

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1068

City or town, state or province, country, and ZIP or foreign postal code
HARRISONBURG, VA 22803

D Employer identification number
54-1920746

E Telephone number
(540) 432-3863

G Gross receipts \$ 19,856,642

F Name and address of principal officer:
REVLAN HILL
PO BOX 1068
HARRISONBURG, VA 22803

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: ▶ HTTP://WWW.TCFHR.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
STRENGTHENING OUR COMMUNITIES THROUGH PURPOSEFUL GIVING AND ACTIVE ENGAGEMENT.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	103
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,978,239	5,839,828
9 Program service revenue (Part VIII, line 2g)	141,045	71,711
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,923,973	1,420,076
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-18,901	-48,798
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,024,356	7,282,817

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,889,994	4,814,111
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	311,977	347,551
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶66,466		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	338,023	407,252
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,539,994	5,568,914
19 Revenue less expenses. Subtract line 18 from line 12	4,484,362	1,713,903

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	52,753,333	54,691,642
21 Total liabilities (Part X, line 26)	9,102,248	8,732,547
22 Net assets or fund balances. Subtract line 21 from line 20	43,651,085	45,959,095

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: ***** Date: 2021-02-15
REVLAN HILL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-02-15
Check if self-employed PTIN: P00239134
Firm's name: ▶ PBMARES LLP Firm's EIN: ▶ 54-0737372
Firm's address: ▶ 558 SOUTH MAIN STREET Phone no. (540) 434-5975
HARRISONBURG, VA 22801

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:

STRENGTHENING OUR COMMUNITIES THROUGH PURPOSEFUL GIVING AND ACTIVE ENGAGEMENT.

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 \$ 3,799,841 including grants of \$ 3,799,841) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 1,014,270 including grants of \$ 1,014,270) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 265,234 including grants of \$) (Revenue \$ 22,913)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,079,345

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
9 Sponsoring organizations maintaining donor advised funds.				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</p>			16	No

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 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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:

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE HULVEY CHAIR	2.00	X		X			0	0	0	
(2) DONNA HARPER VICE CHAIR	1.00	X		X			0	0	0	
(3) ELLEN H BRODERSEN TREASURER	1.00	X		X			0	0	0	
(4) TRISH DAVIDSON SECRETARY	1.00	X		X			0	0	0	
(5) JOSEPH PAXTON PAST CHAIR	1.00	X		X			0	0	0	
(6) KEVIN FLINT INVESTMENT CHAIR	1.00	X		X			0	0	0	
(7) CYNTHIA PRIETO GRANTS & SCHOLARSHIP CHAIR	1.00	X		X			0	0	0	
(8) LINDSAY BRUBAKER DIRECTOR	1.00	X					0	0	0	
(9) ERIC CAMPBELL DIRECTOR	1.00	X					0	0	0	
(10) JASON FINK DIRECTOR	1.00	X					0	0	0	
(11) KAY HARRISON DIRECTOR	1.00	X					0	0	0	
(12) KRISTIAN HORNEBER DIRECTOR	1.00	X					0	0	0	
(13) DIAR KAUSLER DIRECTOR	1.00	X					0	0	0	
(14) CHARLES MARTORANA DIRECTOR	1.00	X					0	0	0	
(15) SCOTT ROGERS DIRECTOR	1.00	X					0	0	0	
(16) MATTHEW SUNDERLIN DIRECTOR	1.00	X					0	0	0	
(17) LAURA TONI-HOLSINGER DIRECTOR	1.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REVLAN S HILL EXECUTIVE DIRECTOR	40.00			X				91,825	0	15,500
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								91,825	0	15,500

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 ► **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 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
GRAVES LIGHT WEALTH MANAGEMENT 2011 EVELYN BYRD AVE HARRISONBURG, VA 22801	INVESTMENT MANAGEMENT	196,038

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 ► **1**

Part VIII Statement of Revenue

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

Table with 5 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 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 2a-2f and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include 3-11d and 12 Total 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,814,111	4,814,111		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	121,294	36,388	42,453	42,453
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	187,920	142,082	40,328	5,510
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,338	3,974	1,199	165
9 Other employee benefits	9,706	8,454	887	365
10 Payroll taxes	23,293	13,616	6,178	3,499
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	61,093		61,093	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	235,106		235,106	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,820	2,244	368	208
12 Advertising and promotion	3,644			3,644
13 Office expenses	4,183	1,472	2,331	380
14 Information technology	45,157	26,350	12,004	6,803
15 Royalties				
16 Occupancy	403	235	107	61
17 Travel	1,272		1,272	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,911		338	1,573
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,602	2,686	1,223	693
23 Insurance	7,642		7,642	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SMALL EQUIPMENT REPAIRS	15,002	11,657	3,345	
b GREAT COMMUNITY GIVE	10,268	10,268		
c DUES & MEMBERSHIPS	5,675	3,311	1,509	855
d OTHER EXPENSES	3,566		3,566	
e All other expenses	4,908	2,497	2,154	257
25 Total functional expenses. Add lines 1 through 24e	5,568,914	5,079,345	423,103	66,466
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	3,388,325	1	3,772,795
	2 Savings and temporary cash investments	1,866,559	2	2,590,436
	3 Pledges and grants receivable, net	706,205	3	136,963
	4 Accounts receivable, net		4	1,000
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	294,725	7	271,784
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	18,098	9	21,194
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,100,017		
	b Less: accumulated depreciation	10b 80,234	10,660	10c 1,019,783
	11 Investments—publicly traded securities	44,909,007	11	45,999,422
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	1,047,588	13	0
	14 Intangible assets	5,556	14	7,867
	15 Other assets. See Part IV, line 11	506,610	15	870,398
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,753,333	16	54,691,642	
Liabilities	17 Accounts payable and accrued expenses	20,818	17	37,179
	18 Grants payable	1,750	18	0
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	9,079,680	25	8,695,368
	26 Total liabilities. Add lines 17 through 25	9,102,248	26	8,732,547
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	42,423,051	27	45,331,063
	28 Net assets with donor restrictions	1,228,034	28	628,032
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	43,651,085	32	45,959,095	
33 Total liabilities and net assets/fund balances	52,753,333	33	54,691,642	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,282,817
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,568,914
3	Revenue less expenses. Subtract line 2 from line 1	3	1,713,903
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,651,085
5	Net unrealized gains (losses) on investments	5	523,719
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	70,388
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	45,959,095

