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CLIENT'S COPY



The Community Foundation of Harrisonburg
& Rockingham County
P.O. Box 1068
Harrisonburg, VA 22803

Dear Revlan:

Enclosed are the organization's 2017 Exempt Organization returns. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail as soon as possible.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

VIRGINIA FORM 500 RETURN:

The Virginia Form 500 has been prepared for electronic filing. If you wish to have it transmitted electronically to the VADOT, please sign, date and return VA-8879C to our office. We will then submit the electronic return to the VADOT. Do not mail the paper copy of the return to the VADOT.

No payment is required.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax

returns.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

We can electronically file tax returns only after we have written authorization to do so. PLEASE RETURN FORM(S) 8879 TO OUR OFFICE AS SOON AS POSSIBLE. Scanned or Faxed copies are acceptable.

Sincerely,

Kevin D. Humphries, Partner
PBMares, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2018

Prepared for	The Community Foundation of Harrisonburg & Rockingham County P.O. Box 1068 Harrisonburg, VA 22803
Prepared by	PBMares, LLP 558 South Main Street Harrisonburg, VA 22801
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

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

Employer identification number

54-1920746

Name and title of officer

**REVLAN HILL
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>17,471,188.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PBMARES LLP to enter my PIN 54192
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54448112345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PBMARES LLP Date ▶ 05/14/19

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1068 City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22803 F Name and address of principal officer: REVLAN HILL P.O. BOX 1068, HARRISONBURG, VA 22803	D Employer identification number 54-1920746 E Telephone number 540-432-3863 G Gross receipts \$ 30,993,346. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ HTTP://WWW.TCFHR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1998		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: STRENGTHENING OUR COMMUNITIES THROUGH PURPOSEFUL GIVING AND ACTIVE ENGAGEMENT. 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) 3 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 6 40 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -22,041. 7b Net unrelated business taxable income from Form 990-T, line 34 7b -22,041.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 5,878,349. Prior Year 15,922,031. Current Year 9 Program service revenue (Part VIII, line 2g) 107,355. 5,793. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,191,496. 1,580,307. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. -36,943. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,177,200. 17,471,188.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,015,783. 4,548,182. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 277,112. 303,042. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 54,624. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 285,467. 339,838. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,578,362. 5,191,062. 19 Revenue less expenses. Subtract line 18 from line 12 598,838. 12,280,126.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 34,271,109. Beginning of Current Year 47,365,969. End of Year 21 Total liabilities (Part X, line 26) 8,346,817. 9,118,656. 22 Net assets or fund balances. Subtract line 21 from line 20 25,924,292. 38,247,313.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer REVLAN HILL, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name KEVIN HUMPHRIES	Preparer's signature KEVIN HUMPHRIES
	Firm's name ▶ PBMARES, LLP	Firm's EIN ▶ 54-0737372
	Firm's address ▶ 558 SOUTH MAIN STREET HARRISONBURG, VA 22801	Phone no. 540 434-5975

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

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Form 990 (2017)

54-1920746 Page 2

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 2,759,362. including grants of \$ 2,581,532.) (Revenue \$)
GRANTS TO STRENGTHEN OUR COMMUNITY:
THE COMMUNITY FOUNDATION DISTRIBUTED OVER \$2.5 MILLION TO NONPROFIT AGENCIES AND CHARITABLE ORGANIZATIONS BASED LOCALLY OR WITH A SIGNIFICANT CONNECTION TO OUR LOCAL COMMUNITY TO IMPROVE THE HEALTH AND HAPPINESS OF OUR LOCAL COMMUNITY INCLUDING FAITH-BASED INITIATIVES, CIVIC GROUPS, HEALTH AND HUMAN SERVICE ORGANIZATIONS, AND OTHER CHARITABLE ORGANIZATIONS WITH A FOCUS ON ARTS AND CULTURE, ENVIRONMENTAL INITIATIVES, HISTORIC PRESERVATION, HEALTHCARE, ANIMAL WELFARE, AND RECREATION.

4b (Code:) (Expenses \$ 1,114,531. including grants of \$ 1,114,531.) (Revenue \$)
EDUCATION PROGRAM SERVICE AREA:
THE COMMUNITY FOUNDATION DISTRIBUTED OVER \$1.1 MILLION FOR EDUCATIONAL PROGRAMS AND SCHOLARSHIPS. RECIPIENTS INCLUDED PUBLIC AND PRIVATE SCHOOLS, COLLEGES, LIBRARIES, CHILDREN'S MUSEUMS, AND LITERARY ORGANIZATIONS, ALL OF WHICH RAN EDUCATIONAL PROGRAMMING. THE COMMUNITY FOUNDATION IS ALSO A DESIGNATED VIRGINIA SCHOLARSHIP FOUNDATION AND DISTRIBUTED \$457,514 TO LOCAL PRIVATE SCHOOLS THROUGH THE STATE'S TAX CREDIT PROGRAM.

4c (Code:) (Expenses \$ 872,021. including grants of \$ 852,119.) (Revenue \$)
ADMINISTRATIVE SUPPORT & EDUCATION FOR LOCAL NONPROFIT AND CHARITABLE FUNDRAISING INITIATIVES:
THE COMMUNITY FOUNDATION PARTNERS WITH LOCAL NONPROFITS TO RECEIPT, ACCOUNT FOR, AND INVEST FUNDS FOR AGENCIES WITH LIMITED RESOURCES WITHIN THE ORGANIZATION WHO WISH TO FOCUS THEIR RESOURCES ON MISSION-RELATED SERVICE DELIVERY. BY MANAGING AND DISTRIBUTING ALMOST \$900,000 TO LOCAL NONPROFIT FUND HOLDERS IN CONNECTION WITH CAPITAL CAMPAIGNS, RAINY DAY FUNDS, OR ENDOWMENT DISTRIBUTIONS, THE COMMUNITY FOUNDATION IMPROVES THE CAPACITY OF LOCAL NONPROFIT SERVICE PROVIDERS WORKING HARD EVERY DAY TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE.

