

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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		D Employer identification number 54-1920746
	Doing business as		E Telephone number 540-432-3863
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 36,847,189.
	P.O. BOX 1068		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22803		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: REVLAN HILL P.O. BOX 1068, HARRISONBURG, VA 22803			If "No," attach a list. See instructions
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: 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: TCF PROVIDES EXCEPTIONAL DONOR SERVICES, CHARITABLE FUND AND SCHOLARSHIP MANAGEMENT, AND BOLD		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	108
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 5,839,828.	Current Year 14,939,391.
	9 Program service revenue (Part VIII, line 2g)	71,711.	49,255.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,420,076.	6,101,660.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-48,798.	-3,969.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,282,817.	21,086,337.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,814,111.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		347,551.	368,339.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		65,916.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		407,252.	532,915.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,568,914.	6,834,332.
19 Revenue less expenses. Subtract line 18 from line 12	1,713,903.	14,252,005.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 54,691,642.	End of Year 74,205,759.
	21 Total liabilities (Part X, line 26)	8,732,547.	7,874,895.
	22 Net assets or fund balances. Subtract line 21 from line 20	45,959,095.	66,330,864.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	REVLAN HILL, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name JAMES R. FRIES	Preparer's signature JAMES R. FRIES	Date 02/17/22	Check <input type="checkbox"/> if self-employed PTIN P01320612
	Firm's name BROWN, EDWARDS & COMPANY, LLP	Firm's address 1909 FINANCIAL DRIVE HARRISONBURG, VA 22801	Firm's EIN 54-0504608	Phone no. 540-434-6736

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

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Form 990 (2020)

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:
TCF PROVIDES EXCEPTIONAL DONOR SERVICES, CHARITABLE FUND AND
SCHOLARSHIP MANAGEMENT, AND BOLD INITIATIVES TO BENEFIT OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? Yes 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 \$ 4,236,392. including grants of \$ 4,236,392.) (Revenue \$)
GRANTS TO STRENGTHEN OUR COMMUNITY:
WORKING WITH GENEROUS DONORS, THE COMMUNITY FOUNDATION (TCF) GRANTS
CONTINUE TO FLOURISH PROVIDING FINANCIAL SUPPORT TO MOSTLY LOCAL
ORGANIZATIONS. GRANTS TOTAL OVER \$4.2 MILLION AND WERE AWARDED TO ALL
TYPES OF ORGANIZATIONS INCLUDING HUMAN SERVICES, EDUCATIONAL, HEALTH,
ARTS, ANIMAL RELATED, ENVIRONMENTAL, HISTORIC PRESERVATION, RECREATION,
AND FAITH BASED ORGANIZATIONS. TCF ALSO PARTNERS WITH LOCAL NONPROFITS
TO RECEIPT, ACCOUNT FOR AND INVEST FUNDS FOR NONPROFIT ORGANIZATIONS
WHO WISH TO FOCUS THEIR RESOURCES ON MISSION-RELATED SERVICES. BY
OFFERING THIS SERVICE, TCF IMPROVES THE CAPACITY OF LOCAL NONPROFIT
SERVICE PROVIDERS WORKING HARD EVERY DAY TO MAKE OUR COMMUNITY A BETTER
PLACE TO LIVE.

4b (Code:) (Expenses \$ 1,696,686. including grants of \$ 1,696,686.) (Revenue \$)
EDUCATION PROGRAM SERVICE AREA:
THE COMMUNITY FOUNDATION (TCF) ADMINISTERS SCHOLARSHIPS PROGRAMS AND
GRANTS FUNDING TO EDUCATIONAL ENDEAVORS OF NONPROFIT ORGANIZATIONS OF
MORE THAN \$1.6 MILLION FOR PROGRAMS AT PUBLIC AND PRIVATE SCHOOLS,
INSTITUTIONS OF HIGHER EDUCATION, LIBRARIES, CHILDREN'S MUSEUMS, AND
LITERARY ORGANIZATIONS. TCF IS ALSO AN APPROVED VIRGINIA SCHOLARSHIP
FOUNDATION AND DISTRIBUTED OVER \$435,000 TO LOCAL PRIVATE SCHOOLS
THROUGH THE STATE'S TAX CREDIT PROGRAM.

4c (Code:) (Expenses \$ 288,559. including grants of \$) (Revenue \$ 90,711.)
ADMINISTRATIVE SUPPORT & EDUCATION FOR LOCAL NONPROFIT AND CHARITABLE
FUNDRAISING INITIATIVES:
THE COMMUNITY FOUNDATION PARTNERS WITH LOCAL NONPROFITS TO RECEIPT AND
ACKNOWLEDGE, AND INVEST FUNDS FOR NONPROFITS WITH LIMITED RESOURCES
WITHIN THE ORGANIZATION WHO WISH TO FOCUS THEIR RESOURCES ON
MISSION-RELATED SERVICES. BY MANAGING AND DISTRIBUTING FUNDS TO LOCAL
NONPROFIT FUND HOLDERS IN CONNECTION WITH CAPITAL CAMPAIGNS, RAINY DAY
FUNDS, OR ENDOWMENT DISTRIBUTIONS, TCF IMPROVES THE CAPACITY OF LOCAL
NONPROFIT SERVICE PROVIDERS WORKING HARD EVERY DAY.

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

4e Total program service expenses ▶ 6,221,637.

Form 990 (2020)

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

Form 990 (2020)

54-1920746 Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	

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

Form 990 (2020)

54-1920746 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

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	1a	9
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

Form 990 (2020)

54-1920746 Page 5

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

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

Form 990 (2020)

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

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 on 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 on Schedule O.	16	
b	Enter the number of voting members included on line 1a, above, who are independent	16	
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, 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 on 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 **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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
PO BOX 1068, HARRISONBURG, VA 22803

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

Form 990 (2020)

54-1920746

Page 7

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE HULVEY CHAIR	2.00	X		X				0.	0.	0.
(2) DONNA HARPER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ELLEN H. BRODERSEN TREASURER	1.00			X				0.	0.	0.
(4) TRISH DAVIDSON SECRETARY	1.00	X		X				0.	0.	0.
(5) JOSEPH PAXTON PAST CHAIR	1.00	X		X				0.	0.	0.
(6) KEVIN FLINT INVESTMENT CHAIR	1.00	X		X				0.	0.	0.
(7) CYNTHIA PRIETO GRANTS AND SCHOLARSHIP CHAIR	1.00	X		X				0.	0.	0.
(8) LINDSAY BRUBAKER DIRECTOR	1.00	X						0.	0.	0.
(9) ERIC CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(10) JASON FINK DIRECTOR	1.00	X						0.	0.	0.
(11) KAY HARRISON DIRECTOR	1.00	X						0.	0.	0.
(12) KRISTIAN HORNEBER DIRECTOR	1.00	X						0.	0.	0.
(13) GANNON IRONS DIRECTOR	1.00	X						0.	0.	0.
(14) CHARLES MARTORANA DIRECTOR	1.00	X						0.	0.	0.
(15) MATTHEW SUNDERLIN DIRECTOR	1.00	X						0.	0.	0.
(16) LAURA TONI-HOLSINGER DIRECTOR	1.00	X						0.	0.	0.
(17) PAUL WHATLEY DIRECTOR	1.00	X						0.	0.	0.

