANCE, REPAIRS, AND REPLACEMENT OF EQUIPMENT; AND UPKEEP OF THE SURROUNDING GROUNDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARDINAL PRODUCTIONS INC P O BOX 4455 ROANOKE, VA 24015	87-1532828	501(C)(3)	5,200	0			FOR GENERAL PURPOSES
CARILION CLINIC FOUNDATION PO BOX 12187 ROANOKE, VA 24023	54-1190773	501(C)(3)	15,030	0			TO SUPPORT THE REACHING FAR, CARING CLOSE CAMPAIGN, 2023 CURE KIDS CANCER RADIOTHON, FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CARILION MEDICAL CENTER 1615 FRANKLIN RD SW ROANOKE, VA 24016	54-0506332	501(C)(3)	17,702	0			DESIGNATED FOR CARILION HOSPICE AND TO THE DEPARTMENT OF GRIEF AND HEALING FOR SURVIVOR GROUP TRAINING, WORKBOOKS, MARKETING, MEETING SPACE RENTAL, AND OTHER GROUP EXPENSES PER THE PROJECT BUDGET. NOTE THIS GRANT IS NOT FOR PERSONNEL COSTS
CENTER IN THE SQUARE 1 MARKET SQUARE SE ROANOKE, VA 24011	51-0238900	501(C)(3)	32,723	0			FOR GENERAL PURPOSES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHARITY LEAGUE OF MARTINSVILLE & HENRY COUNTY PO BOX 3613 MARTINSVILLE, VA 241153613	51-0246455	501(C)(3)	15,570	0			ANNUAL GRANT DISTRIBUTION FROM FUND AND FOR GENERAL PURPOSES
CHECK ELEMENTARY SCHOOL 6810 FLOYD HIGHWAY CHECK, VA 24072	51-0235891	SCHOOL	5,500	0			TO PURCHASE CLASSROOM FURNITURE FOR GRADES 5-7 PER THE PROJECT BUDGET THAT WAS SUBMITTED

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILD HEALTH INVESTMENT PARTNERSHIP OF ROANOKE VALLEY 1201 3RD STREET SW ROANOKE, VA 24016	54-1566451	501(C)(3)	10,303	0			FOR GENERAL PURPOSES
CHILDREN'S TRUST ROANOKE VALLEY 4519 BRAMBLETON AVE STE 100 ROANOKE, VA 24018	51-0235891	501(C)(3)	5,590	0			FOR GENERAL PURPOSES AND TO SUPPORT THE CASA PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 1101 FRANKLIN ROAD ROANOKE, VA 24016		CHURCH	17,567	0			FOR GENERAL PURPOSES
CHRISTENDOM COLLEGE 134 CHRISTENDOM DRIVE FRONT ROYAL, VA 22630	54-1031437	501(C)(3)	15,970	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLEGE OF WILLIAM AND MARY STUDENT ACCOUNTS WILLIAMSBURG, VA 231878795	54-0734117	SCHOOL	15,600	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
COMMONWEALTH CATHOLIC CHARITIES - ROANOKE 820 CAMPBELL AVE ROANOKE, VA 24016	54-0505877	501(C)(3)	10,500	0			TO PURCHASE A NON-ELECTRIC HOYER LIFT TO HELP A FAMILY RECEIVING CASE MANAGEMENT SERVICES AND TO SUPPORT THE EXPANSION OF SERVICES THROUGH ST. FRANCIS HOUSE FOOD PANTRY PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY CHRISTMAS STORE PO BOX 616 SALEM, VA 24153	54-1687089	501(C)(3)	15,000	0			TO PURCHASE DIAPERS AND WIPES FOR INFANT HOLIDAY PROGRAM PARTICIPANTS PER THE PROJECT BUDGET AND TO PURCHASE NEW SWEATPANTS, SWEATSHIRTS, AND WINTER COATS FOR ELDERLY HOLIDAY PARTICIPANTS PER THE PROJECT BUDGET
COMPRESS AND SHOCK FOUNDATION 2128 CHESTNUT OAK CT SW ROANOKE, VA 24018	81-4994130	501(C)(3)	13,900	0			FOR AED PURCHASES AND FOR GENERAL PURCHASES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE, VA 24019	54-1108079	501(C)(3)	17,500	0			TO FACILITATE COMMUNITY-BASED SERVICES TO ALLEVIATE MENTAL HEALTH ISSUES PER THE PROJECT BUDGET AND TO SUPPORT THE BRIDGE TO HOPE FUND PER THE PROJECT BUDGET
DISABILITY RIGHTS AND RESOURCE CENTER INC 300 PELL AVE STE B ROCKY MOUNT, VA 241511182	46-4717917	501(C)(3)	13,750	0			TO SUPPORT THE RAMPS TO INDEPENDENCE PROGRAM PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMORY & HENRY COLLEGE P O BOX 947 EMORY, VA 24327	54-0505892	501(C)(3)	19,800	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
FAMILY PROMISE OF GREATER ROANOKE 37 EAST CLAY STREET SALEM, VA 24153	54-1868833	501(C)(3)	23,300	0			TO SUPPORT THE CASE MANAGEMENT PROGRAM PER THE PROJECT BUDGET AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY SERVICE OF ROANOKE VALLEY 360 CAMPBELL AVE SW ROANOKE, VA 24016	54-0505946	501(C)(3)	40,385	0			TO SUPPORT THE MENTAL HEALTH COUNSELING PROGRAM PER THE PROJECT BUDGET AND FOR GENERAL PURPOSES
FEEDING SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 241536437	54-1939556	501(C)(3)	19,600	0			FOR GENERAL PURPOSES AND TO SUPPORT THE NEIGHBORHOOD PANTRY PER THE PROJECT BUDGET