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 54-1920746

Name: THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTS TO STRENGTHEN OUR COMMUNITY:THE COMMUNITY FOUNDATION GRANTS REMAIN VERY STRONG TO MOSTLY THE LOCAL CHARITABLE ORGANIZATIONS. GRANTS TOTALED OVER \$3.7 MILLION AND WERE TO ALL TYPES OF ORGANIZATIONS INCLUDING HUMANITARIAN, EDUCATIONAL, HEALTH, ARTS, ANIMAL RELATED, ENVIRONMENTAL, HISTORIC PRESERVATION, RECREATION, AND FAITH BASED ORGANIZATIONS. THE COMMUNITY FOUNDATION ALSO PARTNERS WITH LOCAL NONPROFITS TO RECEIPT, ACCOUNT FOR, AND INVEST FUNDS FOR AGENCIES WITH LIMITED RESOURCES WITHIN THE ORGANIZATION WHO WISH TO FOCUS THEIR RESOURCES ON MISSION-RELATED SERVICE DELIVERY. BY OFFERING THIS SERVICE, THE COMMUNITY FOUNDATION IMPROVES THE CAPACITY OF LOCAL NONPROFIT SERVICE PROVIDERS WORKING HARD EVERY DAY TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE.

Form 990, Part III, Line 4b:

EDUCATION PROGRAM SERVICE AREA:TCF DISTRIBUTED MORE THAN \$1.0 MILLION FOR EDUCATIONAL PROGRAMS AND SCHOLARSHIPS. RECIPIENTS INCLUDED PUBLIC AND PRIVATE SCHOOLS, INSTITUTIONS OF HIGHER EDUCATION, LIBRARIES, CHILDREN'S MUSEUMS, AND LITERARY ORGANIZATIONS. TCF IS ALSO AN APPROVED VIRGINIA SCHOLARSHIP FOUNDATION AND DISTRIBUTED \$639,457 TO LOCAL PRIVATE SCHOOLS THROUGH THE STATE'S TAX CREDIT PROGRAM.

Form 990, Part III, Line 4c:

ADMINISTRATIVE SUPPORT & EDUCATION FOR LOCAL NONPROFIT AND CHARITABLE FUNDRAISING INITIATIVES:THE COMMUNITY FOUNDATION PARTNERS WITH LOCAL NONPROFITS TO RECEIPT, ACCOUNT FOR, AND INVEST FUNDS FOR AGENCIES WITH LIMITED RESOURCES WITHIN THE ORGANIZATION WHO WISH TO FOCUS THEIR RESOURCES ON MISSION-RELATED SERVICE DELIVERY. BY MANAGING AND DISTRIBUTING FUNDS TO LOCAL NONPROFIT FUND HOLDERS IN CONNECTION WITH CAPITAL CAMPAIGNS, RAINY DAY FUNDS, OR ENDOWMENT DISTRIBUTIONS, THE COMMUNITY FOUNDATION IMPROVES THE CAPACITY OF LOCAL NONPROFIT SERVICE PROVIDERS WORKING HARD EVERY DAY TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE.

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Employer identification number
54-1920746

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 or 990-EZ).)
- 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 in 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,850,909	5,881,784	15,922,031	9,978,239	5,839,828	43,472,791
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	5,850,909	5,881,784	15,922,031	9,978,239	5,839,828	43,472,791
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) . . .						16,899,965
6 Public support. Subtract line 5 from line 4.						26,572,826

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	5,850,909	5,881,784	15,922,031	9,978,239	5,839,828	43,472,791
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	789,360	784,842	862,589	1,686,232	1,383,936	5,506,959
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						48,979,750
12 Gross receipts from related activities, etc. (see instructions)					12	370,093
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 2019 (line 6, column (f) divided by line 11, column (f))	14	54.250 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	53.270 %
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. 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	<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 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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>		
7	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 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	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	Did one or more disqualified persons (as defined in 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>		
c	Did a disqualified person (as defined in 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>		
10a	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	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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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>		
2	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
1	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
1	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?		
2	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>		
3	By reason of the relationship described in (2), 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	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>	Yes	No
b	Did the activities described in (a) 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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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>Provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 54-1920746

Name: THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

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

OMB No. 1545-0047 2019 Open to Public Inspection

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 for instructions and the latest information.

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), and Aggregate value at end of year.

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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for conservation easements. Columns: Held at the End of the Year. Rows: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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?
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)?
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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(ii) 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 SFAS 116 (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
1c	
1d	
1e	
1f	

- 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
1a Beginning of year balance	26,507,841	22,618,051	13,275,407	11,059,554	9,574,265
b Contributions	494,450	3,226,074	8,997,277	1,693,576	1,891,613
c Net investment earnings, gains, and losses	1,030,050	1,444,613	999,136	1,154,659	198,515
d Grants or scholarships	598,661	518,268	465,360	466,543	465,175
e Other expenditures for facilities and programs					
f Administrative expenses	305,566	262,629	188,409	165,839	139,664
g End of year balance	27,128,114	26,507,841	22,618,051	13,275,407	11,059,554

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages 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
3a(i)		No
3a(ii)		No
3b		

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
1a Land		83,342		83,342
b Buildings		877,162	63,323	813,839
c Leasehold improvements		19,522	3,579	15,943
d Equipment		119,991	13,332	106,659
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,019,783

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
Total. (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)	
Total. (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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,695,368

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.