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

4e Total program service expenses **4,745,914.**

Form 990 (2017)

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

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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

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

Part IV Checklist of Required Schedules *(continued)*

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

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

Form 990 (2017)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**THE COMMUNITY FOUNDATION OF HARRISONBURG
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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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
b	Enter the number of voting members included in line 1a, above, who are independent	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website 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, address, and telephone number of the person who possesses the organization's books and records: **REVLAN HILL, THE COMMUNITY FOUNDATION - 540-432-3863**
P.O. BOX 1068, HARRISONBURG, VA 22803

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

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) ELLEN H. BRODERSEN TREASURER, INVESTMENT CO-C	1.00	X		X			0.	0.	0.	
(2) JEFFREY ADAMS DIRECTOR	1.00	X					0.	0.	0.	
(3) TONI BENDEL BAILEY COMMUNITY ENGAGEMENT CHAIR	1.00	X					0.	0.	0.	
(4) STEPHANNE S. BYRD PAST CHAIR	1.00	X		X			0.	0.	0.	
(5) DONNA HARPER SECRETARY	1.00	X		X			0.	0.	0.	
(6) KAY HARRISON DIRECTOR	1.00	X					0.	0.	0.	
(7) DALE HULVEY VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) JOSEPH S. PAXTON CHAIR	2.00	X		X			0.	0.	0.	
(9) BILLY R. ROBINSON AUDIT & FINANCE CHAIR THROUGH MAY 20	1.00	X					0.	0.	0.	
(10) BRIAN SHULL INVESTMENT CO-CHAIR	1.00	X					0.	0.	0.	
(11) DAPHYNE S. THOMAS DIRECTOR	1.00	X					0.	0.	0.	
(12) LAURA TONI-HOLSINGER DIRECTOR	1.00	X					0.	0.	0.	
(13) LINDSAY BRUBAKER DIRECTOR	1.00	X					0.	0.	0.	
(14) JASON FINK DIRECTOR	1.00	X					0.	0.	0.	
(15) KEVIN FLINT DIRECTOR	1.00	X					0.	0.	0.	
(16) CYNTHIA PRIETO DIRECTOR	1.00	X					0.	0.	0.	
(17) DIAR KAUSSLER DIRECTOR	1.00	X					0.	0.	0.	

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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) SCOTT ROGERS DIRECTOR	1.00	X					0.	0.	0.	
(19) REVLAN S. HILL EXECUTIVE DIRECTOR	40.00			X			93,125.	0.	0.	
1b Sub-total							93,125.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							93,125.	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 former 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
GRAVES LIGHT WEALTH MANAGEMENT, 2011 EVELYN BYRD AVE, HARRISONBURG, VA 22801	INVESTMENT MANAGEMENT	169,486.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**THE COMMUNITY FOUNDATION OF HARRISONBURG
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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,922,031.				
	g Noncash contributions included in lines 1a-1f: \$		8,687,773.				
	h Total. Add lines 1a-1f			15,922,031.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code 561000	5,030.	5,030.			
	b EDUCATIONAL EVENTS	900099	763.	763.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			5,793.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		844,309.			844,309.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	11,612.				
		(ii) Personal					
		b Less: rental expenses	48,555.				
		c Rental income or (loss)	-36,943.				
	d Net rental income or (loss)			-36,943.	-14,902.	-22,041.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	14,166,404.				
		(ii) Other	43,197.				
		b Less: cost or other basis and sales expenses	13,473,603.	0.			
		c Gain or (loss)	692,801.	43,197.			
	d Net gain or (loss)			735,998.		735,998.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			17,471,188.	-9,109.	-22,041.	1,580,307.	

**THE COMMUNITY FOUNDATION OF HARRISONBURG
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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,548,182.	4,548,182.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,911.	24,978.	49,955.	24,978.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	177,553.	100,771.	69,902.	6,880.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,598.	2,398.	2,001.	199.
9 Other employee benefits	536.	244.	231.	61.
10 Payroll taxes	20,444.	8,981.	9,079.	2,384.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,939.		23,939.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	172,623.		172,623.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	5,051.	4,675.	298.	78.
12 Advertising and promotion	6,256.			6,256.
13 Office expenses	6,676.	2,208.	3,918.	550.
14 Information technology	34,484.	15,839.	14,701.	3,944.
15 Royalties				
16 Occupancy	5,475.	4,066.		1,409.
17 Travel	4,907.		4,907.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,541.	21,146.	476.	3,919.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,966.	2,883.		3,083.
23 Insurance	5,783.		5,783.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SMALL EQUIPMENT REPAIRS	23,774.	5,995.	17,779.	
b OTHER EXPENSES	7,563.		7,563.	
c DUES & MEMBERSHIPS	6,474.	2,948.	2,792.	734.
d PUBLICATIONS	2,259.		2,259.	
e All other expenses	3,067.	600.	2,318.	149.
25 Total functional expenses. Add lines 1 through 24e	5,191,062.	4,745,914.	390,524.	54,624.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**THE COMMUNITY FOUNDATION OF HARRISONBURG
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,346,607.	1	10,307,032.	
	2 Savings and temporary cash investments	3,479,184.	2	2,088,161.	
	3 Pledges and grants receivable, net	295,617.	3	756,924.	
	4 Accounts receivable, net	0.	4	1,300,000.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	489,750.	7	321,905.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	12,124.	9	12,653.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0.	10a		
	b Less: accumulated depreciation	0.	10b		
	11 Investments - publicly traded securities	12,300.	10c	0.	
	12 Investments - other securities. See Part IV, line 11	27,590,785.	11	30,899,152.	
	13 Investments - program-related. See Part IV, line 11		12		
	14 Intangible assets	283,537.	13	1,087,554.	
	15 Other assets. See Part IV, line 11	4,035.	14	10,237.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	757,170.	15	582,351.		
	34,271,109.	16	47,365,969.		
Liabilities	17 Accounts payable and accrued expenses	14,720.	17	9,934.	
	18 Grants payable	5,500.	18	0.	
	19 Deferred revenue	0.	19	29,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,326,597.	25	9,079,722.	
	26 Total liabilities. Add lines 17 through 25	8,346,817.	26	9,118,656.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,903,370.	27	35,612,990.	
	28 Temporarily restricted net assets	1,020,922.	28	2,634,323.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	25,924,292.	33	38,247,313.		
34 Total liabilities and net assets/fund balances	34,271,109.	34	47,365,969.		

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**THE COMMUNITY FOUNDATION OF HARRISONBURG
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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	17,471,188.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,191,062.
3 Revenue less expenses. Subtract line 2 from line 1	3	12,280,126.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,924,292.
5 Net unrealized gains (losses) on investments	5	738,570.
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	-695,675.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,247,313.

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

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,370,056.	7,086,679.	5,850,909.	5,881,784.	15,922,031.	41,111,459.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	6,370,056.	7,086,679.	5,850,909.	5,881,784.	15,922,031.	41,111,459.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,509,995.
6 Public support. Subtract line 5 from line 4.						25,601,464.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	6,370,056.	7,086,679.	5,850,909.	5,881,784.	15,922,031.	41,111,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	458,143.	706,518.	789,360.	784,842.	862,589.	3,601,452.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23,856.	537.				24,393.
11 Total support. Add lines 7 through 10						44,737,304.
12 Gross receipts from related activities, etc. (see instructions)					12	337,450.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	57.23 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	63.17 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION OF HARRISONBURG

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

THE COMMUNITY FOUNDATION OF HARRISONBURG

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2017

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
PAUL S. & SHERRY B. CLINE	1,698,766.	804,020.
ESTATE OF THELMA M. PHILLIPS	1,763,803.	869,057.
GERALD & KAYE SMITH JR.	3,794,297.	2,899,551.
HARRY & MARGARET FLIPPO FOUNDATION	2,408,675.	1,513,929.
DIANE DAVIS	1,536,714.	641,968.
ESTATE OF ROBERT E. MAUZY	9,676,216.	8,781,470.
Total Excess Contributions to Schedule A, Part II, Line 5		15,509,995.