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FERRUM COLLEGE PO BOX 1000 FERRUM, VA 24088	54-0506457	501(C)(3)	64,700	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
FIRST BAPTIST CHURCH OF MARTINSVILLE 23 STARLING AVE MARTINSVILLE, VA 241122921	54-0620875	CHURCH	50,000	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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FLOYD COUNTY HISTORICAL SOCIETY PO BOX 292 FLOYD, VA 24091	30-0275088	501(C)(3)	7,010	0			TO CONTINUE THE PRESERVATION PROJECT AND TO PAY FOR LIGHTING FIXTURES AS PART OF THE OXFORD RENOVATION PROJECT PER THE PROJECT BUDGET
FLOYD COUNTY HUMANE SOCIETY PO BOX 862 FLOYD, VA 24091	52-1266614	501(C)(3)	11,000	0			TO PURCHASE AN EMERGENCY BACKUP GENERATOR FOR THE SHELTER PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLOYD COUNTY VOLUNTEER FIRE DEPARTMENT - STATION 3 1710 KINGS STORE ROAD CHECK, VA 24072	51-0214464	501(C)(3)	8,000	0			TO PURCHASE SETS OF WILDLAND FIREFIGHTING TURNOUT GEAR PER THE PROJECT BUDGET
FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT PO BOX 8873 ROANOKE, VA 24014	54-1934695	501(C)(3)	52,500	0			TO SUPPORT DIRECT SERVICES TO ELDERLY CLIENTS PER THE PROJECT BUDGET.

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRANKLIN COUNTY FAMILY YMCA PO BOX 720 ROCKY MOUNT, VA 24151	54-1740065	501(C)(3)	26,071	0			TO SUPPORT THE PRESCHOOL PROGRAM BY PROVIDING SNACKS IN THE MORNING AND EVENING TO ALL ITS PARTICIPANTS, TO SUPPORT THE Y-SAFE SWIM SECOND GRADE PROGRAM, AND TO SUPPORT THE STRONGER SENIOR CAMPAIGN PER THE PROJECT BUDGET
FRANKLIN COUNTY HUMANE SOCIETY INC 18401 VIRGIL H GOODE HIGHWAY ROCKY MOUNT, VA 24151	52-1256009	501(C)(3)	5,500	0			TO SUPPORT THE 2023 COMMUNITY CAT FIX PROJECT PER THE PROJECT BUDGET AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FREE CLINIC OF FRANKLIN COUNTY PO BOX 764 ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	38,000	0			TO SUPPORT THE OPERATIONAL COSTS OF THE IN-HOUSE PHARMACY PER THE PROJECT BUDGET AND TO SUPPORT THE HISPANIC MEDICAL OUTREACH INITIATIVE PER THE PROJECT BUDGET
FRIENDS OF INFINITY ACRES RANCH 136 JOPPA ROAD RIDGEWAY, VA 241484242	47-2390562	501(C)(3)	11,000	0			TO BUILD A CAPYBARA HABITAT PER THE PROJECT BUDGET AND TO PURCHASE A KANGAROO ENCLOSURE PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GEORGE MASON UNIVERSITY CASHIERS OFFICE - MS 2E1 FAIRFAX, VA 22030	54-1603842	501(C)(3)	23,100	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
GIRLS ON THE RUN CENTRAL VIRGINIA AND BLUE RIDGE 1713 12TH STREET LYNCHBURG, VA 24501	26-2858200	501(C)(3)	10,000	0			TO SUPPORT ITS PROGRAMMING IN ROANOKE CITY SCHOOLS PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GLENVAR HIGH SCHOOL 4549 MALUS DRIVE SALEM, VA 24153	54-6001576	SCHOOL	5,212	0			TO BE USED EITHER FOR THE HIGH SCHOOL OR MIDDLE SCHOOL TO PURCHASE EQUIPMENT, HELMET AND SHOULDER PAD RECONDITIONING FOR SANITATION, AND ASSIST WITH TRAVEL EXPENSES, AND FOR THE THEATRE ARTS DEPARTMENT
GOOD SAMARITAN HOSPICE INC 2408 ELECTRIC ROAD SW ROANOKE, VA 24018	54-1608259	501(C)(3)	248,340	0			TO SUPPORT THE GOOD SAMARITAN CENTER FOR CARING CAPITAL CAMPAIGN. PLEASE NOTE THIS IS THE FIRST ANNUAL INSTALLMENT OF THE \$500,000 GRANT, FOR GENERAL PURPOSES, TO PURCHASE LOCK BOXES TO SAFEGUARD MEDICATIONS, TO SUPPORT THE NEW HOSPICE HOUSE, AND TO SUPPORT THE PALLIATIVE CARE PROGRAM PER THE PROJECT BUDGET