1	Total revenue, gains, and other support per audited financial statements	1	7,134,743
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	523,719
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	80,148
e	Add lines 2a through 2d	2e	603,867
3	Subtract line 2e from line 1	3	6,530,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	751,941
c	Add lines 4a and 4b	4c	751,941
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,282,817

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.

1	Total expenses and losses per audited financial statements	1	4,840,385
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	80,148
e	Add lines 2a through 2d	2e	80,148
3	Subtract line 2e from line 1	3	4,760,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	235,106
b	Other (Describe in Part XIII.)	4b	573,571
c	Add lines 4a and 4b	4c	808,677
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,568,914

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: 54-1920746

Name: THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS AND ONGOING SUPPORT FOR SCHOOLS, CHURCHES, AND NONPROFIT ORGANIZATIONS IMPORTANT TO DONORS IN OUR COMMUNITY. ANNUAL DISTRIBUTIONS PROVIDE SUPPORT TO THE LOCAL FREE MEDICAL CLINIC, ARTS ORGANIZATIONS IN OUR COMMUNITY, LOCAL STREAM CLEAN UP, BIG BROTHERS/SISTERS, CHURCHES, PUBLIC LIBRARIES, EDUCATION IN VARIOUS WAYS, HISTORICAL PRESERVATION, ANIMAL AND WILDLIFE ORGANIZATIONS, AND PUBLIC EVENTS LIKE FIRST NIGHT AMONG OTHERS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) AND 509(A)(1) OF THE INTERNAL REVENUE CODE AND HAS BEEN DETERMINED TO BE AN EXEMPT CHARITY WHICH QUALIFIES DONATIONS TO THE FOUNDATION AS CHARITABLE CONTRIBUTIONS FOR TAX PURPOSES. HOWEVER, THE FOUNDATION MAY BE SUBJECT TO UNRELATED BUSINESS TAX ON CERTAIN TYPES OF INCOME. THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC); HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS THEY ARE DEFINED IN THIS GUIDANCE. THE FOUNDATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE UNITED STATES DEPARTMENT OF THE TREASURY. RETURNS FROM THE 2017 FISCAL YEAR THROUGH THE CURRENT YEAR REMAIN OPEN TO EXAMINATION.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 80,148.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT MANAGEMENT FEES 235,106. AGENCY CONTRIBUTIONS 260,319. AGENCY INVESTMENT INCOME 242,169. EASTHAM LLC BOOK/TAX ADJUSTMENTS 14,347.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 80,148.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY GRANTS 503,491. AGENCY ADMINISTRATIVE CHARGES 70,080.

Note: To capture the full content of this document, 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 142
3 Enter total number of other organizations listed in the line 1 table 1

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 I, LINE 2:	GRANTS ARE ISSUED PRIMARILY TO LOCAL 501(C)(3) ORGANIZATIONS WITH A DETAILED LIST OF RESTRICTIONS ON THE USE OF THE FUNDS AND WITH A CLEAR LANGUAGE RESTRICTING THE PROVISION OF BENEFITS, GOODS, OR SERVICES TO A DONOR IN CONNECTION WITH A GRANT FROM THE COMMUNITY FOUNDATION. THE FOUNDATION MAINTAINS A CLOSE RELATIONSHIP WITH NONPROFIT ORGANIZATIONS TO ENSURE GRANT FUNDS ARE USED APPROPRIATELY AND IN COMPLIANCE WITH APPLICABLE REGULATIONS AND DONOR RESTRICTIONS.