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

Form 990 (2020)

54-1920746 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REVLAN S. HILL EXECUTIVE DIRECTOR	40.00			X				111,300.	0.	6,939.
1b Subtotal								111,300.	0.	6,939.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								111,300.	0.	6,939.

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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 AVENUE, HARRISONBURG, VA 22801	INVESTMENT MANAGEMENT	215,648.

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
& ROCKINGHAM COUNTY

Form 990 (2020)

54-1920746 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	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	14,939,391.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,664,272.				
	h Total. Add lines 1a-1f			14,939,391.			
Program Service Revenue	2 a ADMINISTRATIVE & MANAGEMENT FEES	Business Code					
		561000	49,255.	49,255.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			49,255.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,394,714.			1,394,714.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	41,456.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	41,456.				
	d Net rental income or (loss)			41,456.	41,456.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	20,467,798.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	15,760,852.				
	c Gain or (loss)	7c	4,706,946.				
	d Net gain or (loss)			4,706,946.		4,706,946.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHANGE IN VALUE OF CHARITABLE REM	Business Code	900099	10,777.		10,777.	
	b CHANGE IN PRESENT VALUE DISCOUNT		900099	-56,202.		-56,202.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-45,425.			
12 Total revenue. See instructions			21,086,337.	90,711.	0.	6,056,235.	

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

Form 990 (2020)

54-1920746 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,933,078.	5,933,078.		
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	126,754.	38,026.	44,364.	44,364.
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	208,259.	137,193.	67,903.	3,163.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,210.	4,155.	1,943.	112.
9 Other employee benefits	11,183.	7,483.	3,499.	201.
10 Payroll taxes	15,933.	10,661.	4,985.	287.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	49,563.	828.	48,531.	204.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	270,413.		270,413.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	76,013.	14,355.	58,113.	3,545.
12 Advertising and promotion	4,950.			4,950.
13 Office expenses	14,185.	5,330.	7,539.	1,316.
14 Information technology	9,104.	4,032.	4,077.	995.
15 Royalties				
16 Occupancy	38,803.	33,469.	3,826.	1,508.
17 Travel	79.		79.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,567.	1,371.	858.	338.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,039.	17,102.	10,714.	4,223.
23 Insurance	17,105.		17,105.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GREAT COMMUNITY GIVE	10,176.	10,176.		
b DUES AND MEMBERSHIPS	5,387.	2,876.	1,801.	710.
c OTHER	2,531.	1,502.	1,029.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,834,332.	6,221,637.	546,779.	65,916.
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
& ROCKINGHAM COUNTY**

Form 990 (2020)

54-1920746 Page **11**

Part X Balance Sheet

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

		(A)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	3,772,795.	1		1,217,598.	
	2 Savings and temporary cash investments	2,590,436.	2		1,785,163.	
	3 Pledges and grants receivable, net	136,963.	3		5,733,852.	
	4 Accounts receivable, net	1,000.	4		6,288.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7 Notes and loans receivable, net	271,784.	7		245,178.	
	8 Inventories for sale or use			8		
	9 Prepaid expenses and deferred charges	21,194.	9		25,967.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,122,120.	10a			
	b Less: accumulated depreciation	131,947.	10b			
	11 Investments - publicly traded securities	1,019,783.	10c		990,173.	
	12 Investments - other securities. See Part IV, line 11		11		61,913,006.	
	13 Investments - program-related. See Part IV, line 11		12			
	14 Intangible assets	7,867.	13			
	15 Other assets. See Part IV, line 11	870,398.	14		5,438.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,691,642.	15		2,283,096.		
		16		74,205,759.		
Liabilities	17 Accounts payable and accrued expenses	37,179.	17		29,004.	
	18 Grants payable		18		18,927.	
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,695,368.	25		7,826,964.	
	26 Total liabilities. Add lines 17 through 25	8,732,547.	26		7,874,895.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	45,331,063.	27		60,069,080.	
	28 Net assets with donor restrictions	628,032.	28		6,261,784.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	45,959,095.	32		66,330,864.	
	33 Total liabilities and net assets/fund balances	54,691,642.	33		74,205,759.	

Form **990** (2020)

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

Form 990 (2020)

54-1920746 Page **12**

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	21,086,337.
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,834,332.
3 Revenue less expenses. Subtract line 2 from line 1	3	14,252,005.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,959,095.
5 Net unrealized gains (losses) on investments	5	7,331,478.
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 on Schedule O)	9	-1,211,714.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,330,864.

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 on 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 on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2020)

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

2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5881784.	15922031.	9978239.	5839828.	14939391.	52561273.
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	5881784.	15922031.	9978239.	5839828.	14939391.	52561273.
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)						21523304.
6 Public support. Subtract line 5 from line 4.						31037969.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5881784.	15922031.	9978239.	5839828.	14939391.	52561273.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	784,842.	862,589.	1686232.	1383936.	1436170.	6153769.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						58715042.
12 Gross receipts from related activities, etc. (see instructions)					12	344,752.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	52.86 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	54.25 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

THE COMMUNITY FOUNDATION OF HARRISONBURG

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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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 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

2020

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

[X] 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

[X] 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

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	<hr/> <hr/> <hr/>	\$ <u>4,916,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>715,471.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,606,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>329,753.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>370,443.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>410,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7		\$ 572,556.	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.)
		\$ _____	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
---	---