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOUCHER COLLEGE DEVELOPMENT OFFICE BALTIMORE, MD 212042794	52-0591613	501(C)(3)	6,755	0			FOR GENERAL PURPOSES
GRAND CANYON UNIVERSITY PO BOX 11590 PHOENIX, AZ 85061	86-0123688	501(C)(3)	7,000	0			FOR EDUCATIONAL FUNDS



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GREATER LYNCHBURG COMMUNITY FOUNDATION 1100 COMMERCE ST LYNCHBURG, VA 24504	54-6112680	501(C)(3)	11,553	0			THE LEE AND MARY LYNN TUCKER FUND
HABITAT FOR HUMANITY OF FRANKLIN COUNTY PO BOX 834 ROCKY MOUNT, VA 24151	54-1723239	501(C)(3)	41,250	0			TO SUPPORT CRITICAL HOME REPAIRS FOR SENIORS PER THE PROJECT BUDGET.

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HARRISON MUSEUM OF AFRICAN AMERICAN CULTURE PO BOX 12544 ROANOKE, VA 24026	52-1417831	501(C)(3)	5,860	0			FOR EXHIBITION AND PROGRAM SUPPORT AND FOR GENERAL PURPOSES
HEALING STRIDES OF VA PO BOX 456 BOONES MILL, VA 24065	54-1594325	501(C)(3)	43,573	0			TO SUPPORT THE FINDING YOUR STRIDE PROGRAM PER THE PROJECT BUDGET, TO PROVIDE A SCHOLARSHIP FOR ONE CHILD TO PARTICIPATE IN HSVA HORSEMAN CLUB, TO SUPPORT STAFF EDUCATION FOR EQUINE COMMUNICATION AND BEHAVIOR PER THE PROJECT BUDGET, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HENRY COUNTY FOOD PANTRY 3289 RIVERSIDE DRIVE BASSETT, VA 24055	26-1999861	501(C)(3)	25,600	0			TO PURCHASE FOOD FOR THOSE IN NEED, TO COORDINATE SERVICES WITH PARTNER ORGANIZATIONS PER THE PROJECT BUDGET, TO PURCHASE 2,000 POUNDS OF DRY DOG FOOD FOR INSECURE FAMILIES FOR THEIR COMPANION PETS, FOR GENERAL PURPOSES
HISTORICAL SOCIETY OF WESTERN VIRGINIA P O BOX 1904 ROANOKE, VA 24008	54-0718794	501(C)(3)	12,270	0			TO SUPPORT THE CRYSTAL SPRING PUMP STATION AND FOR GENERAL PURPOSES

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HOLLINS UNIVERSITY PO BOX 9629 ROANOKE, VA 24020	54-0506314	501(C)(3)	16,750	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
HOSPICE OF SURRY COUNTY DBA MOUNTAIN VALLEY HOSPICE & PALLIATIVE CARE 401 TECHNOLOGY LANE MT AIRY, NC 27030	56-1346589	501(C)(3)	10,000	0			TO PROVIDE HOSPICE CARE FOR PATIENTS IN THE CITY OF MARTINSVILLE, AND THE COUNTIES OF HENRY AND PATRICK

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JAMES MADISON UNIVERSITY 738 SOUTH MASON STREET ROOM 5100 HARRISONBURG, VA 22807	23-7156305	501(C)(3)	29,400	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
JEFFERSON CENTER FOUNDATION 541 LUCK AVE SUITE 221 ROANOKE, VA 240165055	62-1392982	501(C)(3)	6,588	0			TO ATTRACT AND UNDERWITE JAZZ PERFORMANCES AND FOR GENERAL PURPOSES

