

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION OF HARRISONBURG &amp; ROCKINGHAM COUNTY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1068</b> City or town, state or province, country, and ZIP or foreign postal code <b>HARRISONBURG, VA 22803</b>	<b>D</b> Employer identification number <b>54-1920746</b>
	<b>F</b> Name and address of principal officer: <b>REVLAN HILL</b> <b>311 SOUTH MAIN ST., HARRISONBURG, VA 22801</b>	<b>E</b> Telephone number <b>540-432-3863</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>17,919,937.</b>
<b>J</b> Website: <b>HTTP://THE-COMMUNITY-FOUNDATION.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>H(c)</b> Group exemption number ▶
	<b>L</b> Year of formation: <b>1998</b>	<b>M</b> State of legal domicile: <b>VA</b>

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE COMMUNITY FOUNDATION OF HARRISONBURG AND ROCKINGHAM COUNTY IS TO ENRICH THE</b>		
Activities & Governance	2 Check this box <input type="checkbox"/> 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)	<b>3</b>	<b>18</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>4</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h)	<b>3,054,196.</b>	<b>6,370,056.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>54,570.</b>	<b>64,710.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>942,223.</b>	<b>1,092,014.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,968.</b>	<b>57,856.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,057,957.</b>	<b>7,584,636.</b>
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,506,737.</b>	<b>2,892,035.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>147,022.</b>	<b>184,569.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>29,576.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>176,646.</b>	<b>226,665.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,830,405.</b>	<b>3,303,269.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>2,227,552.</b>	<b>4,281,367.</b>
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16)	<b>20,025,400.</b>	<b>26,331,417.</b>
	21 Total liabilities (Part X, line 26)	<b>6,690,424.</b>	<b>8,270,497.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>13,334,976.</b>	<b>18,060,920.</b>

<b>Part II Signature Block</b>				
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.				
<b>Sign Here</b>	▶ Signature of officer	Date		
	▶ <b>REVLAN HILL, EXECUTIVE DIRECTOR</b>	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KEVIN HUMPHRIES</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN <b>P00168667</b>
	Firm's name ▶ <b>PBMARES, LLP</b>	Firm's EIN ▶ <b>54-0737372</b>		
	Firm's address ▶ <b>558 SOUTH MAIN STREET HARRISONBURG, VA 22801</b>		Phone no. <b>540 434-5975</b>	

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 [X]

1 Briefly describe the organization's mission: TO PROMOTE PHILANTHROPY AND TO ESTABLISH AND MANAGE CHARITABLE FUNDS SUPPORTING THE NEEDS OF OUR COMMUNITY.

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

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

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 \$ 888,071. including grants of \$ 888,071.) (Revenue \$ ) ARTS AND CULTURAL SERVICE AREA: THE COMMUNITY FOUNDATION GRANTED AWARDS OF \$888,071 TO ARTS & CULTURAL ORGANIZATIONS INCLUDING \$758,000 TO THE SHENANDOAH VALLEY DISCOVERY MUSEUM FOR CONSTRUCTION OF A NEW MUSEUM ON BEHALF OF A DONOR IN THE WINCHESTER, VIRGINIA AREA. OCCASIONALLY, THE COMMUNITY FOUNDATION WORKS WITH DONORS OUTSIDE OF THE HARRISONBURG-ROCKINGHAM AREA WHEN THEIR INVESTMENT MANAGER IS LOCAL.