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
1	STOCK AND REAL ESTATE _____ _____ _____	\$ <u>4,576,053.</u>	<u>06/30/21</u>
3	REAL ESTATE AND EQUIPMENT _____ _____ _____	\$ <u>1,301,224.</u>	<u>06/16/21</u>
4	STOCK _____ _____ _____	\$ <u>319,634.</u>	<u>05/12/21</u>
5	STOCK _____ _____ _____	\$ <u>370,443.</u>	<u>01/07/21</u>
6	REAL ESTATE _____ _____ _____	\$ <u>390,000.</u>	<u>07/01/20</u>
	_____ _____ _____	\$ _____	_____

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

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

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (108), aggregate value of contributions (8,350,498), aggregate value of grants (2,395,533), aggregate value at end of year (29,420,194), and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-d). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make significant use of its collection items (check all that apply):
- | | |
|---|--|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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	27,128,114.	26,507,841.	22,618,051.	13,275,407.	11,059,554.
b Contributions	1,939,332.	494,450.	3,226,074.	8,997,277.	1,693,576.
c Net investment earnings, gains, and losses	7,265,025.	1,030,050.	1,444,613.	999,136.	1,154,659.
d Grants or scholarships	621,554.	598,661.	518,268.	465,360.	466,543.
e Other expenditures for facilities and programs					
f Administrative expenses	319,994.	305,566.	262,629.	188,409.	165,839.
g End of year balance	35,390,923.	27,128,114.	26,507,841.	22,618,051.	13,275,407.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		83,342.		83,342.
b Buildings		877,162.	86,651.	790,511.
c Leasehold improvements		19,522.	4,880.	14,642.
d Equipment		119,991.	18,313.	101,678.
e Other		22,103.	22,103.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				990,173.

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

Schedule D (Form 990) 2020

54-1920746 Page **3**

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	7,517,846.
(3) LIABILITIES UNDER SPLIT-INTEREST	
(4) AGREEMENTS	309,118.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,826,964.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2020

**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	26,623,102.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	7,331,478.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	41,043.	
e Add lines 2a through 2d	2e		7,372,521.
3 Subtract line 2e from line 1		3	19,250,581.
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	270,413.	
b Other (Describe in Part XIII.)	4b	1,565,343.	
c Add lines 4a and 4b	4c		1,835,756.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	21,086,337.

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	6,251,333.
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	41,043.	
e Add lines 2a through 2d	2e		41,043.
3 Subtract line 2e from line 1		3	6,210,290.
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	270,413.	
b Other (Describe in Part XIII.)	4b	353,629.	
c Add lines 4a and 4b	4c		624,042.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,834,332.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

GRANTS RETURNED NETTED AGAINST INCOME	41,043.
---------------------------------------	---------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY INVESTMENT INCOME	1,486,609.
--------------------------	------------

AGENCY CONTRIBUTIONS	78,734.
----------------------	---------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,565,343.
---------------------------------------	------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GRANTS RETURNED NETTED AGAINST INCOME	41,043.
---------------------------------------	---------

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY GRANTS	304,509.
AGENCY ADMIN EXPENSES	49,120.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	353,629.

**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

2020

**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
NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR, STE 500 ALPHARETTA, GA 30009-8678	58-1493949	501(C)(3)	351,277.	0.			GOODLOE-ZWANZIGER FUND #3374232
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	281,994.	0.			EISTCP SCHOLARSHIPS AND GENERAL SUPPORT
WORLD RESOURCES GROUP, INC. 456 MYERS AVENUE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	276,800.	0.			GENERAL MINISTRIES ACCOUNT AND SPONSORSHIP ACCOUNT
HARRISONBURG-ROCKINGHAM FREE CLINIC - 25 W. WATER STREET - HARRISONBURG, VA 22801	54-1568909	501(C)(3)	237,613.	0.			GENERAL SUPPORT
EXPLORE MORE DISCOVERY MUSEUM PO BOX 957 HARRISONBURG, VA 22803	16-1683676	501(C)(3)	159,152.	0.			GENERAL SUPPORT
HORIZONS LEARNING FOUNDATION 314 CORNERSTONE LA HARRISONBURG, VA 22802	26-2018199	501(C)(3)	138,810.	0.			CHILDCARE PROGRAM AND SCHOLARSHIPS

- 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) 2020

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

Schedule I (Form 990)