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KAZIM SHRINERS 628 WEST CAMPBELL AVE SW ROANOKE, VA 24016	54-0123357	501(C)(3)	10,000	0			DESIGNATED FOR THE SHRINERS HOSPITALS FOR CHILDREN
LEAP FOR LOCAL FOOD PO BOX 3249 ROANOKE, VA 24015	27-1050909	501(C)(3)	43,859	0			TO SUPPORT THE ON-SITE FOOD ACCESS PROGRAM FOR LOW-INCOME SENIORS PER THE PROJECT BUDGET AND FOR GENERAL PURPOSES

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LIBERTY UNIVERSITY STUDENT ACCOUNTS LYNCHBURG, VA 24502	54-0946734	SCHOOL	29,000	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
LOCAL OFFICE ON AGING PO BOX 14205 ROANOKE, VA 24038	54-0916248	501(C)(3)	111,131	0			TO SUPPORT THE PERSONAL CARE PROGRAM PER THE PROJECT BUDGET, TO SUPPORT THE MEALS ON WHEELS PROGRAM, TO SUPPORT THE HOMEMAKER PROGRAM, AND FOR GENERAL PURPOSES

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LONGWOOD UNIVERSITY OFFICE OF DEVELOPMENT FARMVILLE, VA 23909	54-6001788	501(C)(3)	21,775	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
LUTHERAN FAMILY SERVICES OF VIRGINIA DBA ENCIRCLE 2609 MCVITTY ROAD ROANOKE, VA 240183513	54-1222012	501(C)(3)	18,370	0			TO PURCHASE CLASSROOM SETS OF VDOE CURRICULUM-APPROVED GRAPHIC NOVELS PER THE PROJECT BUDGET, TO ADDRESS IMPORTANT NEEDS OF THE MINNICK EDUCATION CENTER IN ROANOKE WHICH CANNOT BE MET THROUGH OTHER FUNDS, TO PROVIDE OUTDOOR SEATING/DINING SPACE FOR ONE OF THE ROANOKE OR SALEM GROUP HOMES FOR ADULTS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES



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MARTINSVILLE CITY SCHOOLS PO BOX 5548 MARTINSVILLE, VA 24115	51-0196237	SCHOOL	25,010	0			FOR GENERAL PURPOSES
MARTINSVILLE HENRY COUNTY CHAMBERS PARTNERSHIP FOR ECONOMIC GROWTH PO BOX 709 MARTINSVILLE, VA 24114	54-1627126	501(C)(3)	35,000	0			DESIGNATED FOR THE UPKEEP, MAINTENANCE AND TO MAKE SAFER FOR THE COMMUNITY, THE AREA AROUND LAKE LANIER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MARTINSVILLE-HENRY COUNTY FAMILY YMCA 3 STARLING AVE MARTINSVILLE, VA 24112	54-0839746	501(C)(3)	19,970	0			TO PROVIDE AFTERSCHOOL CARE SCHOLARSHIPS PER THE PROJECT BUDGET AND FOR GENERAL PURPOSES
MARY BALDWIN UNIVERSITY 101 E FREDERICK STREET STAUNTON, VA 24401	54-0506319	501(C)(3)	8,275	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS

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MILL MOUNTAIN ZOO PO BOX 8159 ROANOKE, VA 24014	54-1030634	501(C)(3)	23,510	0			FOR GENERAL PURPOSES
NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE ARLINGTON, VA 222031606	53-0242652	501(C)(3)	16,970	0			FOR GENERAL PURPOSES

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NEW FREEDOM FARM INC 6118 LITHIA ROAD BUCHANAN, VA 240665535	81-3022018	501(C)(3)	17,820	0			TO SUPPORT THE CONSTRUCTION OF TWO RUN-IN SHEDS PER THE PROJECT BUDGET, TO PROVIDE SUPPORT TO VETERANS AT THE FARM, AND FOR GENERAL PURPOSES
OAK LEVEL BAPTIST CHURCH 7720 OAK LEVEL ROAD BASSETT, VA 24055	54-0949149	CHURCH	8,500	0			FOR GENERAL PURPOSES

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OLD DOMINION UNIVERSITY 1 OLD DOMINION UNIVERSITY NORFOLK, VA 23529	54-6052014	501(C)(3)	10,000	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
ORCHARD HILLS ACHIEVEMENT CENTER 6032 CLOVERDALE ROAD ROANOKE, VA 240198387	46-5015120	501(C)(3)	9,970	0			TO SUPPORT THE SUMMER FOOD AND BACK TO SCHOOL SHOES INITIATIVES PER THE PROJECT BUDGET

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PATHFINDERS FOR GREENWAYS PO BOX 8553 ROANOKE, VA 24014	54-1860804	501(C)(3)	15,500	0			TO FUND THREE BENCHES WITH ANY EXTRA FUNDS GOING FOR GENERAL EXPENSES/OVERHEAD THE ORGANIZATION DESIRES AND FOR GENERAL PURPOSES
PATRICK & HENRY COMMUNITY COLLEGE STUDENT ACCOUNTS MARTINSVILLE, VA 24112	54-1268271	SCHOOL	25,030	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS

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PIEDMONT ARTS ASSOCIATION 215 STARLING AVENUE MARTINSVILLE, VA 24112	51-0196237	501(C)(3)	30,250	0			TO SUPPORT THE GROWTH AND RESTORATION CAPITAL CAMPAIGN PER PROJECT BUDGET AND FOR GENERAL PURPOSES
PLANNED PARENTHOOD SOUTH ATLANTIC - ROANOKE 2207 PETERS CREEK ROAD ROANOKE, VA 24017	56-1282557	501(C)(3)	9,550	0			FOR GENERAL PURPOSES

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PLENTY 192 ELEPHANT CURVE RD NW FLOYD, VA 240913596	46-4356623	501(C)(3)	13,000	0			TO BUILD AN INSULATED STORAGE UNIT PER THE PROJECT BUDGET
PRESBYTERIAN COMMUNITY CENTER 1228 JAMISON AVE SE ROANOKE, VA 24013	54-1610899	501(C)(3)	45,930	0			TO SUPPORT THE PATHWAYS FOR YOUTH PER THE PROGRAM BUDGET, TO PURCHASE FOOD FOR DISTRIBUTION AT THE FOOD PANTRY, TO SUPPORT EMERGENCY SERVICES PER THE PROJECT BUDGET, AND FOR GENERAL PURPOSES



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RADFORD UNIVERSITY PO BOX 6905 RADFORD, VA 24142	23-7219782	501(C)(3)	50,990	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
RADFORD UNIVERSITY CARILION 101 ELM AVE SE ROANOKE, VA 24013	23-7219782	501(C)(3)	16,880	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS

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RALEIGH COURT PRESBYTERIAN CHURCH 1837 GRANDIN ROAD SW ROANOKE, VA 24015	54-1018745	CHURCH	10,070	0			DESIGNATED FOR THE RESTRICTED MUSIC FUND, DESIGNATED FOR THE HUNGER MISSION, AND FOR GENERAL PURPOSES
RESCUE MISSION OF ROANOKE PO BOX 11525 ROANOKE, VA 240221525	54-0573900	501(C)(3)	35,548	0			ANNUAL GRANT DISTRIBUTION FROM FUND, FOR GENERAL PURPOSES, AND TO SUPPORT PROGRAMMATIC OPERATIONS AT THE WOMEN & CHILDRENS CENTER PER THE PROJECT BUDGET

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ROANOKE ADVENTIST CHRISTIAN SCHOOL 4120 CHALLENGER AVE ROANOKE, VA 240126736	54-1267565	501(C)(3)	5,190	0			ANNUAL GRANT DISTRIBUTION FROM FUND
ROANOKE AREA MINISTRIES 824 CAMPBELL AVENUE SW ROANOKE, VA 24016	51-0198976	501(C)(3)	41,060	0			FOR GENERAL PURPOSES, FOR CONVECTION OVER OR COMPUTER EQUIPMENT, TO SUPPORT PROJECT HOPE PER THE PROJECT BUDGET, AND DESIGNATED FOR THE GOOD NEIGHBORS FUND

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ROANOKE CITY PARKS AND RECREATION 215 CHURCH AVE SW 313 ROANOKE, VA 24011	88-1834875	501(C)(3)	50,500	0			FOR PRELIMINARY PLANNING AND DESIGN SERVICES FOR FRIENDS OF MOUNTAIN VIEW, INC. PROPOSAL ATTACHED.
ROANOKE COLLEGE OFFICE OF RESOURCE DEVELOPMENT SALEM, VA 24153	54-0505945	501(C)(3)	57,619	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS

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ROANOKE REFUGEE PARTNERSHIP PO BOX 2182 ROANOKE, VA 24009	82-0666437	501(C)(3)	27,500	0			TO SUPPORT THE AFGHAN RENT ASSISTANCE PROGRAM PER THE PROJECT BUDGET, TO SUPPORT DENTAL WELLNESS FOR REFUGEE FAMILIES, AND FOR GENERAL PURPOSES
ROANOKE SYMPHONY ORCHESTRA 1125 1ST STREET ROANOKE, VA 240164701	54-6019736	501(C)(3)	12,890	0			FOR GENERAL PURPOSES

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ROANOKE VALLEY SPCA 1340 BALDWIN AVE NE ROANOKE, VA 24012	54-0679796	501(C)(3)	9,515	0			TO SUPPORT THE SARA JANE & MICKEY SECOND CHANCE FUND PER THE PROJECT BUDGET, ANNUAL GRANT DISTRIBUTION, AND FOR GENERAL PURPOSES
ROANOKE WOMEN'S FOUNDATION PO BOX 8976 ROANOKE, VA 24014	32-0636004	501(C)(3)	7,218	0			DESIGNATED FOR RWF DUES FOR GRANT YEAR 2023