4b (Code: ) (Expenses \$ 634,904. including grants of \$ 634,904.) (Revenue \$ ) EDUCATION PROGRAM SERVICE AREA THE COMMUNITY FOUNDATION DISTRIBUTED \$634,904 FOR EDUCATION PROGRAMS AND SCHOLARSHIPS. GRANTS WENT OUT TO MORE THAN 50 ORGANIZATIONS. RECIPIENTS INCLUDED PUBLIC AND PRIVATE SCHOOLS, COLLEGES, LIBRARIES, CHILDREN'S MUSEUMS AND LITERACY ORGANIZATIONS, ALL OF WHICH RAN EDUCATIONAL PROGRAMMING. NEWLY APPROVED AS A VIRGINIA SCHOLARSHIP FOUNDATION, THE COMMUNITY FOUNDATION DISTRIBUTED MORE THAN \$92,500 TO LOCAL PRIVATE SCHOOLS THROUGH THE STATE'S TAX CREDIT PROGRAM.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) FAMILY FOUNDATION ACQUISITION ALTHOUGH NOT A GREAT EXPENSE, THE COMMUNITY FOUNDATION'S ACQUISITION OF THE FLIPPO FAMILY FOUNDATION ASSETS IS A HUGELY SIGNIFICANT PROGRAM ACCOMPLISHMENT FOR THE YEAR. THE FLIPPO FOUNDATION IS A LOCAL FAMILY FOUNDATION AND FOR DECADES HAS SUPPORTED WORTHY CAUSES IN OUR COMMUNITY, SUCH AS HIGHER EDUCATION, HEALTH CARE, CHILDREN'S SERVICES, HOUSING AND JOB TRAINING. WITH THE FLIPPO FAMILY MEMBERS DECEASED AND THE FOUNDATION ADMINISTRATOR PLANNING TO RETIRE, THE COMMUNITY FOUNDATION WANTED TO ASSIST WITH OPERATIONS PLANNING FOR THE FUND. THE COMMUNITY FOUNDATION IS HAPPY TO HAVE PLAYED A ROLE IN KEEPING THE FLIPPO FOUNDATION'S ASSETS IN OUR COMMUNITY AND IN DISTRIBUTING THE FUNDS ACCORDING TO THE ORIGINAL CHARITABLE INTENTIONS OF THE FLIPPO

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,465,526. including grants of \$ 1,369,060.) (Revenue \$ )

4e Total program service expenses 2,988,501.

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Form 990 (2013)

54-1920746 Page 3

**Part IV Checklist of Required Schedules**

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

Form 990 (2013)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Form 990 (2013)

54-1920746 Page 4

**Part IV Checklist of Required Schedules** (continued)

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

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

Form 990 (2013)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 6		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 4		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MELISSA MAYHEW, THE COMMUNITY FOUNDATION - 540-432-3863**  
**311 SOUTH MAIN ST., HARRISONBURG, VA 22801**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH S. PAXTON DIRECTOR	1.00	X						0.	0.	0.
(2) STEPHANNE S. BYRD VICE CHAIR	1.00	X						0.	0.	0.
(3) STEVEN GORDON CHAIR	2.00	X		X				0.	0.	0.
(4) KATHLEEN M. GRAVES DIRECTOR	1.50	X		X				0.	0.	0.
(5) KIMBERLY A. HAINES SECRETARY	1.00	X						0.	0.	0.
(6) DALE LAM AUDIT CHAIR	1.00	X						0.	0.	0.
(7) AMY L. RUSH DIRECTOR	1.00	X						0.	0.	0.
(8) JENNIFER SHIRKEY DIRECTOR	1.00	X						0.	0.	0.
(9) MARK J. WARNER DIRECTOR	1.00	X						0.	0.	0.
(10) PETER S. YATES DIRECTOR	1.00	X						0.	0.	0.
(11) BRIAN SHULL DIRECTOR	1.00	X						0.	0.	0.
(12) DANIEL O. URIBE DIRECTOR	1.00	X						0.	0.	0.
(13) JEFFREY ADAMS DIRECTOR	1.00	X						0.	0.	0.
(14) LAURA TONI-HOLSINGER DIRECTOR	1.00	X						0.	0.	0.
(15) DAPHYNE THOMAS DIRECTOR	1.00	X						0.	0.	0.
(16) BILLY ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(17) JIM HOLLOWOOD DIRECTOR	1.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Form 990 (2013)

54-1920746 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TONI BENTEL BAILEY DIRECTOR	1.00	X					0.	0.	0.	
(19) REVLAN S. HILL EXECUTIVE DIRECTOR	40.00			X			72,100.	0.	0.	
(20) ELLEN H. BRODERSEN TREASURER	1.00			X			0.	0.	0.	
<b>1b Sub-total</b>							72,100.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							72,100.	0.	0.	

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

**Section B. Independent Contractors**

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

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

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



THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Form 990 (2013)

54-1920746 Page 9

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	6,370,056.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,448,531.				
	<b>h Total.</b> Add lines 1a-1f		6,370,056.				
	Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b> 561000	64,710.	64,710.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			64,710.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		484,935.			484,935.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	10,942,380.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	10,335,301.				
		<b>c</b> Gain or (loss)	607,079.				
	<b>d</b> Net gain or (loss)		607,079.			607,079.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099	57,856.	57,856.				
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		57,856.				
<b>12 Total revenue.</b> See instructions.		7,584,636.	122,566.	0.	1,092,014.		

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Form 990 (2013)

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY**

Form 990 (2013)

54-1920746 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,892,035.	2,892,035.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	82,250.	24,675.	41,125.	16,450.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	87,010.	33,221.	47,772.	6,017.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,140.	829.	1,182.	129.
<b>9</b> Other employee benefits	408.	140.	214.	54.
<b>10</b> Payroll taxes	12,761.	4,372.	6,707.	1,682.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	15,416.		15,416.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	123,273.		123,273.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,150.		21,150.	
<b>12</b> Advertising and promotion	1,124.			1,124.
<b>13</b> Office expenses	2,489.		2,489.	
<b>14</b> Information technology	11,743.	3,014.	7,569.	1,160.
<b>15</b> Royalties				
<b>16</b> Occupancy	11,898.	3,700.	6,774.	1,424.
<b>17</b> Travel	890.		890.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	28,051.	26,515.		1,536.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	2,228.		2,228.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLICATIONS	2,861.		2,861.	
<b>b</b> STAFF DEVELOPMENT & BOA	2,100.		2,100.	
<b>c</b> SMALL EQUIPMENT & MAINT	1,373.		1,373.	
<b>d</b> DUES, MEMBERSHIPS, LICE	1,056.		1,056.	
<b>e</b> All other expenses	1,013.		1,013.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,303,269.	2,988,501.	285,192.	29,576.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Form 990 (2013)

54-1920746 Page 11

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	108,540.	1	532,397.	
	<b>2</b> Savings and temporary cash investments .....	1,469,912.	2	2,827,081.	
	<b>3</b> Pledges and grants receivable, net .....	287,875.	3	268,826.	
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....		9		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,700.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,700.	0.	<b>10c</b> 0.	
	<b>11</b> Investments - publicly traded securities .....	16,729,378.	11	20,877,691.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,429,695.	15	1,825,422.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	20,025,400.	16	26,331,417.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	6,584.	17	5,610.	
	<b>18</b> Grants payable .....		18	4,300.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,683,840.	25	8,260,587.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,690,424.	26	8,270,497.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	11,834,681.	27	16,484,972.	
	<b>28</b> Temporarily restricted net assets .....	1,500,295.	28	1,575,948.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
	<b>33</b> Total net assets or fund balances .....	13,334,976.	33	18,060,920.	
<b>34</b> Total liabilities and net assets/fund balances .....	20,025,400.	34	26,331,417.		

Form 990 (2013)

**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	7,584,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,303,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,281,367.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,334,976.
5	Net unrealized gains (losses) on investments	5	1,786,732.
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	-1,342,155.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,060,920.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	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		

Form 990 (2013)



THE COMMUNITY FOUNDATION OF HARRISONBURG

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,454,692.	2,960,301.	1,375,298.	3,054,197.	6,370,056.	16,214,544.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,454,692.	2,960,301.	1,375,298.	3,054,197.	6,370,056.	16,214,544.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,245,654.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,968,890.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	2,454,692.	2,960,301.	1,375,298.	3,054,197.	6,370,056.	16,214,544.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	264,905.	294,851.	438,008.	379,095.	458,143.	1,835,002.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	6,082.		4,790.	6,968.	23,856.	41,696.
<b>11 Total support.</b> Add lines 7 through 10						18,091,242.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	244,348.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	66.16 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	75.77 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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





**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Employer identification number

54-1920746

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	82	123
2 Aggregate contributions to (during year) .....	4,198,586.	2,050,802.
3 Aggregate grants from (during year) .....	2,027,894.	757,394.
4 Aggregate value at end of year .....	11,375,689.	14,955,729.
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? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,261,953.	5,417,419.	5,693,351.	5,115,352.	4,348,191.
b Contributions	2,608,392.	694,228.	197,742.	105,757.	784,522.
c Net investment earnings, gains, and losses	1,028,979.	446,680.	-42,939.	884,076.	392,163.
d Grants or scholarships	361,707.	163,670.	321,033.	282,323.	317,293.
e Other expenditures for facilities and programs	8,589.	1,700.	200.	14,343.	6,880.
f Administrative expenses	158,190.	131,004.	109,502.	115,168.	85,351.
g End of year balance	9,370,838.	6,261,953.	5,417,419.	5,693,351.	5,115,352.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100.00 %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,700.	1,700.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN CHARITABLE LEAD TRUSTS	1,075,088.
(2) REAL ESTATE	185,000.
(3) CHARITABLE REMAINDER UNITRUSTS	565,334.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,825,422.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY OBLIGATIONS	7,927,286.
(3) LIABILITIES UNDER SPLIT-INTEREST	
(4) AGREEMENTS	333,301.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,260,587.

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" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,744,524.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,786,732.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	23,099.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,809,831.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,934,693.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	123,273.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,526,670.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,649,943.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	7,584,636.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,018,580.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	23,099.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	23,099.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,995,481.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	123,273.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	184,515.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	307,788.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,303,269.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

**EXPLANATION: ENDOWMENTS ARE USED FOR SCHOLARSHIPS, SOME DONOR-ADVISED FUNDS, AGENCY FUNDS, DESIGNATED AND FIELD OF INTEREST FUNDS. WE HELP SUPPORT FREE CLINIC, ARTS, LOCAL STREAM CLEAN UP, BIG BROTHERS/SISTERS, CHURCHES, LIBRARIES, EDUCATION IN VARIOUS WAYS, HISTORICAL PRESERVATION, SHELTERED WORKSHOP, PUBLIC EVENTS LIKE FIRST NIGHT, ETC.**

**PART X, LINE 2:**

**EXPLANATION: 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; HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY**

**Part XIII** Supplemental Information (continued)

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 AND FORM 990T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, WHEN REQUIRED. SUCH RETURNS FOR THE TAX YEARS ENDED JUNE 30, 2010 THROUGH 2014 REMAIN OPEN TO POTENTIAL EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY ACCOUNT CONTRIBUTIONS	591,562.
INVESTMENT INCOME ALLOCATED TO AGENCY ACCOUNTS	935,108.
RECLASS OF EXPENSE ACCOUNTS WITH DEBIT BALANCE	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,526,670.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS MADE FROM AGENCY ACCOUNTS	184,515.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN ST. HARRISONBURG, VA 22801	54-0519596	501(C)(3)	17,933.	0.			ANNUAL BUDGET, BUILDING FUND, CAPITAL CAMPAIGN
BIG BROTHERS BIG SISTERS 225 N HIGH ST. STE 1 HARRISONBURG, VA 22802	51-0209104	501(C)(3)	10,250.	0.			UNRESTRICTED
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	13,330.	0.			UNRESTRICTED FUNDS & ANNUAL DISTRIBUTION
BLUE RIDGE COMMUNITY COLLEGE - FINANCIAL AID - PO BOX 80 - WEYERS CAVE, VA 24486	54-1268283	501(C)(3)	33,500.	0.			SCHOLARSHIPS & UNRESTRICTED PURPOSES
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BOX 33 BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	38,471.	0.			UNRESTRICTED, REINVIGORATING ACTIVE MINDS, & BRIDGEWATER FUND
CITY OF HARRISONBURG 345 S. MAIN ST. HARRISONBURG, VA 22801	54-6001343	170(C)(1)	117,872.	0.			SUPPORT OF BLACKS RUN CLEAN-UP AND PLAN OUR PARK

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2013)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, STE. 101 HARRISONBURG, VA 22801	54-1270644	501(C)(3)	6,000.	0.			UNRESTRICTED
DAYTON CHURCH OF THE BRETHREN PO BOX 236 DAYTON, VA 22821	54-1098380	501(C)(3)	18,384.	0.			UNRESTRICTED
EASTERN MENNONITE UNIVERSITY 1200 PARK RD. HARRISONBURG, VA 22802	54-0575812	501(C)(3)	5,700.	0.			RESTRICTED: EARLY LEARNING CENTER, SHENANDOAH VALLEY BACH FESTIVAL, CJP, &
EXPLORE MORE DISCOVERY 150 S. MAIN ST. HARRISONBURG, VA 22801	16-1683676	501(C)(3)	8,100.	0.			UNRETRICTED AND RESTRICTED FAMILY SCHOLARSHIP FUND
FELLOWSHIP OF CHRIST 1866-C EAST MARKET ST. STE 3232 HARRISONBURG, VA 22802	44-0610626	501(C)(3)	16,100.	0.			UNRESTRICTED, SUMMER PROGRAMS
FIRST PRESBYTERIAN CHURCH 17 NORTH COURT SQUARE HARRISONBURG, VA 22801	54-0576303	501(C)(3)	16,900.	0.			LOCAL CHURCH USE, GLOBAL MISSIONS & UNRESTRICTED
FRIENDSHIP INDUSTRIES, INC. 801 FRIENDSHIP DR. HARRISONBURG, VA 22802	54-6073412	501(C)(3)	10,554.	0.			UNRESTRICTED, LANDSCAPING, BAGGER
GENERATIONS CROSSING 3765 TAYLOR SPRING LANE HARRISONBURG, VA 22801	54-2061192	501(C)(3)	8,050.	0.			RESTRICTED: STAFF TRAINING, WILDLIFE CENTER, MAGICIAN, FREEZER, HB HARMONIZERS,
GLOBAL DISCIPLES PO BOX 731 HARRISONBURG, VA 22803	52-1437518	501(C)(3)	23,750.	0.			UNRESTRICTED & SMALL BUSINESS DEVELOPMENT TRAINING OF TRAINERS

Schedule I (Form 990)



THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONBURG MENNONITE CHURCH 1552 S. HIGH ST. HARRISONBURG, VA 22801	54-1001338	501(C)(3)	23,000.	0.			RESTRICTED: GENERAL AND SALT CLASS
HARRISONBURG-ROCKINGHAM FREE CLINIC - 25 W. WATER ST. - HARRISONBURG, VA 22801	54-1568909	501(C)(3)	49,025.	0.			VOLUNTEER RECOGNITION, CHRONIC CARE CLINIC, & UNRESTRICTED
JMU ATHLETICS 800 S. MAIN ST. HARRISONBURG, VA 22807	54-6001756	501(C)(3)	58,000.	0.			BRIDGEFORTH STADIUM PRESIDENTIAL SUITE COMPLEX AND UNRESTRICTED
JMU FINANCIAL AID MCS 3516 WARREN HALL HARRISONBURG, VA 22807	23-7156305	501(C)(3)	16,000.	0.			SCHOLARSHIPS
JMU FOUNDATION MSC 3603 800 SOUTH MAIN ST. HARRISONBURG, VA 22807	23-7156305	501(C)(3)	12,600.	0.			RESTRICTED
LIGHTKEEPER MINISTRIES PO BOX 30 PENN LAIRD, VA 22846	80-0507239	501(C)(3)	12,000.	0.			UNRESTRICTED
MASSANUTTEN REGIONAL LIBRARY 174 S. MAIN ST. HARRISONBURG, VA 22801	54-0548703	501(C)(3)	22,529.	0.			UNRESTRICTED
MT. HOREB PRESBYTERIAN CHURCH 4517 ROCKFISH RD. GROTTOES, VA 24441	54-0576303	501(C)(3)	7,176.	0.			UNRESTRICTED
NEW BEGINNINGS CHURCH 101 PIKE CHURCH RD. HARRISONBURG, VA 22801	31-1681273	501(C)(3)	10,213.	0.			REGULAR OFFERING REGULAR OFFERING

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE HELPING PEOPLE 282 EAST MARKET ST. HARRISONBURG, VA 22801	54-1695798	501(C)(3)	6,802.	0.			UNRESTRICTED
SENTARA RMH FOUNDATION 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	54-0506331	501(C)(3)	14,250.	0.			NURSING SCHOLARSHIP PROGRAM, PLECKER NAMED ENDOWED FUND, & UNRESTRICTED
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602	54-0505874	501(C)(3)	216,000.	0.			GENERAL OPERATING AND PROJECTS AT CAMP ROCK ENON
SHENANDOAH CIVIL WAR ASSOCIATES 104 MIRANDY COURT BRIDGEWATER, VA 22812	54-2054804	501(C)(3)	7,500.	0.			UNRESTRICTED
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DR. WINCHESTER, VA 22601	54-0525605	501(C)(3)	151,000.	0.			STEINWAY INITIATIVE, PLECKER SCHOLARSHIP, & UNIVERSITY GLOBAL CITIZEN PROGRAM
SHENANDOAH VALLEY DISCOVERY MUSEUM 54 S. LOUDON STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	785,000.	0.			CAPITAL CAMPAIGN & UNRESTRICTED
SHENANDOAH VALLEY ECONOMIC EDUCATION INC. - 418 FAIRWAY DR. - HARRISONBURG, VA 22802	54-1168566	501(C)(3)	64,273.	0.			UNRESTRICTED
UNITED WAY OF HARRISONBURG ROCKINGHAM - PO BOX 326 - HARRISONBURG, VA 22803	54-0632716	501(C)(3)	38,837.	0.			UNRESTRICTED, BOYS & GIRLS CLUB, COMMUNITY IMPACT FUND CHALLENGE, AND FRIENDSHIP INDUSTRIES
VIRGINIA MENNONITE MISSIONS 901 PARKWOOD DR. HARRISONBURG, VA 22802	54-0793291	501(C)(3)	15,250.	0.			KOSOVO, NAZARETH VILLAGE, AND UNRESTRICTED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TECH FINANCIAL AID OFFICE 200 STUDENT SERVICE BLDG BLACKSBURG, VA 24061	54-6001805	501(C)(3)	5,000.	0.			SCHOLARSHIPS
BIBLE STUDY FELLOWSHIP HARRISONBURG - 546 MOSBY ROAD - HARRISONBURG, VA 22801	94-1514010	501(C)(3)	8,000.	0.			UNRESTRICTED
BLUE RIDGE CHRISTIAN SCHOOL PO BOX 207 BRIDGEWATER, VA 22812	35-2229096	501(C)(3)	6,450.	0.			VDOE & UNRESTRICTED
BOSTON UNIVERSITY SCHOOL OF MEDICINE - BOSTON MEDICAL CAMPUS, OFFICE OF DEAN OF DEVELOPMENT - BOSTON, MA 02188-2526	04-2103547	501(C)(3)	5,000.	0.			SCHOLARSHIPS
BOYS & GIRLS CLUBS OF HARRISONBURG PO BOX 1223 HARRISONBURG, VA 22803	54-1652418	501(C)(3)	6,650.	0.			UNRESTRICTED, ANNUAL DISTRIBUTION, & FOOD
CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE ROAD, STE 811 ARLINGTON, VA 22203	54-0967542	501(C)(3)	215,000.	0.			DIOCESE'S PARTNERS UNITED IN THE HEART OF CHRIST 2015 PROGRAM, BISHOP'S LENTEN APPEAL
CENTRAL SHENANDOAH ARTS 486 WEST MARKET STREET HARRISONBURG, VA 22801	54-1973610	501(C)(3)	6,708.	0.			SPITZER ART CENTER
CHRISTIAN FELLOWSHIP MISSION PO BOX 50035 SARASOTA, FL 34232	59-6205872	501(C)(3)	5,000.	0.			UNRESTRICTED
COMMON GROUND MINISTRIES PO BOX 178 BERLIN, OH 44610-0178	34-1671450	501(C)(3)	9,000.	0.			UNRESTRICTED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON UNITED METHODIST CHURCH 215 ASHBY STREET DAYTON, VA 22821	54-1304918	501(C)(3)	9,991.	0.			UNRESTRICTED
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	93,412.	0.			VDOE, UNRESTRICTED
FIRST STEP 129 FRANKLIN STREET HARRISONBURG, VA 22801	51-0243177	501(C)(3)	11,300.	0.			SECURITY & SAFETY SYSTEM, ANNUAL DISTRIBUTION, & UNRESTRICTED
FREEDOM FELLOWSHIP PO BOX 384 BROADWAY, VA 22815	32-0409727	501(C)(3)	5,000.	0.			UNRESTRICTED
HARRISONBURG EDUCATIONAL FOUNDATION - ONE COURT SQUARE - HARRISONBURG, VA 22801	54-1746901	501(C)(3)	27,750.	0.			HHS TRACK REFURBISHMENT, FORREST & LOIS PALMER AWARD, & UNRESTRICTED
HERITAGE MUSEUM PO BOX 716 DAYTON, VA 22821	54-1017712	501(C)(3)	28,080.	0.			COLLECTIONS STORAGE RENOVATION, BEAUTIFICATION PROJECT, & UNRESTRICTED
HIGHLAND RETREAT 14783 UPPER HIGHLAND DRIVE BERGTON, VA 22801	54-0808741	501(C)(3)	5,000.	0.			UNRESTRICTED
HARRISONBURG-ROCKINGHAM CHAMBER OF COMMERCE - 800 COUNTRY CLUB ROAD - HARRISONBURG, VA 22802	54-0241485	501(C)(6)	12,363.	0.			BUSINESS SMARTS, COMMUNITY LEADSHIP PROGRAM, BOLD, PUBLIC POLICY, & SCHOLARSHIP
LIFESPAN 200 CLANTON RD CHARLOTTE, NC 28217	56-1142969	501(C)(3)	5,000.	0.			UNRESTRICTED

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSANUTTEN PRESBYTERIAN CHURCH 50 INDIAN TRAIL ROAD PENN LAIRD, VA 22846	54-1117956	501(C)(3)	10,100.	0.			UNLEASHED 2014 & UNRESTRICTED
RISE UNITED METHODIST FAITH COMMUNITY - 690 S MASON STREET - HARRISONBURG, VA 22801	30-0624442	501(C)(3)	6,200.	0.			FOOD ASSITANCE & UNRESTRICTED
SAIDE ROSE FOUNDATION PO BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	10,000.	0.			UNRESTRICTED
SALVATION ARMY - HARRISONBURG PO BOX 468 HARRISONBURG, VA 22803-0468	13-5562351	501(C)(3)	20,100.	0.			HOMELESS SHELTER, FOOD, SHELTER, & UNRESTRICTED
SHENANDOAH VALLEY WRESTLING 165 WILDWOOD DRIVE BRIDGEWATER, VA 22812	74-3146140	509(A)(2)	8,000.	0.			UNRESTRICTED
SONSHINE MINISTRIES PO BOX 731 HARRISONBURG, VA 22803-0731	52-1437518	501(C)(3)	5,250.	0.			UNRESTRICTED
UVA HEALTH SERVICES PO BOX 800133 CHARLOTTESVILLE, VA 22908	54-6001796	501(C)(3)	10,000.	0.			DR. PETER LOBO RENAL RESEARCH
VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION - 101 NORTH 14TH ST, 15TH FLOOR - RICHMOND, VA 23219	23-7004354	501(C)(3)	37,500.	0.			MICHAEL A. SMITH SCHOLARSHIP ENDOWMENT
VIRGINIA HIGH SCHOOL 1642 STATE FARM BLVD CHARLOTTESVILLE, VA 22911	31-1585657	501(C)(3)	32,000.	0.			TRACK & FIELD CHAMPIONSHIP AND CENTENNIAL CELEBRATION

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	45,000.	0.			ENDOWED SCHOLARSHIP & OPERATING FUND
WINGFIELD MINISTRIES 2389 GRACE CHAPEL ROAD HARRISONBURG, VA 22801	54-1437764	501(C)(3)	11,500.	0.			VICTORY WEEKEND SHOW CAR & UNRESTRICTED
YOUNG LIFE - HARRISONBURG PO BOX 1433 HARRISONBURG, VA 22803-1433	84-0385934	501(C)(3)	10,300.	0.			JMU & UNRESTRICTED
SHENANDOAH VALLEY CHORAL SOCIETY PO BOX 454 HARRISONBURG, VA 22803	54-0913932	501(C)(3)	10,250.	0.			UNRESTRICTED

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

**PART I, LINE 2:**

**EXPLANATION: ONCE GRANTS ARE ISSUED THERE IS NO MONITORING OF USE.**

**PART II, LINE 1, COLUMN (H):**

**(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED: EARLY LEARNING CENTER, SHENANDOAH VALLEY BACH FESTIVAL, CJP, & SCHOLARSHIPS**

**(H) PURPOSE OF GRANT OR ASSISTANCE: RESTRICTED: STAFF TRAINING, WILDLIFE CENTER, MAGICIAN, FREEZER, HB HARMONIZERS, & UNRESTRICTED**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY** Employer identification number **54-1920746**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2013











**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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	39	3,603,330.	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	X	3	315,000.	APPRAISAL VALUE
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( IN-KIND )	X	12	23,099.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) (2013)

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

SCHEDULE M, LINE 33:

EXPLANATION: IN-KIND CONTRIBUTIONS FOR SERVICES AND FACILITY RENT WERE NOT INCLUDED IN REVENUE. SERVICES INCLUDE LEGAL, ACCOUNTING, INFORMATION TECHNOLOGY AND PRINTING.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY** Employer identification number  
**54-1920746**

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

QUALITY OF LIFE IN COMMUNITIES SERVED BY DEVELOPING AND MANAGING  
CHARITABLE FUNDS TO PROMOTE PHILANTHROPY AND TO ESTABLISH AND MANAGE  
CHARITABLE FUNDS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILY. THE GRANTS IT GENERATES WILL BENEFIT LOCAL AGENCIES AND THEIR  
CLIENTS FOR DECADES TO COME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER GRANT PROGRAMS

EXPENSES \$ 1,465,526. INCLUDING GRANTS OF \$ 1,369,060. REVENUE \$ 0.

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

EXPLANATION: THE FORM 990 IS POSTED TO A SECURE WEB PORTAL FOR REVIEW &  
COMMENTS BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE FOUNDATION MONITORS THE POTENTIAL AND ACTUAL CONFLICTS OF  
INTEREST. THE EXECUTIVE DIRECTOR AND/OR PRESIDENT OF THE BOARD SPEAKS WITH  
APPROPRIATE INDIVIDUALS AND TAKES NECESSARY ACTION WHEN A CONFLICT  
SURFACES.

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

EXPLANATION: ALL SALARY REVIEWS ARE CONDUCTED BY PERSONS AT LEAST ONE LEVEL  
HIGHER THAN THE PERSON IN QUESTION. MUCH COMPARATIVE AND BENCH MARK DATA

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

Employer identification number 54-1920746

IS OBTAINED FROM THE COUNCIL ON FOUNDATIONS. ALL COMPENSATION PACKAGES ARE CALIBRATED TO LOCAL CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE ORGANIZATIONS WEBSITE AND RESPONDING TO PROPER REQUEST FOR HARD COPY OF THESE ITEMS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT INCOME AGENCY FUNDS	-935,108.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-591,562.
GRANTS MADE FROM AGENCY ACCOUNTS	184,515.
TOTAL TO FORM 990, PART XI, LINE 9	-1,342,155.

FORM 990, PART XII, LINE 2C:

EXPLANATION: NO CHANGE IN PROCESS FROM PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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
THE VALLEY RESPONDS, LC PO BOX 1068 HARRISONBURG, VA 22803	RELIEF WORK	VIRGINIA			SOLE MEMBER/MANAGER
SHOWKER MEMORIAL GARDENS, LC - 20-0726547 PO BOX 1068 HARRISONBURG, VA 22803	MANAGE HISTORIC CEMETERY	VIRGINIA			SOLE MEMBER/MANAGER
TCF HOLDING, LC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE/PRIVATE STOCK	VIRGINIA		185,000.	SOLE MEMBER/MANAGER

**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

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

Schedule R (Form 990) 2013



**THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY**

**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.

**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			





# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at** [www.irs.gov/form8868](http://www.irs.gov/form8868) .

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

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

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

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

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

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

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE COMMUNITY FOUNDATION OF HARRISONBURG &amp; ROCKINGHAM COUNTY</b>	Employer identification number (EIN) or <b>54-1920746</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 1068</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HARRISONBURG, VA 22803</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MELISSA MAYHEW, THE COMMUNITY FOUNDATION**

• The books are in the care of ▶ **311 SOUTH MAIN ST. - HARRISONBURG, VA 22801**  
Telephone No. ▶ **540-432-3863** Fax No. ▶ **540-438-9589**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2013** , and ending **JUN 30, 2014** .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.