54-1920746

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOYS & GIRLS CLUBS OF HARRISONBURG & ROCKINGHAM COUNTY - PO BOX 1223 - HARRISONBURG, VA 22803	54-1652418	501(C)(3)	135,095.	0.			VARIOUS CLUBS AND GENERAL SUPPORT
PEOPLE HELPING PEOPLE 281 E. MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	134,601.	0.			UTILITY ASSISTANCE AND GENERAL SUPPORT
FORT HARRISON, INC P O BOX 366 DAYTON, VA 22821	51-0228256	501(C)(3)	130,519.	0.			GENERAL SUPPORT
JMU FOUNDATION 1031 HARRISON STREET HARRISONBURG, VA 22807	23-7156305	501(C)(3)	124,193.	0.			JMU FOUNDATION AND VARIOUS PROJECTS
YOUNG LIFE - HARRISONBURG-ROCKINGHAM COUNTY - P O BOX 1433 - HARRISONBURG, VA 22803-1433	84-0385934	501(C)(3)	103,815.	0.			GENERAL SUPPORT
REDEEMER CLASSICAL SCHOOL PO BOX 737 HARRISONBURG, VA 22803	74-3071696	501(C)(3)	100,493.	0.			EISTCP SCHOLARSHIPS AND GENERAL SUPPORT
YES - YOUR ECONOMIC SUCCESS 4712 CROMER ROAD ROCKINGHAM, VA 22802-1037	54-1168566	501(C)(3)	87,422.	0.			OPERATIONAL SUPPORT
RMH FOUNDATION 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	54-0506331	501(C)(3)	82,611.	0.			CANCER CENTER RENOVATION AND HOPE FUND AND GENERAL SUPPORT
SALVATION ARMY - HARRISONBURG P O BOX 468 HARRISONBURG, VA 22803-0468	13-5562351	501(C)(3)	79,417.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602-2430	54-0505874	501(C)(3)	75,000.	0.			OPERATING FUND
BIG BROTHERS BIG SISTERS OF HARRISONBURG-ROCKINGHAM COUNTY - 225 N HIGH STREET SUITE1 - HARRISONBURG, VA 22802-3826	51-0209104	501(C)(3)	73,310.	0.			OPERATING EXPENSES
BLUE RIDGE AREA FOOD BANK P O BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	72,132.	0.			GENERAL SUPPORT
BLUE RIDGE CHRISTIAN SCHOOL P O BOX 207 BRIDGEWATER, VA 22812-0207	54-1543463	501(C)(3)	69,850.	0.			EISTCP SCHOLARSHIPS AND GENERAL SUPPORT
JAMES MADISON UNIVERSITY - BUS OFFICE - 738 SOUTH MASON ST - HARRISONBURG, VA 22807	54-6001756	501(C)(3)	68,500.	0.			SUPPORT OF INDIVIDUAL STUDENTS
ELKTON AREA UNITED SERVICES P O BOX 383 ELKTON, VA 22827	54-1020432	501(C)(3)	66,000.	0.			UTILITY ASSISTANCE, FOOD, CHRISTMAS CHEER PROGRAM & GENERAL SUPPORT
UNITED WAY OF HARRISONBURG ROCKINGHAM - P O BOX 326 - HARRISONBURG, VA 22803-0326	54-0632716	501(C)(3)	60,300.	0.			GENERAL SUPPORT
HIGHLAND COUNTY VOLUNTEER RESCUE SQUAD - P O BOX 268 - MONTEREY, VA 24465	54-1253800	501(C)(3)	60,000.	0.			AMBULANCE 604 REPLACEMENT
CITY OF HARRISONBURG 409 S. MAIN ST HARRISONBURG, VA 22801	54-6001343	501(C)(3)	57,888.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
CORNERSTONE CHRISTIAN SCHOOL 197 CORNERSTONE LANE HARRISONBURG, VA 22802	38-3821029	501(C)(3)	54,625.	0.			EISTCP S1 SCHOLARSHIPS AND GENERAL SUPPORT
BLUE RIDGE FREE CLINIC 831 MARTIN LUTHER KING JR. WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	50,614.	0.			GENERAL SUPPORT
WINCHESTER AREA TEMPORARY THERMAL SHELTER - PO BOX 2936 - WINCHESTER, VA 22604	27-1325266	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN FOR A PERMANENT FACILITY.
VIRGINIA TECH UNIVERSITY BURSAR'S OFFICE - 800 WASHINGTON STREET SW SUITE 200 - BLACKSBURG, VA 24061	54-0721690	501(C)(3)	49,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-0519596	501(C)(3)	48,625.	0.			STAINED GLASS WINDOWS AND GENERAL SUPPORT
HOPE DISTRIBUTED COMMUNITY DEVELOPMENT CORPORATION - 1869 BOYERS RD - ROCKINGHAM, VA 22801	61-1542114	501(C)(3)	47,000.	0.			HOPE ON WHEELS INITIATIVE AND GENERAL SUPPORT
OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	46,861.	0.			HOMELESS TO HOUSING AND GENERAL SUPPORT
SECOND HOME LEARNING CENTER 281 EAST MARKET STREET HARRISONBURG, VA 22801	36-3514274	501(C)(3)	43,000.	0.			CHILDCARE PROGRAM AND GENERAL SUPPORT
ROBERTA WEBB CHILD CENTER 400 KELLEY STREET HARRISONBURG, VA 22802	54-1700223	501(C)(3)	42,000.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
PLAINS AREA DAYCARE CENTER PO BOX 523 BROADWAY, VA 22815	23-7428284	501(C)(3)	41,768.	0.			GENERAL SUPPORT
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET, BOX 33 BRIDGEWATER, VA 22812-1599	54-0506306	501(C)(3)	41,367.	0.			GENERAL SUPPORT
DAYTON CHURCH OF THE BRETHREN ATTN: TREASURER PO BOX 236 DAYTON, VA 22821	54-1098380	501(C)(3)	40,504.	0.			GENERAL SUPPORT
WAY TO GO, INC P.O. BOX 946 HARRISONBURG, VA 22803	61-1487268	501(C)(3)	40,314.	0.			ASSISTANCE FOR CLIENTS WITH MINOR CHILDREN AND TRANSPORT AND GENERAL SUPPORT
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE - P.O. BOX 2734 - HARRISONBURG, VA 22801	45-5560300	501(C)(3)	37,984.	0.			GENERAL SUPPORT
MUSEUM OF THE SHENANDOAH VALLEY 901 AMHERST ST WINCHESTER, VA 22601	54-1857973	501(C)(3)	35,000.	0.			TRAILS PROJECT AND 2021 OPERATING FUND
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, SUITE 101 HARRISONBURG, VA 22801	54-1270644	501(C)(3)	34,450.	0.			GENERAL FUND AND BUILDING FUND
PARK VIEW MENNONITE CHURCH 1600 COLLEGE AVENUE HARRISONBURG, VA 22802	54-1209535	501(C)(3)	33,500.	0.			FRESH AIR FUND AND GENERAL SUPPORT
MERCY HOUSE P O BOX 1478 HARRISONBURG, VA 22803-1478	54-1476187	501(C)(3)	30,582.	0.			SAFE PROGRAM AND HOUSING AND GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
BRCC EDUCATIONAL FOUNDATION P O BOX 80 WEYERS CAVE, VA 24486-0080	54-1328809	501(C)(3)	30,500.	0.			GENERAL SUPPORT
BRIDGEWATER HEALTHCARE FOUNDATION, INC. - 302 NORTH SECOND STREET - BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	30,250.	0.			GENERAL SUPPORT
CHRISTENDOM EDUCATIONAL CORPORATION - 134 CHRISTENDOM DR - FRONT ROYAL, VA 22630	54-1031437	501(C)(3)	30,000.	0.			GIFT TO THE CONSTRUCTION OF CHRIST THE KING CHAPEL
WAKE FOREST UNIVERSITY OFFICE OF STUDENT FINANCIAL AID PO BOX 7246 - WINSTON-SALEM, NC 27109-7246	56-0532138	501(C)(3)	30,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS AND OPERATING FUND
FIRST CHURCH OF THE BRETHREN, HARRISONBURG - 315 SOUTH DOGWOOD DRIVE - HARRISONBURG, VA 22801	54-6054984	501(C)(3)	29,836.	0.			GENERAL SUPPORT
MASSANUTTEN REGIONAL LIBRARY 174 S. MAIN STREET HARRISONBURG, VA 22801	54-0548703	501(C)(3)	29,433.	0.			GENERAL SUPPORT
MASSANETTA SPRINGS CONFERENCE CENTER - 712 MASSANETTA SPRINGS ROAD - HARRISONBURG, VA 22801	54-0505926	501(C)(3)	28,870.	0.			SHELTERING REFUGEE FAMILIES AND EDUCAMP SCHOLARSHIPS
GENERATIONS CROSSING 3765 TAYLOR SPRING LANE HARRISONBURG, VA 22801	54-2061192	501(C)(3)	27,750.	0.			CHILD CARE ASSISTANCE AND GENERAL SUPPORT
ROCKINGHAM EDUCATIONAL FOUNDATION, INC. - 100 MOUNT CLINTON PIKE - HARRISONBURG, VA 22802-2507	54-1735837	501(C)(3)	27,750.	0.			YES CARD PROGRAM AND GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
LCC INTERNATIONAL FUND, INC P.O. BOX 101787 PASADENA, CA 91189-1787	23-3015092	501(C)(3)	27,500.	0.			UNRESTRICTED ANNUAL FUND
NEWBRIDGES IMMIGRANT RESOURCE CENTER - 64 W WATER STREET - HARRISONBURG, VA 22801-3625	45-5532648	501(C)(3)	27,115.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES OF HB-VALLEY - 1866 C EAST MARKET ST, #323 - HARRISONBURG, VA 22801	44-0610626	501(C)(3)	26,500.	0.			GENERAL SUPPORT
OTTERBEIN UNITED METHODIST CHURCH 176 W. MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	25,152.	0.			GENERAL SUPPORT
BLUE GRASS RESOURCE CENTER PO BOX 113 BLUE GRASS, VA 24413	54-1947102	501(C)(3)	25,000.	0.			HIGHLAND INN RENOVATION
INDUSTRIAL AND COMMERCIAL MINISTRIES - 57 S MAIN STREET, SUITE 512 - HARRISONBURG, VA 22801-3703	54-0995038	501(C)(3)	24,768.	0.			GENERAL SUPPORT
HIGHLAND COUNTY FAIR ASSOCIATION P O BOX 366 MONTEREY, VA 24465	54-0887209	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
VMRC FOUNDATION 1491 VIRGINIA AVENUE HARRISONBURG, VA 22802	51-0249313	501(C)(3)	23,897.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE P O BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	23,750.	0.			HURRICANE LAURA AND GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
ARTS COUNCIL OF THE VALLEY 311 S. MAIN STREET HARRISONBURG, VA 22801	54-2025348	501(C)(3)	23,572.	0.			GENERAL SUPPORT
CENTRAL VALLEY HABITAT FOR HUMANITY - P O BOX 245 - BRIDGEWATER, VA 22812-0245	54-1441871	501(C)(3)	22,966.	0.			MORTGAGE DELINQUENCIES FOR CVHH FAMILIES AND GENERAL SUPPORT
CHURCH OF THE INCARNATION 57 S. MAIN STREET, SUITE 609 HARRISONBURG, VA 22801	27-3453966	501(C)(3)	22,000.	0.			GENERAL FUND
FIRST STEP 129 FRANKLIN STREET HARRISONBURG, VA 22801	51-0243177	501(C)(3)	21,965.	0.			GENERAL SUPPORT
VIRGINIA MENNONITE MISSIONS 601 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-0793291	501(C)(3)	21,800.	0.			GENERAL SUPPORT AND INDIVIDUAL MISSIONARY SUPPORT
THE ARC 620 SIMMS AVENUE HARRISONBURG, VA 22802	54-0995095	501(C)(3)	21,256.	0.			GENERAL SUPPORT
OPEN DOORS P.O. BOX 1804 HARRISONBURG, VA 22803	11-3835381	501(C)(3)	21,000.	0.			FOOD PREPARATIONM AND GENERAL SUPPORT
SACRED HEART OF JESUS CATHOLIC CHURCH - 130 KEATING DRIVE - WINCHESTER, VA 22601	54-0547102	501(C)(3)	21,000.	0.			OPERATING FUND AND BUILDING FUND
HIGHLAND RETREAT 14783 UPPER HIGHLAND DRIVE BERGTON, VA 22811	54-0808741	501(C)(3)	20,864.	0.			CHILDREN'S SUMMER PROGRAM AND GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
BLESSED SACRAMENT CATHOLIC CHURCH 154 NORTH MAIN STREET HARRISONBURG, VA 22802	54-0897260	501(C)(3)	20,560.	0.			GENERAL SUPPORT
SERGE 101 WEST AVE, SUITE 305 JENKINTOWN, PA 19046-2039	23-2223692	501(C)(3)	20,500.	0.			CHAPEL ROOF AND SUPPORT OF INDIVIDUALS
HIGHLAND CHILDREN'S HOUSE 61 HIGHLAND CENTER DR PO BOX 527 MONTEREY, VA 24465-0527	83-3645078	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
THE HIGHLAND CENTER P O BOX 566 MONTEREY, VA 24465	54-1882137	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	19,550.	0.			RAIL CORRIDOR BIKE AND PEDESTRIAN TRAIL AND GENERAL SUPPORT
MT. HOREB PRESBYTERIAN CHURCH 4517 ROCKFISH RD GROTTOES, VA 24441	54-0576303	501(C)(3)	19,034.	0.			GENERAL SUPPORT
GREENMOUNT CHURCH OF THE BRETHREN 4881 GREENMOUNT ROAD ROCKINGHAM, VA 22802	54-1120020	501(C)(3)	18,220.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 17 NORTH COURT SQUARE HARRISONBURG, VA 22802	54-0576303	501(C)(3)	17,500.	0.			COURTYARD AND RESTROOM RENOVATIONS AND GENERAL SUPPORT
HARRISONBURG ROTARY CLUB FOUNDATION - P O BOX 683 - HARRISONBURG, VA 22803	54-1651493	501(C)(3)	17,250.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
BETHANY UNITED METHODIST CHURCH 3700 LEE HIGHWAY WEYERS CAVE, VA 24486	54-1244180	501(C)(3)	16,000.	0.			GENERAL SUPPORT
BRIDGE OF HOPE HARRISONBURG-ROCKINGHAM - P O BOX 535 - HARRISONBURG, VA 22803-0535	81-0555073	501(C)(3)	16,000.	0.			GENERAL SUPPORT
MCDOWELL VOLUNTEER FIRE DEPARTMENT 102 BULLPASTURE RIVER ROAD MCDOWELL, VA 24458	54-1100488	501(C)(3)	16,000.	0.			TANKER PURCHASE
ROCKINGHAM COUNTY ADMINISTRATIVE OFFICES - PO BOX 1252 - HARRISONBURG, VA 22803	54-6001582	501(C)(3)	16,000.	0.			REIMBURSEMENT OF CARES ACT FUNDS
WMRA PUBLIC RADIO 983 RESERVOIR STREET HARRISONBURG, VA 22801	54-6001756	501(C)(3)	15,800.	0.			GENERAL SUPPORT
BLUE RIDGE COMMUNITY COLLEGE-FINANCIAL AID OFFICE - HOUFF STUDENT CENTER BOX 80 - WEYERS CAVE, VA 24486	54-1328809	501(C)(3)	15,500.	0.			SUPPORT OF INDIVIDUAL STUDENTS
BLUE RIDGE LEGAL SERVICES P O BOX 551 HARRISONBURG, VA 22803-0551	54-1048944	501(C)(3)	15,437.	0.			ASSISTANCE FOR HOUSEHOLDS WITH CHILDREN FACING EVICTION AND GENERAL SUPPORT
NORTHEAST NEIGHBORHOOD ASSOCIATION P O BOX 1026 HARRISONBURG, VA 22803	80-0337045	501(C)(3)	15,378.	0.			GENERAL SUPPORT
CORA DANCE 358 VAN BRUNT ST BROOKLYN, NY 11231	11-3639921	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
DOGTOWN DANCE THEATRE 109 W. 15TH STREET RICHMOND, VA 23224	26-0297985	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MENNONITE WORLD CONFERENCE PO BOX 5364 LANCASTER, PA 17606		501(C)(3)	15,000.	0.			GENERAL SUPPORT
MONTEREY PRESBYTERIAN CHURCH PO BOX 306 MONTEREY, VA 24465	54-1125879	501(C)(3)	15,000.	0.			MONTEREY PRESBYTERIAN PAVILION - EXPANDING COMMUNITY OUTREACH
MOSAIC OF GRACE CHURCH PO BOX 202 WEYERS CAVE, VA 24486	84-3642049	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNIVERSITY OF VIRGINIA FINANCIAL AID - P O BOX 400204 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	15,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS
EASTERN MENNONITE UNIVERSITY 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	14,317.	0.			GENERAL SUPPORT
ROCKTOWN HISTORY HRHS P O BOX 716 DAYTON, VA 22821	54-1017712	501(C)(3)	14,251.	0.			GENERAL SUPPORT
SHOWKER MEMORIAL GARDENS OPERATING ORG - P O BOX 1068 - HARRISONBURG, VA 22803	20-0726547	501(C)(3)	14,074.	0.			GENERAL SUPPORT
HARRISONBURG-ROCKINGHAM CHAMBER OF COMMERCE - 800 COUNTRY CLUB ROAD - HARRISONBURG, VA 22802	54-0241485	501(C)(6)	13,999.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
THE COLLINS CENTER 217 S. LIBERTY STREET, SUITE 205 HARRISONBURG, VA 22803-1473	54-1478133	501(C)(3)	13,900.	0.			GENERAL SUPPORT
COMIT SALVADORE TO PAISANOS UNIDOS (COSPU) - 110 OLD SOUTH HIGH ST - HARRISONBURG, VA 22801-3642	81-2520939	501(C)(3)	13,500.	0.			\$10,000 - SUPPORT FOR IMMIGRANT FAMILIES & \$1,500 - GRANT MGT
BLUE RIDGE CASA FOR CHILDREN 119 WEST FREDERICK ST STAUNTON, VA 24401	54-1721227	501(C)(3)	13,100.	0.			PROGRAM BENEFITS MGR AND WIRELESS ACCESS POINT AND GENERAL SUPPORT
BOLAR VOLUNTEER FIRE DEPARTMENT 21271 SAM SNEAD WARM SPRINGS, VA 24484	52-1330416	501(C)(3)	13,000.	0.			FIRE & EMS UTV AND CARGO TRAILER
THE COMMUNITY FOUNDATION FOR A GREATER RICHMOND - PO BOX 76495 - BALTIMORE, MD 21275-6495	23-7009135	501(C)(3)	13,000.	0.			GENERAL SUPPORT
RISE UNITED METHODIST FAITH COMMUNITY - 217 S LIBERTY ST, STE 203 - HARRISONBURG, VA 22801	30-0624442	501(C)(3)	12,800.	0.			COLLEGE MINISTRY PROGRAM
AVA CARE 833 MARTIN LUTHER KING, JR. WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	12,700.	0.			GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 100 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0585201	501(C)(3)	12,500.	0.			MAGRUDER HOUSE AND CAMPUS MINISTRY AND PRESCHOOL SCHOLARSHIPS
HARRISONBURG RESCUE SQUAD DONATIONS PO BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(3)	12,000.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
LEAST OF THESE MINISTRY 602 MARSHALL AVE SW ROANOKE, VA 24016	37-1862323	501(C)(3)	12,000.	0.			GENERAL SUPPORT
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P O BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	41-2097394	501(C)(3)	12,000.	0.			RESEARCH AND GENERAL SUPPORT
VALLEY PROGRAM FOR AGING SERVICES 975 SOUTH HIGH STREET HARRISONBURG, VA 22801	54-0958526	501(C)(3)	12,000.	0.			GENERAL SUPPORT
NEW CREATION VA 3051 S MAIN STREET HARRISONBURG, VA 22801	84-1862249	501(C)(3)	11,750.	0.			GENERAL SUPPORT
WINGFIELD MINISTRIES 4153 QUARLES CT HARRISONBURG, VA 22801	54-1437764	501(C)(3)	11,650.	0.			LODESTAR AND GENERAL SUPPORT
STRENGTH IN PEERS 917 N MAIN ST SUITE 1 HARRISONBURG, VA 22802	81-1604006	501(C)(3)	11,500.	0.			HOUSEHOLDS WITH MINOR CHILDREN ASSISTANCE AND UTILITY ASSISTANCE
ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	10,814.	0.			GENERAL OPERATING SUPPORT
SADIE ROSE FOUNDATION P O BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	10,750.	0.			GENERAL SUPPORT
GRACE & TRUTH REFORMED PRESBYTERIAN CHURCH - PO BOX 2713 - HARRISONBURG, VA 22801	81-3424833	501(C)(3)	10,538.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
EAST GATE MINISTRIES P O BOX 1934 HARRISONBURG, VA 22801	38-3642956	501(C)(3)	10,500.	0.			GENERAL SUPPORT
SUNSET DRIVE UNITED METHODIST CHURCH - P O BOX 381 - BROADWAY, VA 22815	45-1143998	501(C)(3)	10,200.	0.			GENERAL SUPPORT
CCAP INC PO BOX 2112 WINCHESTER, VA 22604	23-7433688	501(C)(3)	10,000.	0.			GIFT TO 2021 OPERATING FUND.
LINDALE MENNONITE CHURCH PO BOX 1082 HARRISONBURG, VA 22803	54-0965630	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PACE CENTER FOR GIRLS 6745 PHILIPS INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32256-3033	59-2414492	501(C)(3)	10,000.	0.			FOR FORT LAUDERDALE PACE CENTER FOR GIRLS ... FOR NEEDS CAUSED BY THE PANDEMIC.
PORT REPUBLIC UNITED METHODIST CHURCH - P O BOX 116 - PORT REPUBLIC, VA 24471	36-2167731	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KERUS GLOBAL EDUCATION 245 NEWMAN AVE, SUITE B HARRISONBURG, VA 22801	84-1123082	501(C)(3)	9,960.	0.			FOOD NEEDS IN SOUTH AFRICA AND GENERAL SUPPORT
ROCKINGHAM-HARRISONBURG SPCA 2170 OLD FURNACE ROAD PO BOX 413 HARRISONBURG, VA 22803-0413	54-0935739	501(C)(3)	9,590.	0.			GENERAL SUPPORT
HARRISONBURG-ROCKINGHAM CHILD DAY CARE CENTER - P O BOX 344 - HARRISONBURG, VA 22803	23-7073271	501(C)(3)	9,429.	0.			RENT & GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
WEST SIDE BAPTIST CHURCH 715 W WOLFE STREET HARRISONBURG, VA 22802	54-0953093	501(C)(3)	9,000.	0.			BENEVOLENCE MINISTRY
EASTERN MENNONITE UNIVERSITY FINANCIAL AID - 1200 PARK ROAD - HARRISONBURG, VA 22802	54-0575812	501(C)(3)	8,927.	0.			SUPPORT OF INDIVIDUAL STUDENTS
HARRISONBURG POLICE FOUNDATION P.O. BOX 992 HARRISONBURG, VA 22803	27-2495254	501(C)(3)	8,500.	0.			ACQUIREMENT OF A NEW K9 POLICE OFFICER AND GENERAL SUPPORT
GEORGE MASON UNIVERSITY, CASHIER'S OFFICE - 4400 UNIVERSITY DRIVE MS2E1 - FAIRFAX, VA 22030	54-1603842	501(C)(3)	8,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS
KINGSWAY PRISON & FAMILY OUTREACH P O BOX 2335 HARRISONBURG, VA 22801	54-1799442	501(C)(3)	8,000.	0.			ASSISTANCE FOR EX-OFFENDERS WITH MINOR CHILDREN AND GENERAL SUPPORT
MASSANUTTEN PRESBYTERIAN CHURCH 50 INDIAN TRAIL ROAD PENN LAIRD, VA 22846	54-1117956	501(C)(3)	8,000.	0.			GENERAL OPERATING FUND
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	54-0525605	501(C)(3)	8,000.	0.			OPERATING FUND
VCU - STUDENT ACCOUNTING DEPARTMENT - 1015 FLOYD AVENUE, 1ST FLOOR PO BOX 843036 - RICHMOND, VA 23284-3036	54-0757884	501(C)(3)	8,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS
WELL OF HOPE AMERICA 5225 W MYERS RD COVINGTON, OH 45318-8714	46-0608625	501(C)(3)	8,000.	0.			GENERAL SUPPORT AND KENYA

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 Domestic Organizations and Domestic Governments (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
ADAGIO HOUSE 1000 CHICAGO AVE HARRISONBURG, VA 22802	83-0775072	501(C)(3)	7,780.	0.			FREE OR REDUCED FEE SESSIONS
GIRLS ON THE RUN OF THE SHENANDOAH VALLEY - 4000 RUNNING BEAR DR - ROCKINGHAM, VA 22802	45-3972189	501(C)(3)	7,750.	0.			PROGRAM ASSISTANCE
FAITH IN ACTION HARRISONBURG PO BOX 964 HARRISONBURG, VA 22803	47-3083503	501(C)(3)	7,600.	0.			GENERAL SUPPORT
ANICIRA VETERINARY CENTER 1992 MEDICAL AVENUE HARRISONBURG, VA 22801	20-8358468	501(C)(3)	7,500.	0.			IMPROVING ACCESS TO VETERINARY CARE
HIGHLAND COUNTY HUMANE SOCIETY P.O. BOX 458 MONTEREY, VA 24465	45-5554938	501(C)(3)	7,500.	0.			COMMUNITY PET RETENTION & HCHS FOSTER CARE
SHENANDOAH VALLEY BATTLEFIELDS FOUNDATION - P O BOX 897 - NEW MARKET, VA 22844	54-2007460	501(C)(3)	7,500.	0.			CONFERENCE PROGRAM
YOUNG LIFE - VALLEY P O BOX 492 STAUNTON, VA 24402	84-0385934	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DAYTON UNITED METHODIST CHURCH 215 ASHBY STREET DAYTON, VA 22821	54-1304918	501(C)(3)	7,428.	0.			COMMUNITY EMERGENCY PROGRAM AND GENERAL SUPPORT
SHENANDOAH VALLEY BLACK HERITAGE PROJECT - 425 HILL ST - HARRISONBURG, VA 22802-4802	81-1709430	501(C)(3)	7,250.	0.			GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
THE WILDLIFE CENTER OF VIRGINIA P O BOX 1557 WAYNESBORO, VA 22980-1557	54-1215402	501(C)(3)	7,250.	0.			GENERAL SUPPORT
CHURCH OF THE LAMB PO BOX 232 PENN LAIRD, VA 22846		501(C)(3)	7,100.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - CENTRAL VA CHAPTER - 1105 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903-5130	53-0196605	501(C)(3)	7,000.	0.			GENERAL SUPPORT
ATLANTA CHILDREN'S SHELTER PO BOX 54322 ATLANTA, GA 30308-0322	58-1675299	501(C)(3)	7,000.	0.			PRIORITY SHELTER NEEDS
STILL MEADOWS ENRICHMENT CENTER AND CAMP - 11992 HOLLAR SCHOOL ROAD - LINVILLE, VA 22834	54-1857340	501(C)(3)	7,000.	0.			ANIMAL CARE AND GENERAL SUPPORT
FRIENDSHIP INDUSTRIES, INC. 801 FRIENDSHIP DRIVE HARRISONBURG, VA 22802	54-6073412	501(C)(3)	6,800.	0.			GENERAL SUPPORT
HOSE COMPANY #4 210 EAST ROCK STREET HARRISONBURG, VA 22802-4149	23-7243464	501(C)(3)	6,750.	0.			GENERAL SUPPORT
ON THE ROAD COLLABORATIVE P O BOX 1393 HARRISONBURG, VA 22803	47-1261317	501(C)(3)	6,750.	0.			GENERAL SUPPORT
BRIDGEWATER COLLEGE FINANCIAL AID 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	6,619.	0.			SUPPORT OF INDIVIDUAL STUDENTS

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 Domestic Organizations and Domestic Governments (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
CHILDREN'S CLOTHING CLOSET & MEDICAL SUPPLY/MISSION CENTRAL INC. - 2545 GREENPORT DRIVE - HARRISONBURG, VA 22801	83-4082123	501(C)(3)	6,000.	0.			PRIORITY NEEDS
MENNONITE CENTRAL COMMITTEE - SWAP 21 SOUTH 12 STREET PO BOX 500 AKRON, PA 17501	23-6002702	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PLAINS DISTRICT MEMORIAL MUSEUM P O BOX 601 TIMBERVILLE, VA 22853-0601	34-2023317	501(C)(3)	6,000.	0.			GENERAL SUPPORT
RADFORD UNIVERSITY FINANCIAL AID OFFICE PO BOX 6905 RADFORD, VA 24142	23-7219782	501(C)(3)	6,000.	0.			SUPPORT OF INDIVIDUAL STUDENTS
VALLEY RESCUE ALLIES 2845 FLINT AVE ROCKINGHAM, VA 22801	82-4110023	501(C)(3)	6,000.	0.			PET RETENTION AND REHOMING
VILLAGE TO VILLAGE PO BOX 25 WEYERS CAVE, VA 24486	81-2913304	501(C)(3)	5,750.	0.			GENERAL SUPPORT
CAT'S CRADLE P O BOX 2128 HARRISONBURG, VA 22801	20-3269224	501(C)(3)	5,500.	0.			PET RETENTION FOR LOW INCOME & VULNERABLE POPULATION
HCHC PO BOX 308 HARRISONBURG, VA 22803-0308	02-0813294	501(C)(3)	5,500.	0.			TO SUPPORT BEHAVIORAL HEALTH SERVICES.
VALLEY ASSOCIATES FOR INDEPENDENT LIVING, INC. - 3210 PEOPLES DRIVE, SUITE 220 - HARRISONBURG, VA 22801	54-1512497	501(C)(3)	5,500.	0.			RENT AND UTILITIES AND GENERAL SUPPORT

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 Domestic Organizations and Domestic Governments (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
GEMEINSCHAFT HOME P O BOX 288 HARRISONBURG, VA 22803-0288	54-1326987	501(C)(3)	5,300.	0.			VAN PURCHASE AND GENERAL SUPPORT
HARRISONBURG BAPTIST CHURCH 501 S. MAIN STREET HARRISONBURG, VA 22801	54-6020701	501(C)(3)	5,250.	0.			GENERAL SUPPORT
BIG MAN FOUNDATION, THE PO BOX 807 CULPEPER, VA 22701	85-3352292	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOSTON UNIVERSITY SCHOOL OF MEDICINE - 72 E. CONCORD ST., ROBINSON B6 - BOSTON, MA 02118	04-2103547	501(C)(3)	5,000.	0.			FOX SCHOLARSHIP FUND
CAMP GRIER PO BOX 490 OLD FORT, NC 28762-0490	90-1033788	501(C)(3)	5,000.	0.			GENERAL OPERATING FUND
CATHOLIC CHARITIES OF DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 811 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHURCH OF THE BRETHREN 1451 DUNDEE AVENUE ELGIN, IL 60120-1674	36-2167026	501(C)(3)	5,000.	0.			DISASTER MINISTRIES
ELEGIUS MINI EQUINE SANCTUARY 4661 DOE HILL RD MCDOWELL, VA 24458	81-4844371	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
EMORY & HENRY COLLEGE P O BOX 950 EMORY, VA 24327-0950	54-0505892	501(C)(3)	5,000.	0.			WEHC UNRESTRICTED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 - P O BOX 96 - HARRISONBURG, VA 22803	04-2103733	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HIGHLAND COUNTY MUSEUM & HISTORICAL SOCIETY - P O BOX 63 - MCDOWELL, VA 24458	54-1778354	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
QUAKERTOWN CHRISTIAN SCHOOL 50 E PALETOWN RD QUAKERTOWN, PA 18951-2827	23-1552262	501(C)(3)	5,000.	0.			GENERAL SUPPORT
SHENANDOAH DISTRICT CHURCH OF THE BRETHREN - P O BOX 67 - WEYERS CAVE, VA 24486	36-2167026	501(C)(3)	5,000.	0.			DISASTER MINISTRIES
TOUCH OF CHRIST PO BOX 223492 CHANTILLY, VA 20153-3492	16-1781679	501(C)(3)	5,000.	0.			GENERAL SUPPORT
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY PO BOX 3306 BOSTON, MA 02241-3306	04-2103634	501(C)(3)	5,000.	0.			L.A. FOX SCHOLARSHIP FUND
VIRGINIA HIGH SCHOOL LEAGUE FOUNDATION - 1642 STATE FARM BLVD - CHARLOTTESVILLE, VA 22911	31-1585657	501(C)(3)	5,000.	0.			VIRGINIA HIGH SCHOOL LEAGUE FOUNDATION

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 instructions and 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	64	6,890,407.	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	3	1,771,950.	
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRINTING)	X	3	1,716.	
26 Other ▶ (FOOD)	X	1	200.	
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 V, Donee Acknowledgement **29**

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2020

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

2020

Open to Public
Inspection

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

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

INITIATIVES TO BENEFIT OUR COMMUNITY.

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:

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

Schedule O (Form 990 or 990-EZ) 2020

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

INVESTMENT INCOME FROM AGENCY FUNDS	-1,486,609.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-78,734.
GRANTS MADE FROM AGENCY ACCOUNTS	304,509.
AGENCY ADMIN EXPENSES	49,120.
TOTAL TO FORM 990, PART XI, LINE 9	-1,211,714.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

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
SHOWAKER 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
EASTHAM, LLC - 81-7388047 PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	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) 2020

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Schedule R (Form 990)

54-1920746

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
TCF HOLDING II, LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA			SOLE MEMBER/MANAGER

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