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SAINT FRANCIS SERVICE DOGS PO BOX 19538 ROANOKE, VA 24019	54-1806879	501(C)(3)	11,830	0			TO SUPPORT THE TRAINING PROGRAM PER THE PROJECT BUDGET, FOR GENERAL PURPOSES, AND TO HELP CHILDREN AND ADULTS WITH DISABILITIES BECOME MORE INDEPENDENT THROUGH PARTNERSHIP WITH A PROFESSIONALLY TRAINED SERVICE DOG
SALEM ROANOKE COUNTY FOOD PANTRY PO BOX 288 SALEM, VA 24153	54-1641990	501(C)(3)	6,470	0			TO SUPPORT THE SNACK BUDDIES PROGRAM PER THE PROJECT BUDGET. FURTHERMORE, THE \$3,680 IN GRANT FUNDING AWARDED FROM THE ROANOKE VALLEY CHILDREN'S FUND IS TO BE SPECIFICALLY USED TO PROVIDE SNACKS TO PRESCHOOLERS, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SALEM AREA ECUMENICAL MINISTRIES PO BOX 737 SALEM, VA 24153	46-1012344	501(C)(3)	27,500	0			TO BUILD A FOOD PANTRY IN SIX ELEMENTARY SCHOOLS IN THE CITY OF SALEM AND WESTERN ROANOKE COUNTY PER THE PROJECT BUDGET, TO PROVIDE TWENTY SHOE VOUCHERS FOR AT-RISK ELEMENTARY SCHOOL CHILDREN IN SALEM AND WESTERN ROANOKE COUNTY, TO SUPPORT THE EXPANSION OF THE ELEMENTARY SCHOOL FEEDING PROGRAM PER THE PROJECT BUDGET
SALEM COLLEGE 711 S CHURCH STREET WINSTONSALEM, NC 27101	56-0530005	501(C)(3)	7,000	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALESIAN MISSIONS INC 2 LEFEVRE LANE NEW ROCHELLE, NY 10801	80-0522035	501(C)(3)	14,206	0			ANNUAL DISTRIBUTION FROM FUND AND FOR GENERAL PURPOSES
SOUTH CAROLINA JUNIOR GOLF FOUNDATION 7451 IRMO DRIVE COLUMBIA, SC 29212	57-1021847	501(C)(3)	9,888	0			SAVE THE SARGE CAMPAIGN AND THE BETH DANIEL TOURNAMENT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN ST SUITE 14 CHARLOTTESVILLE, VA 229025065	52-1436778	501(C)(3)	10,000	0			FOR GENERAL PURPOSES
SOUTHSIDE SURVIVOR RESPONSE CENTER INC PO BOX 352 MARTINSVILLE, VA 241140352	54-1199987	501(C)(3)	13,000	0			TO SUPPORT ITS EMERGENCY SHELTER PROGRAM PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SPECIAL OLYMPICS VIRGINIA - SOUTHWEST REGION 1100-B SOUTH MAIN STREET BLACKSBURG, VA 24060	54-1013637	501(C)(3)	5,500	0			TO SUPPORT PROGRAMMING IN LOCAL SCHOOLS PER THE PROJECT BUDGET AND TO PROVIDE SCHOLARSHIPS FOR THREE LOCAL ATHLETES TO COMPETE LOCALLY, REGIONALLY AND THEN AT THE STATEWIDE SUMMER GAMES
ST ANDREWS ROMAN CATHOLIC CHURCH 631 N JEFFERSON STREET ROANOKE, VA 24016	54-0506428	CHURCH	11,141	0			FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOHN'S EPISCOPAL CHURCH PO BOX 257 ROANOKE, VA 24002	54-0753318	CHURCH	7,750	0			FOR GENERAL PURPOSES
ST JUDE CHILDREN'S RESEARCH HOSPITAL 4301 N FAIRFAX DRIVE ARLINGTON, VA 22203	35-1044585	501(C)(3)	14,740	0			ANNUAL DISTRIBUTION FROM FUND AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SWEET BRIAR COLLEGE PO BOX 1095 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	6,500	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
TAUBMAN MUSEUM OF ART 110 SALEM AVENUE SE ROANOKE, VA 24011	54-6026841	501(C)(3)	15,080	0			ANNUAL GRANT TO BE DISTRIBUTED, TO SUPPORT THE MUSEUM'S EXHIBITION PROGRAM, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION DCMDVA CHAPTER 30 W GUDE DR ROCKVILLE, MD 20850	13-3271855	501(C)(3)	10,000	0			TO PROVIDE FINANCIAL ASSISTANCE AND TO PURCHASE EQUIPMENT AND DEVICES FOR ITS CLIENTS PER THE PROJECT BUDGET
THE BARROW CENTER 790 IRISBURG ROAD AXTON, VA 24054	86-2039833	501(C)(3)	10,000	0			TO SUPPORT GENERAL OPERATIONS OF THE LICENSED THERAPEUTIC CHILD DAYCARE CENTER