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

OMB No. 1545-0047

2017

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number 54-1920746
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERALD AND KAYE SMITH JR. 549 MERRIMANS LANE WINCHESTER VA, VA 26601	\$ 657,681.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF ROBERT E MAUZY P.O. BOX 25 BLUE GRASS, VA 24413	\$ 9,676,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HARRISONBURG ROTARY P.O. BOX 638 HARRISONBURG, VA 22803	\$ 598,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number 54-1920746
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number 54-1920746
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	92	158
2 Aggregate value of contributions to (during year)	12,778,986.	2,883,031.
3 Aggregate value of grants from (during year)	2,756,927.	2,359,466.
4 Aggregate value at end of year	27,124,221.	19,701,277.

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2017

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

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 **d** Loan or exchange programs
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,275,407.	11,059,554.	9,574,265.	9,370,838.	6,261,953.
b Contributions	8,997,277.	1,693,576.	1,891,613.	510,034.	2,608,392.
c Net investment earnings, gains, and losses	999,136.	1,154,659.	198,515.	152,685.	1,028,979.
d Grants or scholarships	465,360.	466,543.	465,175.	322,578.	361,707.
e Other expenditures for facilities and programs					8,589.
f Administrative expenses	188,409.	165,839.	139,664.	136,714.	158,190.
g End of year balance	22,618,051.	13,275,407.	11,059,554.	9,574,265.	9,370,838.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY OBLIGATIONS	8,801,865.
(3) LIABILITIES UNDER SPLIT-INTEREST	
(4) AGREEMENTS	277,857.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,079,722.

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

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

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

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

1 Total revenue, gains, and other support per audited financial statements		1	16,551,517.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	738,570.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	151,263.	
e Add lines 2a through 2d	2e		889,833.
3 Subtract line 2e from line 1		3	15,661,684.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	172,623.	
b Other (Describe in Part XIII.)	4b	1,636,881.	
c Add lines 4a and 4b	4c		1,809,504.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,471,188.

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

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

1 Total expenses and losses per audited financial statements		1	4,228,496.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	67,405.	
e Add lines 2a through 2d	2e		67,405.
3 Subtract line 2e from line 1		3	4,161,091.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	172,623.	
b Other (Describe in Part XIII.)	4b	857,348.	
c Add lines 4a and 4b	4c		1,029,971.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,191,062.

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:

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

PART X, LINE 2:

THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AS REQUIRED BY THE INCOME TAXES TOPIC OF THE

Part XIII Supplemental Information (continued)

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS
CODIFICATION; HOWEVER, MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY
SUCH POSITIONS AS THEY ARE DEFINED IN THIS GUIDANCE. THE FOUNDATION FILES
FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY WITH THE
UNITED STATES DEPARTMENT OF THE TREASURY AND FORM 990T, EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN, WHEN REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EASTHAM LLC BOOK TO TAX TIMING DIFFERENCE 151,263.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES AGENCY 346,663.

INVESTMENT INCOME ALLOCATED TO AGENCY ACCOUNTS 1,285,858.

TRANSACTIONS FEES 4,360.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,636,881.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EASTHAM LLC BOOK TO TAX TIMING DIFFERENCE 67,405.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS MADE FROM AGENCY ACCOUNTS 852,988.

TRANSACTION FEES 4,360.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 857,348.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W. CORK STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	115,000.	0.			ENDOWMENT FUNDS, CAPITAL CAMPAIGN, AND ANNUAL OPERATING FUND
REDEEMER CLASSICAL SCHOOL PO BOX 737 HARRISONBURG, VA 22803	74-3071696	501(C)(3)	12,086.	0.			GENERAL SUPPORT
PLAINS DISTRICT MEMORIAL MUSEUM PO BOX 601 TIMBERVILLE, VA 22853	34-2023317	501(C)(3)	5,250.	0.			GIFT FOR NEW LECTURE ROOM
SINGERS GLEN VOLUNTEER RESCUE SQUAD - PO BOX 75 - SINGERS GLEN, VA 22850	54-1756941	501(C)(3)	5,465.	0.			LD&B FIRE AND RESCUE CHALLENGE
BRIDGE OF HOPE HARRISONBURG-ROCKINGHAM - PO BOX 535 - HARRISONBURG, VA 22803	81-0555073	501(C)(3)	5,500.	0.			GENERAL SUPPORT, OPERATIONS AND DISCRETIONARY FUND
NEW CREATION IN CARE OF NEW DIMENSIONS OF GRACE - 3051 S MAIN STREET - HARRISONBURG, VA 22801	27-1758422	501(C)(3)	5,500.	0.			LEADERSHIP AWARDS FOR DONORS

- 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) (2017)

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
HARRISONBURG UNITARIAN UNIVERSALISTS - PO BOX 96 - HARRISONBURG, VA 22803	04-2103733	501(C)(3)	5,500.	0.			UNRESTRICTED ASSISTANCE/GIFTS
WEST SIDE BAPTIST CHURCH 715 W WOLFE STREET HARRISONBURG, VA 22802	54-0953093	501(C)(3)	5,500.	0.			BENEVOLENCE MINISTRY
DAVIS AND ELKINS COLLEGE, DEVELOPMENT OFFICE - 100 CAMPUS DRIVE - ELKINS, WV 26241	55-0357021	501(C)(3)	6,000.	0.			DAVIS AND ELKINS FUND AND SCHOLARSHIPS
DOCTORS WITHOUT BORDERS USA INC. 333 7TH AVENUE, FL 2 NEW YORK, NY 10001	13-3433452	501(C)(3)	6,000.	0.			HUMANITARIAN GIFTS
THE COLLINS CENTER PO BOX 1473 HARRISONBURG, VA 22803	54-1478133	501(C)(3)	6,300.	0.			EDUCATION AND OUTREACH PROGRAMS
SINGERS GLEN FIRE COMPANY 9410 SINGERS GLEN ROAD SINGERS GLEN, VA 22850	54-1685015	501(C)(3)	6,341.	0.			LD&B FIRE AND RESCUE CHALLENGE
SONSHINE MINISTRIES PO BOX 731 HARRISONBURG, VA 22803	52-1437518	501(C)(3)	6,750.	0.			UNRESTRICTED GIFTS/ASSISTANCE
SUNSET DRIVE UNITED METHODIST CHURCH - PO BOX 381 - BROADWAY, VA 22815	45-1143998	501(C)(3)	6,750.	0.			VARIOUS UNRESTRICTED GIFTS AND ASSISTANCE
ELKTON HISTORICAL SOCIETY PO BOX 1 ELKTON, VA 22827	54-1224254	501(C)(3)	7,000.	0.			SHENANDOAH NATIONAL PARK DISPLACED MEMORIAL.