Additional Data

Software ID:
Software Version:
EIN: 54-1920746
Name: THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	370,764				LET THE CHILDREN COME CAMPAIGN FOR NEW ELEMENTARY SCHOOL, VDOE SCHOLARSHIP DISTRIBUTIONS, DAVID & SHIRLEY YODER ENDOWMENT FUND, DANIEL & ORA BENDER ENDOWMENT FUND, MEMORIAL GIFTS
HARRISONBURG-ROCKINGHAM FREE CLINIC 25 W WATER ST HARRISONBURG, VA 22801	54-1568909	501(C)(3)	293,542				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD RESOURCES GROUP 456 MYERS AVE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	278,500				GENERAL SUPPORT
ASBURY UNITED METHODIST CHURCH 205 S MAIN STREET HARRISONBURG, VA 22801	54-0519596	501(C)(3)	274,668				CATALYST FOR MINISTRIES CAPITAL PROJECT, SACRED ARTS PROGRAM, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPLORE MORE DISCOVERY MUSEUM 150 S MAIN ST HARRISONBURG, VA 22801	16-1683676	501(C)(3)	252,613				CAPITAL CAMPAIGN, FUND DISTRIBUTION, COMMUNITY MAKER SPACE
CORNERSTONE CHRISTIAN SCHOOL 197 CORNERSTONE LANE HARRISONBURG, VA 22802	38-3821029	501(C)(3)	177,857				GENERAL SUPPORT, HEARTS FOR HUNGER CAMPAIGN, AND VDOE SCHOLARSHIP DISTRIBUTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF HARRISONBURG ROCKINGHAM PO BOX 326 HARRISONBURG, VA 22803	54-0632716	501(C)(3)	131,432				GENERAL SUPPORT, DISTRIBUTIONS FROM AGENCY FUND, WE READ TO SUCCEED, ALLISON PROJECT
CITY OF HARRISONBURG 345 S MAIN ST HARRISONBURG, VA 22801	54-6001343	170(C)(1)	109,560				SUPPORT OF BLACKS RUN CLEAN-UP AND ONGOING MAINTENANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY ECONOMIC EDUCATION INC 418 FAIRWAY DR HARRISONBURG, VA 22802	54-1168566	501(C)(3)	84,742				ANNUAL DISTRIBUTION
THE ARC 620 SIMMS AVENUE HARRISONBURG, VA 22802	54-0995095	501(C)(3)	84,259				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES MADISON UNIVERSITY DIVISION OF UNIVERSITY ADVANCEMENT HARRISONBURG, VA 22807	54-6001756	501(C)(3)	79,000				SCHOLARSHIPS, BRIDGEFORTH STADIUM
RMH FOUNDATION 2010 HEALTH CAMPUS DR HARRISONBURG, VA 22801	54-0506331	501(C)(3)	71,800				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	71,084				GENERAL SUPPORT & ANNUAL DISTRIBUTION
BRIDGEWATER HEALTHCARE FOUNDATION INC 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	70,937				ANNUAL FUND, ADVANCING THE VISION CAMPAIGN, AND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA MENNONITE RETIREMENT COMMUNITY FOUNDATION 1491 VIRGINIA AVENUE HARRISONBURG, VA 22802	54-0249313	501(C)(3)	62,250				GENERAL SUPPORT, THERAPEUTIC MUSIC PROGRAM, COMPASSIONATE FUND, CAPITAL CAMPAIGN
REDEEMER CLASSICAL SCHOOL PO BOX 737 HARRISONBURG, VA 22803	74-3071696	501(C)(3)	56,836				GENERAL SUPPORT

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ROCKINGHAM COUNTY FAIR ASSOCIATION 4808 SOUTH VALLEY PIKE HARRISONBURG, VA 22801	54-0580300	501(C)(3)	56,000				GENERAL SUPPORT
FULLER CENTER FOR HOUSING PO BOX 523 AMERICUS, GA 31709	52-2455871	501(C)(3)	54,000				GENERAL SUPPORT

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SALVATION ARMY - HARRISONBURG PO BOX 468 HARRISONBURG, VA 228030468	13-5562351	501(C)(3)	51,000				HOMELESS SHELTER & GENERAL SUPPORT
UNC CHAPEL HILL PUBLIC HEALTH FOUNDATION INC PO BOX 1050 CHAPEL HILL, NC 27514	56-1717285	501(C)(3)	50,000				GENERAL SUPPORT

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WINCHESTER AREA TEMPORARY THERMAL SHELTER PO BOX 2936 WINCHESTER, VA 22604	27-1325266	501(C)(3)	50,000				GENERAL SUPPORT
JMU FOUNDATION MSC 3603 800 SOUTH MAIN ST HARRISONBURG, VA 22807	23-7156305	501(C)(3)	45,708				SCHOLARSHIPS

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

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HARRISONBURG MENNONITE CHURCH 1552 S HIGH ST HARRISONBURG, VA 22801	54-1001338	501(C)(3)	45,000				OPEN CIRCLE MISSION PROJECT, GENERAL SUPPORT
HIGHLAND COUNTY VOLUNTEER FIRE DEPARTMENT PO BOX 267 MONTEREY, VA 24465	23-7166711	501(C)(3)	44,305				GENERAL SUPPORT

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HIGHLAND MEDICAL CENTER PO BOX 490 MONTEREY, VA 24465	54-1652356	501(C)(3)	43,000				GENERAL SUPPORT
MASSANUTTEN REGIONAL LIBRARY 174 S MAIN ST HARRISONBURG, VA 22801	54-0548703	501(C)(3)	41,718				ELEVATOR REPAIR, ANNUAL DISTRIBUTIONS, GENERAL SUPPORT

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

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COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT STE 101 HARRISONBURG, VA 22801	54-1270644	501(C)(3)	41,150				GENERAL SUPPORT, MERCY FUND
DAYTON CHURCH OF THE BRETHREN PO BOX 236 DAYTON, VA 22821	54-1098380	501(C)(3)	40,502				GENERAL SUPPORT, DISCOVERING JESUS IN THE ARTS, ANNUAL DISTRIBUTION

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

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OPEN DOORS PO BOX 1804 HARRISONBURG, VA 22803	11-3835381	501(C)(3)	39,300				GENERAL SUPPORT
BLUE RIDGE CHRISTIAN SCHOOL PO BOX 207 BRIDGEWATER, VA 22812	35-2229096	501(C)(3)	38,706				GENERAL SUPPORT AND VDOE SCHOLARSHIP DISTRIBUTION

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

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OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	37,750				VARIOUS ASSISTANCE PROGRAMS.
CHURCH OF THE INCARNATION 57 S MAIN STREET SUITE 609 HARRISONBURG, VA 22801	27-3453966	501(C)(3)	37,400				GENERAL SUPPORT

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WAY TO GO 3142 LANIER LANE MASSANUTTEN, VA 22840	61-1487268	501(C)(3)	36,826				GENERAL SUPPORT, MOBILITY FUND
BRETHREN WOODS CAMP AND RETREAT CENTER 4896 ARMENTROUT PATH KEEZLETOWN, VA 22832	54-0834644	501(C)(3)	35,138				GENERAL SUPPORT

