

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150
2009
Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WEST VIRGINIA GRANTMAKERS' ASSOCIATION, INC.	D Employer identification number 55-0721553
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 985	E Telephone number 304-517-1450
		City or town, state or country, and ZIP + 4 WESTON WV 26452	F Group Exemption Number _____

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶ _____

I Website: ▶ **WWW.WVGRANTMAKERS.ORG**

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **161,680**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	143,716
	2	Program service revenue including government fees and contracts	2	1,230
	3	Membership dues and assessments	3	8,450
	4	Investment income	4	8,284
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	161,680	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	319,540
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	116,997
	13	Professional fees and other payments to independent contractors	13	4,300
	14	Occupancy, rent, utilities, and maintenance	14	9,072
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 3)	16	42,666
17	Total expenses. Add lines 10 through 16	17	492,575	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-330,895
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	858,382
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	527,487

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	858,382	527,487
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	858,382	527,487
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	858,382	527,487

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28	PROMOTE THE STUDY OF PROBLEMS, THE GROWTH, EFFECIENCIES, FINANCIAL MANAGEMENT, AND THE EXCHANGE OF INFORMATION FOR WV CHARITABLE ORGANIZATIONS. (Grants \$ 319,540) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	465,364
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	465,364

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARY WITTEN WISEMAN ASHLAND P.O. BOX 2096 KY 41105	BOARD MEMBER 2.00	0	0	0
ROBERT STEPHENS PARKERSBURG 311 FOURTH STREET WV 26101	PAST CHAIR 2.00	0	0	0
SISTER MARGUERITE O'BRIEN WHEELING 140 EDINGTON LANE WV 26003	CHAIR 4.00	0	0	0
AMY OWEN MARTINSBURG 229 EAST MAIN ST., SUITE 4 WV 25401	VICE-CHAIR 4.00	0	0	0
SHANNON CUNNINGHAM WESTON P.O. BOX 985 WV 26452	BOARD MEMBER 40.00	59,154	15,152	0
FRANK BONACCI WHEELING 5 OAKMONT ROAD WV 26003	BOARD MEMBER 2.00	0	0	0
ANDREW HOGAN BETHANY 54 CASTLEMAN RUN RD. WV 26032	BOARD MEMBER 2.00	0	0	0
CHRISTINA MATLICK MORGANTOWN 781 CHESTNUT RIDGE RD. WV 26505	BOARD MEMBER 2.00	0	0	0
CARLA PARSONS CHARLESTON P.O. BOX 633 WV 25322-0633	TREASURER 4.00	0	0	0
EMILY FISHER WHEELING P.O. BOX 3047 WV 26003	SECRETARY 4.00	0	0	0
SUSAN LANDIS BECKLEY 129 MAIN ST., STE. 203 WV 25801	BOARD MEMBER 2.00	0	0	0
MARY HUNT-LIEVING PITTSBURGH 223 FOURTH AVE., 14TH FLOOR PA 15222	BOARD MEMBER 2.00	0	0	0
KIM BARBER-TIEMAN CHARLESTON 710 CENTRAL AVE. WV 25302	BOARD MEMBER 2.00	0	0	0
TOM TINDER CHARLESTON 2008A KANAWHA BLVD. EAST WV 25311	BOARD MEMBER 2.00	0	0	0
PATRICIA WATSON MORGANTOWN 496 HIGH STREET WV 26505	BOARD MEMBER 2.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ WV		
42a	The organization's books are in care of ▶ SHANNON CUNNINGHAM Telephone no. ▶ 304-517-1450 202 MAIN AVE, SUITE 213 Located at ▶ WESTON, WV ZIP + 4 ▶ 26452		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46			X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	No
47			X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48			X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a			X
49b	b If "Yes," was the related organization a section 527 organization?	Yes	No
49b			

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

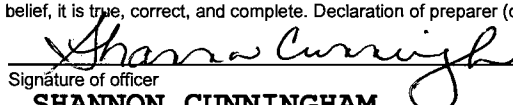
f Total number of other employees paid over \$100,000 ▶ _____

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


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

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

Sign Here 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.


Date **19-20-10**
 Signature of officer **SHANNON CUNNINGHAM**
 Type or print name and title. **PRESIDENT**

Paid Preparer's Use Only

Preparer's signature 	Date 09/08/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00426651
Firm's name (or yours if self-employed), address, and ZIP + 4 H&R BLOCK TAX & BUSINESS SERVICES 501 AVERY ST, STE 9000 PARKERSBURG, WV 26101	EIN 42-1552029	Phone no. 304-422-6660	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	201,667	143,700	681,900	497,005	143,716	1,667,988
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	201,667	143,700	681,900	497,005	143,716	1,667,988
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,667,988

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	201,667	143,700	681,900	497,005	143,716	1,667,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221	232	1,924	15,165	8,284	25,826
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					1,230	1,230
11 Total support. Add lines 7 through 10						1,695,044
12 Gross receipts from related activities, etc. (see instructions)					12	49,499
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.40%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.99%
16a 33 1/3 % support test—2009. 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 <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors
 ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization WEST VIRGINIA GRANTMAKERS ' ASSOCIATION, INC.	Employer identification number 55-0721553
---	--

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WEST VIRGINIA GRANTMAKERS'	Employer identification number 55-0721553
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLAUDE WORTHINGTON BENEDUM FDTN 1400 BENEDUM-TREES BUILDING 223 FOURTH STREET PITTSBURGH PA 15222	\$ 34,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE FORD FOUNDATION 320 EAST 23RD STREET NEW YORK NY 10017	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	WEST VIRGINIA DEVELOPMENT OFFICE 1900 KANAWHA BLVD., EAST CHARLESTON WV 25305	\$ 9,716	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
ANNUAL MEMBERSHIP DUES	\$ 8,450
TOTAL	\$ 8,450

Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations**

<u>Name and Address</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Class of Activity</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>	<u>Book Value</u>	<u>Book Value Explanation</u>	<u>FMV Explanation</u>
HAMPSHIRE COUNTY COMM. FOUNDATION P.O. BOX 40 ROMNEY, WV 26757	1/01/09			5,555				
WEBSTER COUNTY COMMUNITY FUND P.O. BOX 11 WEBSTER SPRINGS, WV 26288	1/31/09			5,555				
LITTLE KANAWHA AREA COMM. FNDD. P.O. BOX 1762 PARKERSBURG, WV 26102	1/31/09			5,555				
LOGAN CNTY CHARITABLE & EDUC. FNDD. P.O. BOX 1367 LOGAN, WV 25601	1/31/09			5,555				
PARKERSBURG ARE COMMUNITY FOUNDTN P.O. BOX 1762 PARKERSBURG, WV 26102	1/31/09			5,555				

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

<u>Name and Address</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Class of Activity</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>	<u>Book Value</u>	<u>Book Value Explanation</u>	<u>FMV Explanation</u>
COMM. FOUNDTN OF NORTH CENTRAL WV 1000 TECHNOLOGY DRIVE FAIRMONT, WV 26554	1/31/09			5,555				
THE MINGO COUNTY ENDOWMENT FUND P.O. BOX 2096 ASHLAND, KY 41105-2096	1/31/09			5,555				
FOUNDATION FOR THE TRI-STATE COMMUN P.O. BOX 2096 ASHLAND, KY 41105-2096	1/31/09			5,555				
EASTERN WV COMMUNITY FOUNDATION 229 MAIN MARTIN ST. MARTINSBURG, WV 25401	3/22/09			35,000				
HARDY COUNTY COMMUNITY FOUNDATION P.O. BOX 1058	3/22/09			10,000				

Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to
Organizations (continued)**

Name and Address	Date of Gift	Description of Property	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
MOOREFIELD, WV 26836								
COMMUNITY TRUST FOUNDATION	3/22/09			10,000				
1 TECHNOLOGY DRIVE, SUITE 1000								
FROSTBURG, MD 21532								
FOUNDATION FOR THE TRI-STATE COMMUN	3/22/09			30,000				
P.O. BOX 2096								
ASHLAND, KY 41105-2096								
PARKERSBURG AREA COMMUNITY FOUNDTN	3/22/09			15,000				
P.O. BOX 1762								
PARKERSBURG, WV 26102								
COMM. FOUNDATION OF THE OHIO VALLEY	7/06/09			15,000				
P.O. BOX 670								
WHEELING, WV 26003								
FOUNDATION FOR THE TR-STATE COMMUNI	7/06/09			15,000				

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

<u>Name and Address</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Class of Activity</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>	<u>Book Value</u>	<u>Book Value Explanation</u>	<u>FMV Explanation</u>
P.O. BOX 2096 ASHLAND, KY 41105								
HAMPSHIRE COUNTY COMM. FOUNDATION P.O. BOX 40 ROMNEY, WV 26757	7/06/09			9,656				
BECKLEY AREA FOUNDATION 129 MAIN STREET, SUITE 203 BECKLEY, WV 25801	7/06/09			34,000				
NICHOLAS COUNTY COMM. FOUNDATION P.O. BOX 561 SUMMERSVILLE, WV 26651	7/06/09			16,150				
PARKERSBURG AREAR COMM. FOUNDATION P.O. BOX 1762 PARKERSBURG, WV 26102	7/06/09			28,100				

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued)

Name and Address	Date of Gift	Description of Property	Class of Activity		Book Value	Book Value Explanation	FMV Explanation
			Cash Contribution	Noncash Contribution			
DODDRIDGE & RITCHIE CO. COMM. FNDTN P.O. BOX 1762 PARKERSBURG, WV 26102	7/06/09		22,194				
GREATER GREENBRIER VALLEY COMM. FND P.O. BOX 387 LEWISURG, WV 24901	7/06/09		25,000				
TOTAL			<u>309,540</u>				

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$
OUTREACH / MARKETING	16,301
OFFICE EXPENSE	3,844
INFORMATION TECHNOLOGY	728
TRAVEL	3,636
INSURANCE	1,558
GRANTMAKER PROGRAMS	11,291
ANNUAL CONFERENCE	1,000
STRATEGIC PLANNING	4,308
TOTAL	\$ <u>42,666</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE CULTURAL, CHARITABLE, AND EDUCATIONAL PURPOSE OF PROMOTING WV CHARITABLE ORGANIZATIONS, TRUSTS, GRANTMAKING ORGANIZATIONS AND FOUNDATIONS TO PROMOTE CHARITIES.