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
FIRST PRESBYTERIAN CHURCH 17 NORTH COURT SQUARE HARRISONBURG, VA 22801	54-0576303	501(C)(3)	7,100.	0.			GENERAL SUPPORT
FIRST CHURCH OF THE BRETHEREN, HARRISONBURG - 315 SOUTH DOGWOOD DRIVE - HARRISONBURG, VA 22801	54-6054984	501(C)(3)	7,117.	0.			ANNUAL PROJECTS
SHENANDOAH CIVIL WAR ASSOCIATES 104 MIRANDY COURT BRIDGEWATER, VA 22812	54-2054804	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MASSANETTA SPRINGS CONFERENCE CENTER - 712 MASSANETTA SPRINGS ROAD - HARRISONBURG, VA 22801	54-0505926	501(C)(3)	7,500.	0.			MEMORIAL GIFT, GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - P.O. BOX 50 - MEMPHIS, TN 38101-9929	62-0646012	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 119 CAROLINE STREET ORANGE, VA 22960	54-0608307	501(C)(3)	7,800.	0.			GENERAL SUPPORT
BETHANY UNITED METHODIST CHURCH 3700 LEE HIGHWAY WEYERS CAVE, VA 24486	54-1244180	501(C)(3)	8,000.	0.			GENERAL SUPPORT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE MS2E1 FAIRFAX, VA 22030	54-1603842	501(C)(3)	8,000.	0.			SCHOLARSHIP FOR ESLAM HASSAN
FRIENDSHIP INDUSTRIES 801 FRIENDSHIP DRIVE HARRISONBURG, VA 22802	54-6073412	501(C)(3)	8,123.	0.			COMMUNITY NEEDS

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 REGIONAL LIBRARY 174 S. MAIN ST. HARRISONBURG, VA 22801	54-0548703	501(C)(3)	8,250.	0.			ELEVATOR REPAIR, ANNUAL DISTRIBUTIONS, GENERAL SUPPORT
BLUE RIDGE LEGAL SERVICES P.O. BOX 551 HARRISONBURG, VA 22803-0551	54-1048944	501(C)(3)	8,377.	0.			GENERAL SUPPORT AND LEGAL ASSISTANCE FOR LOW INCOME ELDERLY.
MASSANUTTEN PRESBYTERIAN CHURCH 50 INDIAN TRAIL ROAD PENN LAIRD, VA 22846	54-1117956	501(C)(3)	8,500.	0.			GENERAL SUPPORT
ROBERTA WEBB CHILD CENTER 400 KELLEY STREET HARRISONBURG, VA 22802	54-1700223	501(C)(3)	8,500.	0.			BRIDGING THE GAP CAMPAIGN AND GENERAL SUPPORT
OPEN DOORS 176 W MARKET STREET HARRISONBURG, VA 22801	11-3835381	501(C)(3)	8,550.	0.			GENERAL SUPPORT, EMERGENCY SHELTER, FOOD TRUCK FESTIVAL SPONSORSHIP
HARRISONBURG RESCUE SQUAD P O BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(3)	8,652.	0.			GENERAL SUPPORT
HIGHLAND RETREAT 14783 UPPER HIGHLAND DRIVE BERGTON, VA 22811	54-0808741	501(C)(3)	8,767.	0.			CHILDREN'S SUMMER CAMP, KITCHEN FUND, AND GENERAL SUPPORT
MT. HOREB PRESBYTERIAN CHURCH 4517 ROCKFISH RD. GROTTOES, VA 24441	54-0576303	501(C)(3)	8,906.	0.			GENERAL SUPPORT
SHENANDOAH VALLEY ECONOMIC EDUCATION INC. - 418 FAIRWAY DR. - HARRISONBURG, VA 22802	54-1168566	501(C)(3)	9,543.	0.			ANNUAL DISTRIBUTION

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 281 E. MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	9,853.	0.			GENERAL SUPPORT AND ANNUAL DISTRIBUTION
RISE UNITED METHODIST FAITH COMMUNITY - 690 S MASON STREET - HARRISONBURG, VA 22801	30-0624442	501(C)(3)	9,900.	0.			GENERAL SUPPORT & STOP HUNGER NOW CAMPAIGN
WMRA PUBLIC RADIO 983 RESEVOIR STREET HARRISONBURG, VA 22801	54-6001756	501(C)(3)	9,900.	0.			GENERAL SUPPORT
UNIVERSITY OF VIRGINIA GIFT ACCOUNTING - PO BOX 400807 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	10,000.	0.			RENAL RESEARCH
TUFTS UNIVERSITY SCHOOL OF MEDICINE, OFFICE OF DEVELOPMENT - 136 HARRISON STREET - BOSTON, MA 02111	04-2103634	501(C)(3)	10,000.	0.			SCHOLARSHIPS
SKYLINE LITERACY PO BOX 1354 HARRISONBURG, VA 22803	54-1589682	501(C)(3)	10,000.	0.			VARIOUS ASSISTANCE GIFTS
LCC INTERNATIONAL FUND PO BOX 101787 PASADENA, CA 91189	23-3015092	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SADIE ROSE FOUNDATION PO BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	10,500.	0.			GENERAL SUPPORT
INDUSTRIAL AND COMMERCIAL MINISTRIES - 57 S MAIN STREET, SUITE 612 - HARRISONBURG, VA 22801-3703	54-0995038	501(C)(3)	10,500.	0.			GENERAL SUPPORT

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**THE COMMUNITY FOUNDATION OF HARRISONBURG
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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
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET BOX 33 BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	11,000.	0.			FUNKHOUSER CENTER, BRIDGEWATER FUND, AND GENERAL SUPPORT
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	11,250.	0.			TREATMENT OF RESCUED WILDLIFE FROM HARRISONBURG AND ROCKINGHAM COUNTY.
ARTS COUNCIL OF THE VALLEY 311 S. MAIN STREET HARRISONBURG, VA 22801	54-2025348	501(C)(3)	11,500.	0.			RESTORATION OF SEATS AT COURT SQUARE THEATER AND GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF ROCKINGHAM COUNTY - 225 N. HIGHT ST, SUITE 1 - HARRISONBURG, VA 22802	51-0209104	501(C)(3)	11,500.	0.			GENERAL SUPPORT
DAYTON CHURCH OF THE BRETHREN PO BOX 236 DAYTON, VA 22821	54-1098380	501(C)(3)	12,000.	0.			GENERAL SUPPORT, DISCOVERING JESUS IN THE ARTS, ANNUAL DISTRIBUTION
GLOBAL DISCIPLES 315 W. JAMES ST, SUITE 202 LANCASTER, PA 17603	23-2854114	501(C)(3)	12,000.	0.			GENERAL SUPPORT
BIBLE STUDY FELLOWSHIP HARRISONBURG - 546 MOSBY ROAD - HARRISONBURG, VA 22801	94-1514010	501(C)(3)	12,000.	0.			HARRISONBURG DAY WOMEN'S CLASS AND GENERAL SUPPORT
THE COMMUNITY FOUNDATION OF HARRISONBURG AND ROCKINGHAM COUNTY - P.O. BOX 1068 - HARRISONBURG, VA 22803-1068	54-1920746	501(C)(3)	13,000.	0.			ASBURY UNITED METHODIST CHURCH CATALYST FOR MINISTRIES FUND
BLUE RIDGE COMMUNITY COLLEGE FOUNDATION - PO BOX 80 - WEYERS CAVE, VA 24486-0080	54-1328809	501(C)(3)	13,250.	0.			SCHOLARSHIPS, GENERAL SUPPORT, ENACTUS PROGRAM, WELDING PROGRAM, ENGINEERING PROGRAM,