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

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VIRGINIA TECH 902 PRICES FORK ROAD SUITE 4500 BLACKSBURG, VA 24061	54-0721690	501(C)(3)	35,000				GENERAL SUPPORT
GRACE & TRUTH REFORMED PRESYTERIAN CHURCH PO BOX 2713 HARRISONBURG, VA 22801	81-3424833	501(C)(3)	34,772				GENERAL SUPPORT

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BLUE RIDGE COMMUNITY COLLEGE FOUNDATION PO BOX 80 WEYERS CAVE, VA 244860080	54-1328809	501(C)(3)	34,000				SCHOLARSHIPS, GENERAL SUPPORT, ENACTUS PROGRAM, WELDING PROGRAM, ENGINEERING PROGRAM, TRANSPORTATION, STUDENT FOCUS COMMUNITY IMPROVEMENT PROGRAM
MERCY HOUSE PO BOX 1478 HARRISONBURG, VA 228031478	54-1476187	501(C)(3)	33,750				GENERAL SUPPORT

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WELL OF HOPE AMERICA 5225 WEST MYERS RD COVINGTON, OH 45318	46-0628625	501(C)(3)	33,500				GENERAL SUPPORT
NORTHEAST NEIGHBORHOOD ASSOCIATION PO BOX 71 HARRISONBURG, VA 22803	80-0337045	501(C)(3)	32,323				GENERAL SUPPORT

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YOUNG LIFE - HARRISONBURGROCKINGHAM INTERNATIONAL P O BOX 7053 ARLINGTON, VA 22207	84-0385934	501(C)(3)	28,350				GENERAL SUPPORT, YOUNG LIVES PROGRAM FOR TEENAGE MOTHERS, CAMP SCHOLARSHIPS, KIDS IN NEED CAMPAIGN, GOLF SPONSOR, 5K SPLATTER RUN SPONSOR, BANQUEST GIFT, COLLEGE WORK PROGRAM, SUPPORT MISSION WORK
CENTRAL VALLEY HABITAT FOR HUMANITY PO BOX 425 BRIDGEWATER, VA 228120245	54-1441871	501(C)(3)	27,887				LOGAN LANE PROJECT, GENERAL SUPPORT, BROOKSIDE PARK CONSTRUCTION

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MUSEUM OF THE SHENANDOAH VALLEY 901 AMHERST ST WINCHESTER, VA 22601	54-1857973	501(C)(3)	27,000				GENERAL SUPPORT
HOPE DISTRIBUTED 1871 BOYERS ROAD HARRISONBURG, VA 22801	61-1542114	501(C)(3)	25,350				FOOD DISTRIBUTION PROJECT AND GENERAL SUPPORT

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OTTERBEIN UNITED METHODIST CHURCH 176 W MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	25,288				GENERAL SUPPORT
FIRST STEP 129 FRANKLIN STREET HARRISONBURG, VA 22801	51-0243177	501(C)(3)	25,208				GENERAL SUPPORT

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SHENANDOAH AREA COUNCIL BOY SCOUTS OF AMERICA 107 YOUTH DEVELOPMENT COURT WINCHESTER, VA 22602	54-0505874	501(C)(3)	25,000				CAPITAL IMPROVEMENTS FOR CAMP, OPERATIONS FOR CAMP, AND GENERAL OPERATIONS
INDUSTRIAL AND COMMERCIAL MINISTRIES 57 S MAIN STREET SUITE 612 HARRISONBURG, VA 228013703	54-0995038	501(C)(3)	24,859				GENERAL SUPPORT

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HARRISONBURG-ROCKINGHAM CHAMBER OF COMMERCE 800 COUNTRY CLUB ROAD HARRISONBURG, VA 22802	54-0241485	501(C)(6)	23,123				GENERAL SUPPORT
ELKTON AREA UNITED SERVICES PO BOX 383 ELKTON, VA 22827	54-1020432	501(C)(3)	23,000				GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH 17 NORTH COURT SQUARE HARRISONBURG, VA 22801	54-0576303	501(C)(3)	22,750				GENERAL SUPPORT
VIRGINIA MENNONITE MISSIONS 901 PARKWOOD DR HARRISONBURG, VA 22802	54-0793291	501(C)(3)	21,300				GENERAL SUPPORT, MISSION FUND, REMELLA, ALTERNATIVE CHRISTMAS GIFTS

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HARRISONBURG-ROCKINGHAM CHILD DAY CARE CENTER PO BOX 344 HARRISONBURG, VA 22803	23-7073271	501(C)(3)	20,500				BUILDING FUND AND DANCING WITH THE STARS FUNDRAISER
ROBERTA WEBB CHILD CENTER 400 KELLEY STREET HARRISONBURG, VA 22802	54-1700223	501(C)(3)	20,458				BRIDGING THE GAP CAMPAIGN AND GENERAL SUPPORT

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CASA FOR CHILDREN 234 BLUE RIDGE HALL JMU IIHHS HARRISONBURG, VA 22807	54-1721227	501(C)(3)	20,351				GENERAL SUPPORT
SACRED HEART OF JESUS CATHOLIC CHURCH 130 KEATING DRIVE WINCHESTER, VA 22601	54-0547102	501(C)(3)	20,000				GENERAL SUPPORT

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BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BOX 33 BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	19,500				FUNKHOUSER CENTER, BRIDGEWATER FUND, AND GENERAL SUPPORT
WARWICK RIVER CHRISTIAN SCHOOL 252 LUCAS CREEK ROAD NEWPORT NEWS, VA 23602	54-0565003	501(C)(3)	19,000				GENERAL SUPPORT