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BEE CAUSE PROJECT INC 211 JOHNNY MERCER BLVD SAVANNAH, GA 31410	46-3175971	501(C)(3)	8,888	0			GIFT TO PROMOTE THE BEES!
THE SALVATION ARMY ROANOKE 724 DALE AVE ROANOKE, VA 24013	58-0660607	501(C)(3)	36,183	0			FOR GENERAL PURPOSES AND THE TURNING POINT PROGRAM

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WILD WAY PO BOX 8477 ROANOKE, VA 24014	87-1160258	501(C)(3)	16,000	0			TO SUPPORT OUTDOOR EXPERIENCES FOR IN-NEED YOUTH PER THE PROGRAM BUDGET AND FOR GENERAL PURPOSES
TOTAL ACTION FOR PROGRESS PO BOX 2868 ROANOKE, VA 240012868	54-6057095	501(C)(3)	5,330	0			ANNUAL GRANT DISTRIBUTION, DESIGNATED FOR SUPER HERO KIDS PROGRAM, AND FOR GENERAL PURPOSES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRINITY ECUMENICAL PARISH 40 LAKEMOUNT DRIVE MONETA, VA 24121	54-1450770	CHURCH	6,000	0			ENVELOPE #289 FOR GENERAL PURPOSES
UNITARIAN UNIVERSALIST CHURCH OF ROANOKE 2015 GRANDIN ROAD ROANOKE, VA 24015		CHURCH	5,150	0			TO ASSIST MEMBERS OF YOUTH GROUP ATTEND EITHER THE SOUTHEASTERN UNITARIAN UNIVERSALIST SUMMER INSTITUTE OR ANOTHER UU YOUTH CAMP AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF HENRY COUNTY & MARTINSVILLE INC PO BOX 951 MARTINSVILLE, VA 241140951	54-0753318	501(C)(3)	36,000	0			TO SUPPORT THE CREATIVE COMMUNITY PATHWAYS PROGRAM PER THE PROJECT BUDGET, AN ANNUAL CONTRIBUTION, AND FOR GENERAL PURPOSES
UNITED WAY OF ROANOKE VALLEY INC 325 CAMPBELL AVENUE ROANOKE, VA 24016	54-0535302	501(C)(3)	49,330	0			ANNUAL GRANT DISTRIBUTION FROM THE FUND AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF LYNCHBURG OFFICE OF FINANCIAL AID LYNCHBURG, VA 24501	54-0505922	501(C)(3)	16,800	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL OFFICE OF SCHOLARSHIPS AND STUDENT AID CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	11,000	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VIRGINIA STUDENT FINANCIAL SERVICES CHARLOTTESVILLE, VA 229044204	54-1682176	501(C)(3)	100,930	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
VERGE 2200 KRAFT DRIVE BLACKSBURG, VA 24060	46-2975294	501(C)(3)	10,000	0			DESIGNATED FOR TECH NIGHT AWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY STUDENT FINANCIAL SERVICES RICHMOND, VA 232843026	54-6001758	501(C)(3)	23,500	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
VIRGINIA HUNTERS WHO CARE INC PO BOX 304 BIG ISLAND, VA 245260304	54-1650687	501(C)(3)	15,000	0			TO SUPPORT THE VENISON FOR THE HUNGRY PROGRAM PER THE PROJECT BUDGET

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA MILITARY INSTITUTE OFFICE OF FINANCIAL AID LEXINGTON, VA 244500304	54-0505966	501(C)(3)	6,900	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
VIRGINIA MUSEUM OF NATURAL HISTORY FOUNDATION 21 STARLING AVE MARTINSVILLE, VA 241122921	52-1356848	501(C)(3)	5,600	0			TO SUPPORT THE DINO FESTIVAL FOR 2023 PER THE PROJECT BUDGET, AS AN ANNUAL CONTRIBUTION, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA TECH STUDENT SERVICES BUILDING SUITE 150 BLACKSBURG, VA 24061	54-0721690	501(C)(3)	131,725	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
VIRGINIA TECH FOUNDATION INC UNIVERSITY GATEWAY CENTER BLACKSBURG, VA 24061	54-0721690	501(C)(3)	17,820	0			DESIGNATED FOR THE GERMAN CLUB ALUMNI FOUNDATION, FOR THE JOE AND LINDA HOPKINS ARTS ENRICHMENT FUND, FOR THE SCHOOL OF ENGINEERING, FOR WVTF RADIO, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA WESTERN COMMUNITY COLLEGE 3094 COLONIAL AVE SW ROANOKE, VA 24015	54-1268273	501(C)(3)	10,950	0			FOR EDUCATIONAL SCHOLARSHIP FUNDS
VIRGINIA WESTERN COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC 3093 COLONIAL AVE SW ROANOKE, VA 24015	52-1200913	501(C)(3)	8,705	0			FOR GENERAL PURPOSES



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON AND LEE UNIVERSITY DEVELOPMENT OFFICE LEXINGTON, VA 24450	54-0505977	501(C)(3)	7,755	0			FOR GENERAL PURPOSES
WEST END CENTER PO BOX 4562 ROANOKE, VA 24015	54-1150320	501(C)(3)	87,185	0			TO HELP WITH THE PURCHASE OF A BUS FOR YOUTH ACTIVITIES PER THE PROJECT BUDGET, TO SUPPORT THE ADDITION OF MENTAL HEALTH SERVICES PER THE PROJECT BUDGET, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTMINSTER PRESBYTERIAN CHURCH OF AMERICA 2216 PETERS CREEK RD NW ROANOKE, VA 24017		CHURCH	45,500	0			FOR GENERAL PURPOSES
YMCA OF VIRGINIA'S BLUE RIDGE P O BOX 2130 ROANOKE, VA 24009	54-0515736	501(C)(3)	26,000	0			TO SUPPORT THE BEACON PROGRAM PER THE PROJECT BUDGET, DESIGNATED FOR THE SALEM YMCA, AND FOR GENERAL PURPOSES

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE BLUE RIDGE 311 E CHURCH ST MARTINSVILLE, VA 241122927	26-3166453	501(C)(3)	18,000	0			TO SUPPORT THE DRIVING GREAT FUTURES VAN & TRANSPORTATION PROJECT PER THE PROJECT BUDGET, ANNUAL CONTRIBUTION
ROANOKE COUNTY PO BOX 29800 ROANOKE, VA 29800	54-6001572	501(C)(3)	6,200	0			DESIGNATED TO BACK CREEK FIRE AND RESCUE TO PURCHASE AN UPGRADED THERMAL IMAGING CAMERA

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization  
COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

**Employer identification number**  
54-1959458

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b>	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.		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?	<b>5a</b>	No
<b>b</b>	Any related organization?	<b>5b</b>	No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?	<b>6a</b>	No
<b>b</b>	Any related organization?	<b>6b</b>	No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b>	Were any amounts reported on 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.	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**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.

Return Reference	Explanation
PART I, LINE 3	THE PRESIDENT & CEO IS REVIEWED ANNUALLY BY THE BOARD CHAIR. THE BOARD CHAIR REPORTS RESULTS TO THE MANAGEMENT AND PERSONNEL COMMITTEE, WHICH DECIDE THE ANNUAL COMPENSATION PERCENTAGE INCREASE, IF APPLICABLE. THE MANAGEMENT AND PERSONNEL COMMITTEE CHAIR MAKE THE RECOMMENDATION TO THE FULL BOARD FOR APPROVAL AT A BOARD OF GOVERNORS MEETING.

**SCHEDULE M (Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY FOUNDATION SERVING WESTERN VIRGINIA

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	18	1,542,825	FMV OF THE STOCK
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29

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

	Yes	No
30a		No
31	Yes	
32a		No

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't 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.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION SERVING WESTERN  
VIRGINIA

Employer identification number

54-1959458

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT & CEO REVIEWS EACH EMPLOYEE ANNUALLY AND REPORTS TO THE MANAGEMENT AND PERSONNEL COMMITTEE, WHICH DECIDE THE ANNUAL COMPENSATION PERCENTAGE INCREASE, IF APPLICABLE. THE MANAGEMENT AND PERSONNEL COMMITTEE CHAIR MAKE THE RECOMMENDATION TO THE FULL BOARD FOR APPROVAL AT A BOARD OF GOVERNORS MEETING. THE PRESIDENT & CEO IS REVIEWED ANNUALLY BY THE BOARD CHAIR. THE BOARD CHAIR REPORTS RESULTS TO THE MANAGEMENT AND PERSONNEL COMMITTEE, WHICH DECIDE THE ANNUAL COMPENSATION PERCENTAGE INCREASE, IF APPLICABLE. THE MANAGEMENT AND PERSONNEL COMMITTEE CHAIR MAKE THE RECOMMENDATION TO THE FULL BOARD FOR APPROVAL AT A BOARD OF GOVERNORS MEETING.

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART XII, LINE 2C	THE PROCESS OF FINANCIAL STATEMENT REVIEW AND OVERSIGHT HAS NOT CHANGED FROM THE PRIOR YEAR.