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MERCY HOUSE PO BOX 1478 HARRISONBURG, VA 22803-1478	54-1476187	501(C)(3)	13,500.	0.			GENERAL SUPPORT
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD, SUITE 4500 BLACKSBURG, VA 24061	54-0721690	501(C)(3)	13,500.	0.			SCHOLARSHIPS
FIRST STEP 129 FRANKLIN STREET HARRISONBURG, VA 22801	51-0243177	501(C)(3)	13,665.	0.			GENERAL SUPPORT
WINGFIELD MINISTRIES 2389 GRACE CHAPEL ROAD HARRISONBURG, VA 22801	54-1437764	501(C)(3)	13,700.	0.			GENERAL SUPPORT, MEMORIAL DAY COMMUNITY CELEBRATION SPONSOR
WAY TO GO 3142 LANIER LANE MASSANUTTEN, VA 22840	61-1487268	501(C)(3)	14,000.	0.			GENERAL SUPPORT, MOBILITY FUND
AVA CARE 833 MARTIN LUTHER KING JR. WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	14,600.	0.			GENERAL SUPPORT
HARRISONBURG-ROCKINGHAM CHILD DAY CARE CENTER - P.O. BOX 344 - HARRISONBURG, VA 22803	23-7073271	501(C)(3)	15,000.	0.			BUILDING FUND AND DANCING WITH THE STARS FUNDRAISER
VALLEY PROGRAM FOR AGING SERVICES 800 S. MAIN ST. HARRISONBURG, VA 22807	54-0958526	501(C)(3)	15,150.	0.			AGING MASTERY PROGRAM, MEALS ON WHEELS, TRANSPORTATION FOR SENIORS
HERITAGE MUSEUM (HR HISTORICAL SOCIETY) - PO BOX 716 - DAYTON, VA 22821	54-1017712	501(C)(3)	15,659.	0.			VARIOUS ASSISTANCE PROGRAMS.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN MENNONITE UNIVERSITY 1200 PARK RD. HARRISONBURG, VA 22802	54-0575812	501(C)(3)	16,694.	0.			BACH FESTIVAL, SEMINARY SUPPORT, GENERAL SUPPORT, UNIVERSITY FUND, SHENANDOAH VALLEY
ELKTON AREA UNITED SERVICES PO BOX 383 ELKTON, VA 22827	54-1020432	501(C)(3)	17,000.	0.			EMERGENCY SERVICES ASSISTANCE & GENERAL SUPPORT
MCGAHEYSVILLE UNITED METHODIST CHURCH - PO BOX 128 - MCGAHEYSVILLE, VA 22840	36-2167731	501(C)(3)	18,000.	0.			ASSISTANCE WITH NEW PLUMBING HOOKUPS AND DIAPER SHIPPING COSTS
WARWICK RIVER CHRISTIAN SCHOOL 252 LUCAS CREEK ROAD NEWPORT NEWS, VA 23602	54-0565003	501(C)(3)	19,000.	0.			GENERAL SUPPORT
HARRISONBURG MENNONITE CHURCH 1552 S. HIGH ST. HARRISONBURG, VA 22801	54-1001338	501(C)(3)	19,500.	0.			OPEN CIRCLE MISSION PROJECT, GENERAL SUPPORT
OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	20,564.	0.			VARIOUS ASSISTANCE PROGRAMS.
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602	54-0505874	501(C)(3)	23,000.	0.			CAPITAL IMPROVEMENTS FOR CAMP, OPERATIONS FOR CAMP, AND GENERAL OPERATIONS
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, STE. 101 HARRISONBURG, VA 22801	54-1270644	501(C)(3)	23,600.	0.			GENERAL SUPPORT, MERCY FUND
SALVATION ARMY - HARRISONBURG PO BOX 468 HARRISONBURG, VA 22803-0468	13-5562351	501(C)(3)	24,013.	0.			HOMELESS SHELTER & GENERAL SUPPORT

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

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EXPLORE MORE DISCOVERY MUSEUM 150 S. MAIN ST. HARRISONBURG, VA 22801	16-1683676	501(C)(3)	24,500.	0.			CAPITAL CAMPAIGN, FUND DISTRIBUTION, COMMUNITY MAKER SPACE
OTTERBEIN UNITED METHODIST CHURCH 176 W MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	26,000.	0.			GENERAL SUPPORT
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	27,250.	0.			SCHOLARSHIPS
BOYS & GIRLS CLUBS OF HARRISONBURG PO BOX 1223 HARRISONBURG, VA 22803	54-1652418	501(C)(3)	27,415.	0.			GENERAL SUPPORT, FAMILY ENGAGEMENT EMPOWERMENT DINNERS, AND ANNUAL DISTRIBUTION
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	27,523.	0.			GENERAL SUPPORT & ANNUAL DISTRIBUTION
BRIDGEWATER HEALTHCARE FOUNDATION, INC. - 302 NORTH SECOND STREET - BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	27,750.	0.			ANNUAL FUND, ADVANCING THE VISION CAMPAIGN, AND GENERAL SUPPORT
CENTRAL VALLEY HABITAT FOR HUMANITY - PO BOX 425 - BRIDGEWATER, VA 22812-0245	54-1441871	501(C)(3)	27,908.	0.			LOGAN LANE PROJECT, GENERAL SUPPORT, BROOKSIDE PARK CONSTRUCTION
HARRISONBURG-ROCKINGHAM FREE CLINIC - 25 W. WATER ST. - HARRISONBURG, VA 22801	54-1568909	501(C)(3)	28,065.	0.			GENERAL SUPPORT
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DR. WINCHESTER, VA 22601	54-0525605	501(C)(3)	28,500.	0.			CAPITAL CAMPAIGN FOR INDOOR ATHLETIC FACILITY, ANNUAL OPERATING FUND, GLOBAL CITIZENSHIP