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HIGHLAND RETREAT 14783 UPPER HIGHLAND DRIVE BERGTON, VA 22811	54-0808741	501(C)(3)	18,779				CHILDREN'S SUMMER CAMP, KITCHEN FUND, AND GENERAL SUPPORT
PEOPLE HELPING PEOPLE 281 E MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	18,410				GENERAL SUPPORT AND ANNUAL DISTRIBUTION

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BIG BROTHERS BIG SISTERS OF ROCKINGHAM COUNTY 225 N HIGHT ST SUITE 1 HARRISONBURG, VA 22802	51-0209104	501(C)(3)	17,632				GENERAL SUPPORT
SECOND HOME LEARNING CENTER 281 E MARKET STREET HARRISONBURG, VA 22801	36-3514274	501(C)(3)	17,500				GENERAL SUPPORT

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BOYS & GIRLS CLUBS OF HARRISONBURG PO BOX 1223 HARRISONBURG, VA 22803	54-1652418	501(C)(3)	16,958				GENERAL SUPPORT
ROCKINGHAM EDUCATIONAL FOUNDATION INC 100 MOUNT CLINTON PIKE HARRISONBURG, VA 22802	54-1735837	501(C)(3)	16,000				GENERAL SUPPORT

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ARTS COUNCIL OF THE VALLEY 311 S MAIN STREET HARRISONBURG, VA 22801	54-2025348	501(C)(3)	15,411				RESTORATION OF SEATS AT COURT SQUARE THEATER AND GENERAL SUPPORT
EASTERN MENNONITE UNIVERSITY 1200 PARK RD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	15,000				BACH FESTIVAL, SEMINARY SUPPORT, GENERAL SUPPORT, UNIVERSITY FUND, SHENANDOAH VALLEY CHILDREN'S CHOIR, AND CENTER FOR JUSTICE AND PEACEBUILDING

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SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W CORK STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	15,000				GENERAL SUPPORT
CORA'S SCHOOL OF DANCE 201 RICHARDS STREET 5 BROOKLYN, NY 11231	11-3639921	501(C)(3)	15,000				GENERAL SUPPORT

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MOSAIC OF GRACE CHURCH PO BOX 202 WEYERS CAVE, VA 24486	84-3642049	501(C)(3)	14,500				GENERAL SUPPORT
NEW BRIDGES IMMIGRANT RESOURCE CENTER 64 W WATER STREET HARRISONBURG, VA 22801	54-2009833	501(C)(3)	13,721				GENERAL SUPPORT

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BRIDGE OF HOPE HARRISONBURG- ROCKINGHAM PO BOX 535 HARRISONBURG, VA 22803	81-0555073	501(C)(3)	13,250				GENERAL SUPPORT, OPERATIONS AND DISCRETIONARY FUND
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DR WINCHESTER, VA 22601	54-0525605	501(C)(3)	12,500				SCHOLARSHIPS

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REFORMED UNIVERSITY FELLOWSHIP PO BOX 890004 CHARLOTTE, NC 28289	58-1713181	501(C)(3)	12,500				GENERAL SUPPORT
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 24402	54-0506319	501(C)(3)	12,300				GENERAL SUPPORT

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VIRGINIA HISTORICAL SOCIETY PO BOX 7311 RICHMOND, VA 23221	54-0419452	501(C)(3)	11,000				GENERAL SUPPORT
SADIE ROSE FOUNDATION PO BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	11,000				GENERAL SUPPORT

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COSPU 110 OLD SOUTH HIGH STREET HARRISONBURG, VA 22801	81-2520939	501(C)(3)	11,000				GENERAL SUPPORT
RISE UNITED METHODIST FAITH COMMUNITY 690 S MASON STREET HARRISONBURG, VA 22801	30-0624442	501(C)(3)	10,900				GENERAL SUPPORT & STOP HUNGER NOW CAMPAIGN

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FELLOWSHIP OF CHRISTIAN ATHLETES HBVALLEY 1866-C EAST MARKET ST STE 3232 HARRISONBURG, VA 22802	44-0610626	501(C)(3)	10,800				SUMMER FCA MINISTRY AND GENERAL SUPPORT
MIHRET MEDICAL SUPPLY GROUP PO BOX 1482 HARRISONBURG, VA 22803	83-2313508	501(C)(3)	10,800				GENERAL SUPPORT

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HARRISONBURG RESCUE SQUAD P O BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(3)	10,600				GENERAL SUPPORT
HIGHLAND CHILDREN'S HOUSE 61 HIGHLAND CENTER DRIVE MONTEREY, VA 24465	83-3645078	501(C)(3)	10,550				GENERAL SUPPORT

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STAUNTON AUGUSTA ARTS CENTER 20 S NEW STREET STAUNTON, VA 24401	54-0792962	501(C)(3)	10,000				GENERAL SUPPORT
CCAP INC PO BOX 2112 WINCHESTER, VA 22604	23-7433688	501(C)(3)	10,000				GENERAL SUPPORT

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ALLEGHENY MOUNTAIN INSTITUTE PO BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	10,000				GENERAL SUPPORT
UNIVERSITY OF VIRGINIA GIFT ACCOUNTING PO BOX 400807 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	10,000				RENAL RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTONSALEM, NC 27109	56-0532138	501(C)(3)	10,000				SCHOLARSHIPS
GRAFFITI 3 MINISTRIES 205 E 7TH STREET NEW YORK, NY 10009	13-3861124	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PORTLAND PLAYHOUSE 602 NE PRESCOTT STREET PORTLAND, OR 97211	30-0507198	501(C)(3)	10,000				GENERAL SUPPORT
PARK VIEW MENNONITE CHURCH 1600 COLLEGE AVENUE HARRISONBURG, VA 22802	54-1209535	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOGTOWN DANCE THEATRE 109 W 15TH STREET RICHMOND, VA 23224	26-0297985	501(C)(3)	10,000				GENERAL SUPPORT
DAVIS AND ELKINS COLLEGE 100 CAMPUS DRIVE ELKINS, WV 26241	55-0357021	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LCC INTERNATIONAL FUND INC PO BOX 101787 PASADENA, CA 91189	23-3015092	501(C)(3)	10,000				GENERAL SUPPORT
ROCKINGHAM- HARRISONBURG SPCA 2170 OLD FURNACE ROAD HARRISONBURG, VA 22803	54-0935739	501(C)(3)	9,667				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINGFIELD MINISTRIES 2389 GRACE CHAPEL ROAD HARRISONBURG, VA 22801	54-1437764	501(C)(3)	9,500				GENERAL SUPPORT, MEMORIAL DAY COMMUNITY CELEBRATION SPONSOR
BLESSED SACRAMENT CATHOLIC CHURCH 154 NORTH MAIN STREET HARRISONBURG, VA 22802	54-0897260	501(C)(3)	9,200				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSET DRIVE UNITED METHODIST CHURCH PO BOX 381 BROADWAY, VA 22815	45-1143998	501(C)(3)	9,000				VARIOUS UNRESTRICTED GIFTS AND ASSISTANCE
WEST SIDE BAPTIST CHURCH 715 W WOLFE STREET HARRISONBURG, VA 22802	54-0953093	501(C)(3)	9,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINS AREA DAYCARE CENTER PO BOX 523 BROADWAY, VA 22815	23-7428284	501(C)(3)	9,000				GENERAL SUPPORT
SERGE 101 WEST AVE SUITE 305 JENKINTOWN, PA 19046	23-2223692	501(C)(3)	8,800				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKINGHAM FINE ARTS ASSOCIATION PO BOX 303 HARRISONBURG, VA 22803	52-1285129	501(C)(3)	8,800				GENERAL SUPPORT
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	8,769				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVA CARE 833 MARTIN LUTHER KING JR WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	8,700				GENERAL SUPPORT
FAMILY LIFE RESOURCE CENTER 237 NEWMAN AVENUE HARRISONBURG, VA 22801	54-1422046	501(C)(3)	8,449				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASANT VIEW HOMES PO BOX 426 BROADWAY, VA 22815	54-0887738	501(C)(3)	8,431				GENERAL SUPPORT
MASSANUTTEN PRESBYTERIAN CHURCH 50 INDIAN TRAIL ROAD PENN LAIRD, VA 22846	54-1117956	501(C)(3)	8,238				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION SERVING RICHMOND 3409 WEST MOORE ST RICHMOND, VA 23230	23-7009135	501(C)(3)	8,000				GENERAL SUPPORT
HIGHLAND COUNTY FAIR ASSOCIATION PO BOX 366 MONTEREY, VA 24465	54-0887209	501(C)(3)	8,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VCU - STUDENT ACCOUNTING DEPARTMENT PO BOX 843036 RICHMOND, VA 23284	54-8757884	501(C)(3)	8,000				GENERAL SUPPORT
COMMUNITY COUNSELING CENTER 96 CAMPBELL STREET HARRISONBURG, VA 22801	54-0914625	501(C)(3)	8,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAIN INJURY CONNECTION OF THE SHENANDOAH 755 MARTIN LUTHER KING JR WAY HARRISONBURG, VA 22807	20-4795567	501(C)(3)	7,750				GENERAL SUPPORT
HARRISONBURG UNITARIAN UNIVERSALISTS PO BOX 96 HARRISONBURG, VA 22803	04-2103733	501(C)(3)	7,700				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SCHOOL 7815 WILLIAMSON ROAD ROANOKE, VA 24019	23-7120875	501(C)(3)	7,600				GENERAL SUPPORT
FIRST CHURCH OF THE BREHEREN HARRISONBURG 315 SOUTH DOGWOOD DRIVE HARRISONBURG, VA 22801	54-6054984	501(C)(3)	7,445				ANNUAL PROJECTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	7,250				GENERAL SUPPORT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS2E1 FAIRFAX, VA 22030	54-1603842	501(C)(3)	7,000				SCHOLARSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PROGRAM FOR AGING SERVICES 975 SOUTH HIGH STREET HARRISONBURG, VA 22801	54-0958526	501(C)(3)	7,000				GENERAL SUPPORT
ADAGIO HOUSE 100 CHICAGO AVE HARRISONBURG, VA 22802	83-0775072	501(C)(3)	6,920				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SONSHINE MINISTRIES PO BOX 731 HARRISONBURG, VA 22803	52-1437518	501(C)(3)	6,750				UNRESTRICTED GIFTS/ASSISTANCE
WEEKDAY RELIGIOUS EDUCATION PO BOX 835 HARRISONBURG, VA 22803	54-0542401	501(C)(3)	6,731				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE PO BOX 2734 HARRISONBURG, VA 22801	45-5560300	501(C)(3)	6,500				GENERAL SUPPORT
NEW COMMUNITY PROJECT 117 NATURE ROAD BLUE RIDGE, VA 24064	20-0092504	501(C)(3)	6,100				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINS DISTRICT MEMORIAL MUSEUM PO BOX 601 TIMBERVILLE, VA 22853	34-2023317	501(C)(3)	6,000				GIFT FOR NEW LECTURE ROOM
MISSION TO THE WORLD PO BOX 744165 ATLANTA, GA 30374	58-2325982	501(C)(3)	6,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTOPHER NEWPORT UNIVERSITY - FINANCIAL AID 1 UNIVERSITY PLACE NEWPORT NEWS, VA 23606	54-1156248	501(C)(3)	6,000				GENERAL SUPPORT
CHURCH WORLD SERVICES 250 E ELIZABETH STREET SUITE 109 HARRISONBURG, VA 22801	13-4080201	501(C)(3)	5,550				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKYLINE LITERACY PO BOX 1354 HARRISONBURG, VA 22803	54-1589682	501(C)(3)	5,500				VARIOUS ASSISTANCE GIFTS
KERUS GLOBAL EDUCATION 245 NEWMAN AVE HARRISONBURG, VA 22801	53-0204604	501(C)(3)	5,320				VARIOUS GRANTS FOR EDUCATIONAL PURPOSES.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT GROWS PO BOX 781 STAUNTON, VA 24402	46-1070735	501(C)(3)	5,250				GENERAL SUPPORT
MASSANETTA SPRINGS CONFERENCE CENTER 712 MASSANETTA SPRINGS ROAD HARRISONBURG, VA 22801	54-0505926	501(C)(3)	5,192				MEMORIAL GIFT, GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT HARRISON INC PO BOX 366 DAYTON, VA 22821	51-0228256	501(C)(3)	5,117				GENERAL SUPPORT
CAT'S CRADLE PO BOX 2128 HARRISONBURG, VA 22801	20-3269224	501(C)(3)	5,025				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS UNIVERSITY SCHOOL OF MEDICINE OFFICE OF DEVELOPMENT 136 HARRISON STREET BOSTON, MA 02111	04-2103634	501(C)(3)	5,000				SCHOLARSHIPS
CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE ROAD STE 811 ARLINGTON, VA 22203	54-0515706	501(C)(3)	5,000				CONSTRUCTION OF GYMNASIUM AT SACRED HEART ACADEMY, PRIORITIES OF THE BISHOP, AND BISHOP'S LENTEN APPEAL.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARASOTA COMMUNITY CHURCH 4041 BAHIA VISTA ST SARASOTA, FL 34232	59-1382297	501(C)(3)	5,000				GENERAL SUPPORT
BOSTON UNIVERSITY SCHOOL OF MEDICINE BUSM OFFICE OF DEVELOPMENT 72 E CONCORD ST L-219 BOSTON, MA 02118	04-2103547	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPMC MEDICAL & HEALTH SCIENCES FOUNDATION 3600 FORBES AVE PITTSBURGH, PA 15213	11-3708851	501(C)(3)	5,000				GENERAL SUPPORT
HIGHLAND COUNTY HUMANE SOCIETY PO BOX 458 MONTEREY, VA 24465	45-5554938	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEGIUS MINI EQUINE SANCTUARY 4661 DOE HILL ROAD MCDOWELL, VA 24458	81-4844371	501(C)(3)	5,000				GENERAL SUPPORT
ARCADIA PROJECT PO BOX 571 STAUNTON, VA 24402	54-2003615	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE CENTER FOR GIRLS 6745 PHILIPS INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32256	59-2414492	501(C)(3)	5,000				GENERAL SUPPORT
LINDALE MENNONITE CHURCH PO BOX 1082 HARRISONBURG, VA 22803	54-0965630	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST GATE MINISTRIES PO BOX 1934 HARRISONBURG, VA 22801	38-3642956	501(C)(3)	5,000				GENERAL SUPPORT
DARE TO DREAM 515 WADE WOODS LANE MONTEREY, VA 24465	47-3546999	501(C)(3)	5,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GENERAL SUPPORT, EMERGENCY SHELTER, FOOD TRUCK FESTIVAL SPONSORSHIP