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

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VIRGINIA MENNONITE MISSIONS 901 PARKWOOD DR. HARRISONBURG, VA 22802	54-0793291	501(C)(3)	29,250.	0.			GENERAL SUPPORT, MISSION FUND, REMELLA, ALTERNATIVE CHRISTMAS GIFTS
AMERICAN RED CROSS 2700 SOUTHWEST FREEWAY HOUSTON, TX 70098	53-0196605	501(C)(3)	29,350.	0.			VARIOUS RELIEF EFFORTS
ELKTON UNITED METHODIST CHURCH 513 E SPOTSWOOD AVENUE ELKTON, VA 22827	54-1254833	501(C)(3)	30,000.	0.			KITCHEN REMODEL
FELLOWSHIP OF CHRISTIAN ATHLETES HB/VALLEY - 1866-C EAST MARKET ST. STE 3232 - HARRISONBURG, VA 22802	44-0610626	501(C)(3)	32,000.	0.			SUMMER FCA MINISTRY AND GENERAL SUPPORT
ASBURY UNITED METHODIST CHURCH 205 S. MAIN STREET HARRISONBURG, VA 22801	54-0519596	501(C)(3)	33,997.	0.			CATALYST FOR MINISTRIES CAPITAL PROJECT, SACRED ARTS PROGRAM, GENERAL SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	35,030.	0.			GENERAL SUPPORT
KERUS GLOBAL EDUCATION 245 NEWMAN AVE HARRISONBURG, VA 22801	53-0204604	501(C)(3)	35,750.	0.			VARIOUS GRANTS FOR EDUCATIONAL PURPOSES.
ROCKINGHAM EDUCATIONAL FOUNDATION 100 MOUNT CLINTON PIKE HARRISONBURG, VA 22802	54-1735837	501(C)(3)	30,000.	0.			EDUCATIONAL GRANTS AND ASSISTANCE
CITY OF HARRISONBURG 345 S. MAIN ST. HARRISONBURG, VA 22801	54-6001343	170(C)(1)	37,112.	0.			SUPPORT OF BLACKS RUN CLEAN-UP AND ONGOING MAINTENANCE

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JMU FOUNDATION MSC 3603 800 SOUTH MAIN ST. HARRISONBURG, VA 22807	23-7156305	501(C)(3)	38,479.	0.			FURIOUS FLOWER POETRY CAMP, SCHOLARSHIPS, COLLEGE OF BUSINESS 2020 CAMPAIGN
BLUE RIDGE COMMUNITY COLLEGE - FINANCIAL AID - PO BOX 80 - WEYERS CAVE, VA 24486	54-1268283	501(C)(3)	40,900.	0.			SCHOLARSHIPS
HOPE DISTRIBUTED C/O HARRISONBURG FIRST CHURCH OF THE NAZARENE - 1871 BOYERS ROAD - HARRISONBURG, VA 22801	61-1542114	501(C)(3)	45,000.	0.			FOOD DISTRIBUTION PROJECT AND GENERAL SUPPORT
HARRISONBURG FIRST CHURCH OF THE NAZARENE - 1871 BOYERS ROAD - HARRISONBURG, VA 22801	54-6134186	501(C)(3)	50,000.	0.			GENERAL SUPPORT
YOUNG LIFE - HARRISONBURG/ROCKINGHAM, INTERNATIONAL - P O BOX 7053 - ARLINGTON, VA 22207	84-0385934	501(C)(3)	52,150.	0.			GENERAL SUPPORT, YOUNG LIVES PROGRAM FOR TEENAGE MOTHERS, CAMP SCHOLARSHIPS, KIDS IN
SENTARA RMH FOUNDATION 2010 HEALTH CAMPUS DR. HARRISONBURG, VA 22801	54-0506331	501(C)(3)	80,500.	0.			HOPE FUND FOR CANCER RESEARCH, GENERAL SUPPORT, WOMEN'S CENTER, COMPASSIONATE FUND,
THE LAUREL CENTER PO BOX 14 WINCHESTER, VA 22604	54-1262535	501(C)(3)	85,000.	0.			TO ASSIST WITH BUILDING OF NEW HEAD QUARTERS.
UNITED WAY OF HARRISONBURG ROCKINGHAM - PO BOX 326 - HARRISONBURG, VA 22803	54-0632716	501(C)(3)	87,008.	0.			GENERAL SUPPORT, DISTRIBUTIONS FROM AGENCY FUND, WE READ TO SUCCEED, ALLISON PROJECT
VIRGINIA MENNONITE RETIREMENT COMMUNITY FOUNDATION - 1491 VIRGINIA AVENUE - HARRISONBURG, VA 22802	54-0249313	501(C)(3)	91,750.	0.			GENERAL SUPPORT, THERAPEUTIC MUSIC PROGRAM, COMPASSIONATE FUND, CAPITAL CAMPAIGN

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES MADISON UNIVERSITY DIVISION OF UNIVERSITY ADVANCEMENT HARRISONBURG, VA 22807	54-6001756	501(C)(3)	126,357.	0.			SCHOLARSHIPS, BRIDGEFORTH STADIUM
CORNERSTONE CHRISTIAN SCHOOL 197 CORNERSTONE LANE HARRISONBURG, VA 22802	38-3821029	501(C)(3)	153,107.	0.			GENERAL SUPPORT, HEARTS FOR HUNGER CAMPAIGN, AND VDOE SCHOLARSHIP DISTRIBUTIONS
BLUE RIDGE CHRISTIAN SCHOOL PO BOX 207 BRIDGEWATER, VA 22812	35-2229096	501(C)(3)	181,671.	0.			GENERAL SUPPORT AND VDOE SCHOLARSHIP DISTRIBUTION
CATHOLIC DIOCESE OF ARLINGTON 200 N GLEBE ROAD, STE 811 ARLINGTON, VA 22203	54-0515706	501(C)(3)	215,000.	0.			CONSTRUCTION OF GYMNASIUM AT SACRED HEART ACADEMY, PRIORITIES OF THE BISHOP, AND BISHOP'S LENTEN
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	277,628.	0.			LET THE CHILDREN COME CAMPAIGN FOR NEW ELEMENTARY SCHOOL, VDOE SCHOLARSHIP
WORLD RESOURCES GROUP 456 MYERS AVE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	293,500.	0.			GENERAL SUPPORT
BRIDGEWATER VOLUNTEER FIRE COMPANY 304 NORTH MAIN STREET BRIDGEWATER, VA 22812	54-6053426	501(C)(3)	12,148.	0.			UNRESTRICTED ASSISTANCE/GIFTS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

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

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

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

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOLARSHIPS, GENERAL SUPPORT,
ENACTUS PROGRAM, WELDING PROGRAM, ENGINEERING PROGRAM, TRANSPORTATION,
STUDENT FOCUS COMMUNITY IMPROVEMENT PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: BACH FESTIVAL, SEMINARY SUPPORT,
GENERAL SUPPORT, UNIVERSITY FUND, SHENANDOAH VALLEY CHILDREN'S CHOIR, AND
CENTER FOR JUSTICE AND PEACEBUILDING

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN FOR INDOOR ATHLETIC
FACILITY, ANNUAL OPERATING FUND, GLOBAL CITIZENSHIP PROJECT, AND
SCHOLARSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, YOUNG LIVES PROGRAM
FOR TEENAGE MOTHERS, CAMP SCHOLARSHIPS, KIDS IN NEED CAMPAIGN, GOLF
SPONSOR, 5K SPLATTER RUN SPONSOR, BANQUEST GIFT, COLLEGE WORK PROGRAM,
SUPPORT MISSION WORK

(H) PURPOSE OF GRANT OR ASSISTANCE: HOPE FUND FOR CANCER RESEARCH,
GENERAL SUPPORT, WOMEN'S CENTER, COMPASSIONATE FUND, ENDOWED FUNDS, WHITE
ROSE GIVING CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION OF GYMNASIUM AT SACRED
HEART ACADEMY, PRIORITIES OF THE BISHOP, AND BISHOP'S LENTEN APPEAL.

(H) PURPOSE OF GRANT OR ASSISTANCE: LET THE CHILDREN COME CAMPAIGN FOR
NEW ELEMENTARY SCHOOL, VDOE SCHOLARSHIP DISTRIBUTIONS, DAVID & SHIRLEY
YODER ENDOWMENT FUND, DANIEL & ORA BENDER ENDOWMENT FUND, MEMORIAL GIFTS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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

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

Part I 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	66	8,534,016.	AVERAGE HI/LOW PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	2	43,999.	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard 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 didn't 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) 2017

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.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number	54-1920746
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FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF FORM 990 IS PROVIDED TO BOARD MEMBERS THROUGH SECURE
EMAIL OR WEB PORTAL FOR REVIEW & COMMENTS BY THE BOARD OF DIRECTORS PRIOR
TO FILING.

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

THE FOUNDATION MONITORS THE POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. THE
EXECUTIVE DIRECTOR AND CHAIR OF THE BOARD SPEAK WITH APPROPRIATE
INDIVIDUALS AND TAKE NECESSARY ACTION WHEN A CONFLICT SURFACES.

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

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

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

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA
THE ORGANIZATION'S WEBSITE. ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST.

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

INVESTMENT INCOME AGENCY FUNDS	-346,663.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-1,285,858.
GRANTS MADE FROM AGENCY ACCOUNTS	852,988.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

Employer identification number 54-1920746

EASTHAM LLC BOOK TAX TIMING DIFFERENCES 83,858.

TOTAL TO FORM 990, PART XI, LINE 9 -695,675.

Multiple horizontal lines for additional entries.

**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.

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

OMB No. 1545-0047

2017

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, LLC PO BOX 1068 HARRISONBURG, VA 22803	RELIEF WORK	VIRGINIA			SOLE MEMBER/MANAGER
SHOWKER MEMORIAL GARDENS, LLC - 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			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) 2017

THE COMMUNITY FOUNDATION OF HARRISONBURG

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EASTHAM, LLC - 81-7388047 PO BOX 1068 HARRISONBURG, VA 22803	REAL ESTATE HOLDING, LLC	VA		RELATED				X	N/A	X		99.00%

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

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

**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.

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

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
(1) EASTHAM, LLC	A	5,219.	INTEREST RATE ON LOAN DOCUMENTS
(2) EASTHAM, LLC	D	537,360.	RENOVATION COSTS INCURRED
(3) EASTHAM, LLC	K	10,200.	RENTAL AMOUNT PAID
(4) EASTHAM, LLC	L	885.	MANAGEMENT FEES CHARGED
(5) EASTHAM, LLC	L	1,800.	ACCOUNTING FEES CHARGED
(6)			

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2018

Prepared for	The Community Foundation of Harrisonburg & Rockingham County P.O. Box 1068 Harrisonburg, VA 22803
Prepared by	PBMares, LLP 558 South Main Street Harrisonburg, VA 22801
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1068 City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22803	D Employer identification number (Employees' trust, see instructions.) 54-1920746 E Unrelated business activity codes (See instructions.) 531120
---	---------------------	--	---

C Book value of all assets at end of year 47,365,969.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---

H Describe the organization's primary unrelated business activity. ▶ **DEBT FINANCED RENTAL REAL ESTATE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **REVLAN HILL, THE COMMUNITY FOUNDATION** Telephone number ▶ **540-432-3863**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7 6,928.	28,969.	-22,041.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 6,928.	28,969.	-22,041.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-22,041.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-22,041.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-22,041.

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Form 990-T (2017)

54-1920746

Page 2

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
c Income tax on the amount on line 34	35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36
37 Proxy tax. See instructions	37
38 Alternative minimum tax	38
39 Tax on Non-Compliant Facility Income. See instructions	39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40 0.

Part IV Tax and Payments	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a
b Other credits (see instructions)	41b
c General business credit. Attach Form 3800	41c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d
e Total credits. Add lines 41a through 41d	41e
42 Subtract line 41e from line 40	42 0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43
44 Total tax. Add lines 42 and 43	44 0.
45a Payments: A 2016 overpayment credited to 2017	45a
b 2017 estimated tax payments	45b
c Tax deposited with Form 8868	45c
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d
e Backup withholding (see instructions)	45e
f Credit for small employer health insurance premiums (Attach Form 8941)	45f
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g
46 Total payments. Add lines 45a through 45g	46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49 0.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded	50

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ EXECUTIVE DIRECTOR Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	KEVIN HUMPHRIES	KEVIN HUMPHRIES	05/14/19		P00168667
	Firm's name ▶ PBARES, LLP	Firm's address ▶ 558 SOUTH MAIN STREET HARRISONBURG, VA 22801		Firm's EIN ▶	54-0737372
				Phone no.	540 434-5975

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) STATEMENT 1	(b) Other deductions (attach schedule) STATEMENT 2
(1) PASS-THROUGH COMMERCIAL RENTAL			
(2) REAL ESTATE EASTHAM LLC	11,613.	7,669.	40,887.
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 3	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 4	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2) 436,326.	731,325.	59.66%	6,928.
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		6,928.	28,969.
Total dividends-received deductions included in column 8			0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

THE COMMUNITY FOUNDATION OF HARRISONBURG

Form 990-T (2017) & ROCKINGHAM COUNTY

54-1920746

Page 5

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 1

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		7,669.	
- SUBTOTAL -	1		7,669.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			7,669.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER DEDUCTION		40,887.	
- SUBTOTAL -	1		40,887.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			40,887.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		436,326.	
- SUBTOTAL -	1		436,326.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			436,326.

The Community Foundation of Harrisonburg & Rockingham County
990T Schedule E
6/30/2018

EIN: 54-1920746

	Beginning	Ending	Average	99%
Debt	50,001	831,465	440,733	436,326
Adjusted Basis				
Buildings	169,636	1,096,415		
Land	80,365	83,342		
Other	41,504	6,163		
Total	<u>291,505</u>	<u>1,185,920</u>	738,713	731,325

Application for Automatic 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.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number (EIN) or 54-1920746
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1068	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISONBURG, VA 22803	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

REVLAN HILL, THE COMMUNITY FOUNDATION

• The books are in the care of ▶ **P.O. BOX 1068 - HARRISONBURG, VA 22803**
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 6-month extension of time until **MAY 15, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

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

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

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

2017 TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

June 30, 2018

Prepared for	The Community Foundation of Harrisonburg & Rockingham County P.O. Box 1068 Harrisonburg, VA 22803
Prepared by	PBMares, LLP 558 South Main Street Harrisonburg, VA 22801
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the VADOT, please sign, date and return VA-8879C to our office. We will then submit the electronic return to the VADOT. Do not mail the paper copy of the return to the VADOT.
Return must be mailed on or before	Not Applicable
Special Instructions	

**2017 Virginia Corporation
 Income Tax Return**



FISCAL or Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 SHORT Year Filer: Beginning Date JULY 1, 2017; Ending Date JUNE 30, 2018
 Short Year Return Change in Accounting Period

Official Use Only

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

FEIN 54-1920746		Check all that apply:	
Name THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY		<input type="checkbox"/> Initial Filer	<input type="checkbox"/> Name Change
Mailing Address P.O. BOX 1068		<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Physical Address Change
City or Town HARRISONBURG	State VA	ZIP Code 22803	
Physical Address (if different from Mailing Address)		Entity Type Code NP	
Physical City or Town	State	ZIP Code	NAICS 531120
Date Incorporated 01/01/1998	State or Country of Incorporation VIRGINIA	Description of Business Activity DEBT FINANCED RENTAL REAL ESTATE	

<p>Check Applicable Boxes</p> <input type="checkbox"/> Consolidated - Sch. 500AC Enclosed <input type="checkbox"/> Combined - Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation Enter number of affiliates _____	<p>Final Return</p> <input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	<p>Corporate Telecommunications Company</p> Enter amount from Form 500T, Line 7: _____ _____ .00 <p>Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ _____.00 <p>Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ _____.00</p> </p>
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<p>Amended Return</p> Complete Form 500 and Schedule 500ADJ. Enclose an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Enclose copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Enclose explanation.
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Questions and Related Information

A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 **A** _____**.00**
B **RESERVED FOR FUTURE USE.** **B** XXXXXXXXXXXXXXXXXXXXXXXXXXXX

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.
 FEIN _____
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D If Pass-Through Entity Withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D** _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s). Year **E** _____
 Year _____

F Location of corporation's books P.O. BOX 1068, HARRISONBURG, VA 22803 Year _____

Contact for corporation's books **REVLAN HILL, THE COMMUN** Contact phone number **540-432-3863**

**2017 Virginia
Form 500**

Page 2

FEIN
54-1920746



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-22041 .00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	-22041 .00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	-22041 .00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-22041 .00

TAX COMPUTATION

8. **Multistate Corporation** - If business conducted within and without Virginia (Multistate Corporation), enclose Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.

(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)	8(b)	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12. 2017 estimated Virginia income tax payments including overpayment credit from 2016	12.	.00
13. Extension payment	13.	.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16. Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2018 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title EXECUTIVE DIRECTOR
Printed Name of Officer REVLAN HILL		Phone Number 540-432-3863
Print Preparer's Name and Firm Name KEVIN HUMPHRIES PBMARES, LLP		Preparer Phone Number 540 434-5975
Date 05/14/19	Individual or Firm, Signature of Preparer	Address of Preparer 558 SOUTH MAIN STREET HARRISONBURG, VA 22801
Preparer's FEIN, PTIN, or SSN P00168667		Approved Vendor Code 1019

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

Schedule of Federal
Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.
Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return **THE COMMUNITY FOUNDATION OF HARRISONBU** FEIN **54-1920746**

Form 1120 - Deductions and Taxable Income

1. Domestic Production Activities Deduction	1.	_____	.00
2. Federal Taxable Income before NOL and Special Deductions	2.	<u>-22041</u>	.00
3. Net Operating Loss Deduction	3.	_____	.00
4. Special Deductions	4.	<u>1000</u>	.00
5. Federal Taxable Income after NOL and Special Deductions	5.	<u>-22041</u>	.00

Form 1120, Schedule C - Dividends and Special Deductions

6. Subpart F Income	6.	_____	.00
7. Foreign Dividend Gross-Up	7.	_____	.00

Form 1120, Schedule K or M-3

8. Tax Exempt Interest	8.	_____	.00
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Form 5884 - Work Opportunity Credit

9. Salaries and Wages not deducted due to the WOTC	9.	_____	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

10. Special depreciation allowance for qualified property placed in service during the taxable year	10.	_____	.00
11. Property subject to 168(f)(1) election	11.	_____	.00
12. Other depreciation	12.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

13. Total: Deemed Dividends (Exclude Gross-up)	13.	_____	.00
14. Total: Deemed Dividend (Gross-up)	14.	_____	.00
15. Total: Other Dividends (Exclude Gross-up)	15.	_____	.00
16. Total: Other Dividends (Gross-up)	16.	_____	.00
17. Total: Interest	17.	_____	.00
18. Total: Gross Rents, Royalties, and License Fees	18.	_____	.00
19. Total: Gross Income from Performance of Services	19.	_____	.00
20. Total: Other	20.	_____	.00
21. Total: Total Gross Income or Loss from Outside the US	21.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	22.	_____	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	23.	_____	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services	24.	_____	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions	25.	_____	.00
26. Total: Total Definitely Allocable Deductions	26.	_____	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable	27.	_____	.00
28. Total: Net Operating Loss Deduction	28.	_____	.00
29. Total: Total Deductions	29.	_____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

30. Total: Total Income or (Loss) Before Adjustments	30.	_____	.00
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**DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS.
IT MUST BE MAINTAINED IN YOUR FILES!**

Corporation Name	Federal ID Number
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHA	54-1920746

Part I Tax Return Information

1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.	-22,041.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.	-22,041.
3. Income tax (Form 500, Page 2, Line 9)	3.	
4. Total payments and credits (Form 500, Page 2, Line 16)	4.	
5. Total due (Form 500, Page 2, Line 21)	5.	
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2017 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.

Officer's e-File PIN: check one box only

I authorize the ERO named below to enter my e-File PIN 54192 as my signature on the corporation's 2017 electronic Virginia corporation income tax return.
Do not enter all zeros
PBMARES LLP

ERO Firm Name

I will enter my e-File PIN as my signature on the corporation's 2017 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54448112345
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature PBMARES LLP Date 05/14/19

Form VA-8879C (REV 08/17)