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Employer identification number

54-1920746

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	73	2,371,608	AVERAGE HI/LOW PRICE
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	X	3	458,500	APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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 or 990-EZ)**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 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Employer identification number

54-1920746

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO BOARD MEMBERS THROUGH SECURE EMAIL OR WEB PORTAL FOR REVIEW & COMMENTS BY THE BOARD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION MONITORS THE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. THE EXECUTIVE DIRECTOR AND CHAIR OF THE BOARD SPEAK WITH APPROPRIATE INDIVIDUALS AND TAKE NECESSARY ACTION WHEN A CONFLICT SURFACES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL SALARY REVIEWS ARE CONDUCTED BY PERSONS AT LEAST ONE LEVEL HIGHER THAN THE PERSON IN QUESTION. MUCH COMPARATIVE AND BENCH MARK DATA IS OBTAINED FROM THE COUNCIL ON FOUNDATIONS. THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY IS REVIEWED ANNUALLY BY A COMMITTEE OF THE BOARD OF DIRECTORS. ALL COMPENSATION PACKAGES ARE CALIBRATED TO LOCAL CONDITIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE ORGANIZATION'S WEBSITE. ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	INVESTMENT INCOME AGENCY FUNDS -242,169. AMOUNTS RECEIVED FOR AGENCY ACCOUNTS -260,319. GRANTS MADE FROM AGENCY ACCOUNTS 548,852. EASTHAM LLC BOOK TAX TIMING DIFFERENCES 24,024.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Employer identification number

54-1920746

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE VALLEY RESPONDS LLC PO BOX 1068 HARRISONBURG, VA 22803	RELIEF WORK	VA			SOLE MEMBERMANAGER
(2) SHOWKER MEMORIAL GARDENS LLC PO BOX 1068 HARRISONBURG, VA 22803 20-0726547	MANAGE HISTORIC CEMETERY	VA			SOLE MEMBERMANAGER
(3) TCF HOLDING LC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE/PRIVATE STOCK	VA			SOLE MEMBERMANAGER
(4) EASTHAM LLC PO BOX 1068 HARRISONBURG, VA 22803 81-7388047	HOLD REAL ESTATE	VA			SOLE MEMBERMANAGER

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation