

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)

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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 checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION OF HARRISONBURG &amp; ROCKINGHAM COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 1068</b> City or town, state or province, country, and ZIP or foreign postal code <b>HARRISONBURG, VA 22803</b> <b>F</b> Name and address of principal officer: <b>REVLAN HILL</b> <b>P.O. BOX 1068, HARRISONBURG, VA 22803</b>	<b>D</b> Employer identification number <b>54-1920746</b> <b>E</b> Telephone number <b>540-432-3863</b> <b>G</b> Gross receipts \$ <b>58,547,507.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.TCFHR.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1998</b>
		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WE MAKE IT EASY TO GIVE BACK TO THE COMMUNITY WE LOVE.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>6</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>98</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 14,939,391.
<b>9</b>		Program service revenue (Part VIII, line 2g)	49,255.	55,707.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,101,660.	5,417,160.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,969.	182,323.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,086,337.	22,224,437.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,933,078.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	368,339.	420,597.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>113,708.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	532,915.	625,899.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,834,332.	17,151,781.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	14,252,005.	5,072,656.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 74,205,759.	<b>End of Year</b> 68,152,988.
	<b>21</b>	Total liabilities (Part X, line 26)	7,874,895.	9,473,668.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	66,330,864.	58,679,320.

**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.

<b>Sign Here</b>	Signature of officer <b>REVLAN HILL, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES R. FRIES</b>	Preparer's signature <b>JAMES R. FRIES</b>
	Date <b>06/14/23</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01320612</b>
	Firm's name ▶ <b>BROWN, EDWARDS &amp; COMPANY, LLP</b>	Firm's EIN ▶ <b>54-0504608</b>
	Firm's address ▶ <b>1909 FINANCIAL DRIVE HARRISONBURG, VA 22801</b>	Phone no. <b>540-434-6736</b>

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

THE COMMUNITY FOUNDATION OF HARRISONBURG  
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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE MAKE IT EASY TO GIVE BACK TO THE COMMUNITY WE LOVE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 12,140,541. including grants of \$ 12,140,541. ) (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 \$16 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. INCLUDED IN THE \$16 MILLION IN GRANTS WAS A \$1.3 MILLION GRANT OF THE FORMER FREE CLINIC BUILDING TO SENTARA RMH FOUNDATION FOR USE IN ADDRESSING UNMET HEALTH CARE NEEDS IN OUR COMMUNITY. TCF ALSO COLLABORATES 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

4b (Code: ) (Expenses \$ 3,964,744. including grants of \$ 3,964,744. ) (Revenue \$ ) EDUCATION PROGRAM SERVICE AREA:

THE COMMUNITY FOUNDATION (TCF) ADMINISTERS SCHOLARSHIPS PROGRAMS AND GRANTS FUNDING TO EDUCATIONAL ENDEAVORS OF NONPROFIT ORGANIZATIONS OF MORE THAN \$3.2 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 \$700,000 TO LOCAL PRIVATE SCHOOLS THROUGH THE STATE'S TAX CREDIT PROGRAM.

4c (Code: ) (Expenses \$ 306,437. including grants of \$ ) (Revenue \$ 968,980. ) 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 16,411,722.

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> See instructions .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part IV Checklist of Required Schedules** *(continued)*

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	11
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		6
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	14	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b>	Did the organization have members or stockholders?	6	X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
<b>13</b>	Did the organization have a written whistleblower policy?	13	X
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b>	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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  
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**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 PAST CHAIR	2.00	X		X			0.	0.	0.	
(2) DONNA HARPER CHAIR	1.00	X		X			0.	0.	0.	
(3) ELLEN H. BRODERSEN TREASURER	1.00	X		X			0.	0.	0.	
(4) TRISH DAVIDSON DIRECTOR	1.00	X					0.	0.	0.	
(5) KEVIN FLINT VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) CYNTHIA PRIETO GRANTS AND SCHOLARSHIP CHAIR	1.00	X		X			0.	0.	0.	
(7) LINDSAY BRUBAKER SECRETARY	1.00	X		X			0.	0.	0.	
(8) LESLIE DUTT DIRECTOR	1.00	X					0.	0.	0.	
(9) JASON FINK DIRECTOR	1.00	X					0.	0.	0.	
(10) CARY HEVENER DIRECTOR	1.00	X					0.	0.	0.	
(11) KRISTIAN HORNEBER DIRECTOR	1.00	X					0.	0.	0.	
(12) GANNON IRONS DIRECTOR	1.00	X					0.	0.	0.	
(13) CHARLES MARTORANA DIRECTOR	1.00	X					0.	0.	0.	
(14) MATTHEW SUNDERLIN DIRECTOR	1.00	X					0.	0.	0.	
(15) LAURA TONI-HOLSINGER DIRECTOR	1.00	X					0.	0.	0.	
(16) REVLAN S. HILL EXECUTIVE DIRECTOR	40.00			X			114,083.	0.	7,106.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b>							114,083.	0.	7,106.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							114,083.	0.	7,106.	

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3	X
<b>4</b> 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
<b>5</b> 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, 100 SOUTH MASON STREET, SUITE C, HARRISONBURG, VA	INVESTMENT MANAGEMENT	217,837.

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



**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	16,569,247.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,598,154.				
	<b>h Total.</b> Add lines 1a-1f .....			16,569,247.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE & MANAGEMENT FEES	<b>Business Code</b>					
		561000	55,707.	55,707.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			55,707.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,852,819.			2852819.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			52,531.				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	52,531.				
	<b>d</b> Net rental income or (loss) .....			52,531.	52,531.		
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			38,887,411.				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	36,323,070.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,564,341.				
	<b>d</b> Net gain or (loss) .....			2,564,341.		2564341.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER	<b>Business Code</b>					
		900099	105,149.			105,149.	
	<b>b</b> CHANGE IN PRESENT VALUE DISCOUNT	900099	35,387.			35,387.	
	<b>c</b> CHANGE IN VALUE OF CHARITABLE REM	900099	-10,744.			-10,744.	
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			129,792.				
<b>12 Total revenue.</b> See instructions .....			22,224,437.	108,238.	0.	5546952.	

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,105,285.	16,105,285.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	132,911.	39,873.	46,519.	46,519.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	247,750.	117,539.	104,534.	25,677.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,357.	3,429.	3,079.	849.
<b>9</b> Other employee benefits	13,627.	6,352.	5,703.	1,572.
<b>10</b> Payroll taxes	18,952.	8,834.	7,932.	2,186.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	44,368.	857.	43,137.	374.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	286,966.		286,966.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	94,403.	16,194.	71,143.	7,066.
<b>12</b> Advertising and promotion	13,070.			13,070.
<b>13</b> Office expenses	21,816.	3,812.	15,575.	2,429.
<b>14</b> Information technology	11,822.	4,948.	4,715.	2,159.
<b>15</b> Royalties				
<b>16</b> Occupancy	38,116.	31,231.	4,723.	2,162.
<b>17</b> Travel	31.		31.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,084.	454.	432.	198.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	37,708.	15,781.	15,041.	6,886.
<b>23</b> Insurance	11,657.		11,657.	
<b>24</b> 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.)				
<b>a</b> GREAT COMMUNITY GIVE	55,229.	53,729.		1,500.
<b>b</b> DUES & MEMBERSHIPS	5,809.	2,431.	2,317.	1,061.
<b>c</b> OTHER	3,820.	973.	2,847.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	17,151,781.	16,411,722.	626,351.	113,708.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,217,598.	<b>1</b>	3,600,887.
	<b>2</b> Savings and temporary cash investments .....	1,785,163.	<b>2</b>	1,481,479.
	<b>3</b> Pledges and grants receivable, net .....	5,733,852.	<b>3</b>	1,393,584.
	<b>4</b> Accounts receivable, net .....	6,288.	<b>4</b>	2,658.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	245,178.	<b>7</b>	218,206.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	25,967.	<b>9</b>	10,025.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	1,250,859.		
	<b>b</b> Less: accumulated depreciation .....	180,287.		
	<b>11</b> Investments - publicly traded securities .....	990,173.	<b>10c</b>	1,070,572.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	61,913,006.	<b>11</b>	59,453,557.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	5,438.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,438.	<b>14</b>	5,231.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,283,096.	<b>15</b>	916,789.	
	74,205,759.	<b>16</b>	68,152,988.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,004.	<b>17</b>	17,522.
	<b>18</b> Grants payable .....	18,927.	<b>18</b>	2,113,600.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,826,964.	<b>25</b>	7,342,546.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,874,895.	<b>26</b>	9,473,668.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	60,069,080.	<b>27</b>	56,810,065.
	<b>28</b> Net assets with donor restrictions .....	6,261,784.	<b>28</b>	1,869,255.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	66,330,864.	<b>32</b>	58,679,320.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	74,205,759.	<b>33</b>	68,152,988.	

Form **990** (2021)

**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	22,224,437.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	17,151,781.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	5,072,656.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	66,330,864.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-13,168,825.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	444,625.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	58,679,320.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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 on Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		<b>X</b>
<b>b</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 .....	<b>3b</b>		

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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).)
- 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 on 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		
<b>Total</b>						

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15922031.	9978239.	5839828.	14939391.	16569247.	63248736.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15922031.	9978239.	5839828.	14939391.	16569247.	63248736.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						28442226.
<b>6 Public support.</b> Subtract line 5 from line 4.						34806510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	15922031.	9978239.	5839828.	14939391.	16569247.	63248736.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	862,589.	1686232.	1383936.	1436170.	2905350.	8274277.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						71523013.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,291,755.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	48.66 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	52.86 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>b</b> Did the activities described on 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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

**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 <b>Adjusted Net Income</b> (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 <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <b>Distributable Amount.</b> 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  
& ROCKINGHAM COUNTY

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

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

Employer identification number

**54-1920746**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>9,651,502.</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>422,086.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK <hr/> <hr/> <hr/>	\$ 322,086.	05/26/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

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

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

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

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

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	117	
2 Aggregate value of contributions to (during year) .....	3,869,426.	
3 Aggregate value of grants from (during year) .....	6,097,157.	
4 Aggregate value at end of year .....	23,094,238.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

THE COMMUNITY FOUNDATION OF HARRISONBURG  
& ROCKINGHAM COUNTY

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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	35,390,923.	27,128,114.	26,507,841.	22,618,051.	13,275,407.
b Contributions	4,453,965.	1,939,332.	494,450.	3,226,074.	8,997,277.
c Net investment earnings, gains, and losses	-3,813,229.	7,265,025.	1,030,050.	1,444,613.	999,136.
d Grants or scholarships	1,341,417.	621,554.	598,661.	518,268.	465,360.
e Other expenditures for facilities and programs					
f Administrative expenses	572,531.	319,994.	305,566.	262,629.	188,409.
g End of year balance	34,117,711.	35,390,923.	27,128,114.	26,507,841.	22,618,051.

- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		989,901.	123,709.	866,192.
c Leasehold improvements		19,522.	6,182.	13,340.
d Equipment		119,991.	23,293.	96,698.
e Other		38,103.	27,103.	11,000.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,070,572.

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

Schedule D (Form 990) 2021

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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" 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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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) .....	
<b>Total.</b> (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) <b>AGENCY OBLIGATIONS</b>	7,073,222.
(3) <b>LIABILITIES UNDER SPLIT-INTEREST</b>	
(4) <b>AGREEMENTS</b>	269,324.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,342,546.

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) 2021

**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		<b>1</b>	9,071,832.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	<b>2a</b>	-13,168,825.	
b Donated services and use of facilities	<b>2b</b>		
c Recoveries of prior year grants	<b>2c</b>		
d Other (Describe in Part XIII.)	<b>2d</b>		
e Add lines 2a through 2d	<b>2e</b>	-13,168,825.	
3 Subtract line 2e from line 1		<b>3</b>	22,240,657.
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	<b>4a</b>	286,966.	
b Other (Describe in Part XIII.)	<b>4b</b>	-303,186.	
c Add lines 4a and 4b	<b>4c</b>	-16,220.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	22,224,437.

**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		<b>1</b>	16,723,376.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	<b>2a</b>		
b Prior year adjustments	<b>2b</b>		
c Other losses	<b>2c</b>		
d Other (Describe in Part XIII.)	<b>2d</b>		
e Add lines 2a through 2d	<b>2e</b>	0.	
3 Subtract line 2e from line 1		<b>3</b>	16,723,376.
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	<b>4a</b>	286,966.	
b Other (Describe in Part XIII.)	<b>4b</b>	141,439.	
c Add lines 4a and 4b	<b>4c</b>	428,405.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	17,151,781.

**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 4B - OTHER ADJUSTMENTS:**

AGENCY INVESTMENT INCOME	-681,866.
AGENCY CONTRIBUTIONS	378,680.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 4B</b>	<b>-303,186.</b>

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

AGENCY GRANTS	85,731.
AGENCY ADMIN EXPENSES	55,708.
<b>TOTAL TO SCHEDULE D, PART XII, LINE 4B</b>	<b>141,439.</b>



**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADAGIO HOUSE 1000 CHICAGO AVE HARRISONBURG, VA 22802	83-0775072	501(C)(3)	9,775.	0.			MENTAL HEALTHCARE
ALLEGHENY MOUNTAIN INSTITUTE PO BOX 542 STAUNTON, VA 24402	46-5717620	501(C)(3)	10,000.	0.			EDUCATION
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	7,300.	0.			ENVIRONMENTAL INITIATIVES
AMERICAN RED CROSS NATIONAL HEADQUARTERS - 431 18TH STREET, NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	1,894,292.	0.			DISASTER RELIEF
ANICIRA VETERINARY CENTER 1992 MEDICAL AVENUE HARRISONBURG, VA 22801	20-8358468	501(C)(3)	7,500.	0.			ANIMAL RELATED
ARM (ASSISTING ROMANIAN MINISTRIES) - 1909 LYNNBROOK DR SW - HUNTSVILLE, AL 35803	46-3387993	501(C)(3)	6,500.	0.			DISASTER RELIEF

- 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.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash 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)	12,795.	0.			ARTS, CULTURE
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-0519596	501(C)(3)	52,920.	0.			HISTORICAL PRESERVATION
AVA CARE 833 MARTIN LUTHER KING, JR. WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	8,850.	0.			HEALTHCARE
BETHANY UNITED METHODIST CHURCH 3700 LEE HIGHWAY WEYERS CAVE, VA 24486	54-1244180	501(C)(3)	9,500.	0.			FAITH BASED - GENERAL SUPPORT
BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	40,500.	0.			FAITH BASED - GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF HARRISONBURG-ROCKINGHAM COUNTY - 225 N HIGH STREET SUITE1 - HARRISONBURG, VA 22802-3826	51-0209104	501(C)(3)	17,550.	0.			YOUTH HUMAN SERVICES
BLESSED SACRAMENT CATHOLIC CHURCH 154 NORTH MAIN STREET HARRISONBURG, VA 22802	54-0897260	501(C)(3)	25,510.	0.			FAITH BASED - GENERAL SUPPORT
BLOWING ROCK METHODIST CHURCH 1530 QUEENS ROAD - #704 CHARLOTTE, NC 28207		501(C)(3)	10,000.	0.			FAITH BASED - GENERAL SUPPORT
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	20,342.	0.			HUMAN SERVICES

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BLUE RIDGE CHRISTIAN SCHOOL PO BOX 207 BRIDGEWATER, VA 22812-0207	54-1543463	501(C)(3)	222,825.	0.			FAITH BASED - GENERAL SUPPORT
BLUE RIDGE COMMUNITY COLLEGE-FINANCIAL AID OFFICE - HOUFF STUDENT CENTER, BOX 80 - WEYERS CAVE, VA 24486	54-1328809	501(C)(3)	20,000.	0.			SCHOLARSHIPS
BLUE RIDGE FREE CLINIC 831 MARTIN LUTHER KING JR. WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	44,293.	0.			HEALTHCARE
BLUE RIDGE LEGAL SERVICES PO BOX 551 HARRISONBURG, VA 22803-0551	54-1048944	501(C)(3)	5,799.	0.			HISTORICAL PRESERVATION
BOLAR VOLUNTEER FIRE DEPARTMENT 21271 SAM SNEAD WARM SPRINGS, VA 24484	52-1330416	501(C)(3)	30,000.	0.			CIVIC
BOLAR VOLUNTEER RESCUE SQUAD 1099 ROBINSON LANE WARM SPRINGS, VA 24484	84-3393836	501(C)(3)	25,000.	0.			CIVIC
BOSTON UNIVERSITY SCHOOL OF MEDICINE - 72 E. CONCORD ST., ROBINSON B6 - BOSTON, MA 02118	04-2103547	501(C)(3)	20,000.	0.			EDUCATION
BOYS & GIRLS CLUBS OF HARRISONBURG & ROCKINGHAM COUNTY - PO BOX 1223 - HARRISONBURG, VA 22803	54-1652418	501(C)(3)	27,584.	0.			YOUTH HUMAN SERVICES
BRCC EDUCATIONAL FOUNDATION PO BOX 80 WEYERS CAVE, VA 24486-0080	54-1328809	501(C)(3)	34,550.	0.			EDUCATION

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BRETHREN WOODS CAMP AND RETREAT CENTER - PO BOX 67 - WEYERS CAVE, VA 24486-0067	54-0834644	501(C)(3)	8,500.	0.			FAITH BASED - GENERAL SUPPORT
BRIDGE OF HOPE HARRISONBURG-ROCKINGHAM - PO BOX 535 - HARRISONBURG, VA 22803-0535	81-0555073	501(C)(3)	11,250.	0.			HUMAN SERVICES
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET, BOX 33 BRIDGEWATER, VA 22812-1599	54-0506306	501(C)(3)	1,788,624.	0.			EDUCATION
BRIDGEWATER COLLEGE FINANCIAL AID 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	9,500.	0.			SCHOLARSHIPS
BRIDGEWATER HEALTHCARE FOUNDATION, INC. - 302 NORTH SECOND STREET - BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	2,280,307.	0.			ELDERLY
BRIDGEWATER VOLUNTEER FIRE COMPANY 304 NORTH MAIN STREET BRIDGEWATER, VA 22812	54-6053426	501(C)(3)	6,750.	0.			CIVIC
BRIDGEWATER VOLUNTEER RESCUE SQUAD PO BOX 268 BRIDGEWATER, VA 22812	52-1444170	501(C)(3)	6,500.	0.			CIVIC
CAMP GRIER PO BOX 490 OLD FORT, NC 28762-0490	90-1033788	501(C)(3)	10,000.	0.			YOUTH HUMAN SERVICES
CAT'S CRADLE PO BOX 2128 HARRISONBURG, VA 22801	20-3269224	501(C)(3)	18,900.	0.			ANIMAL RELATED

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CCAP INC PO BOX 2112 WINCHESTER, VA 22604	23-7433688	501(C)(3)	10,000.	0.			HUMAN SERVICES
CENTER FOR DISASTER PHILANTHROPY 1 THOMAS CIRCLE NW STE 700 WASHINGTON, DC 20005-5800	45-5257937	501(C)(3)	8,000.	0.			DISASTER RELIEF
CENTRAL VALLEY HABITAT FOR HUMANITY - PO BOX 245 - BRIDGEWATER, VA 22812-0245	54-1441871	501(C)(3)	25,757.	0.			HUMAN SERVICES
CHRIST EPISCOPAL CHURCH 100 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0585201	501(C)(3)	12,500.	0.			FAITH BASED - GENERAL SUPPORT
CHRISTENDOM EDUCATIONAL CORPORATION - 134 CHRISTENDOM DR - FRONT ROYAL, VA 22630	54-1031437	501(C)(3)	30,000.	0.			FAITH BASED - GENERAL SUPPORT
CHURCH OF THE INCARNATION 75 N. MASON ST HARRISONBURG, VA 22802	27-3453966	501(C)(3)	65,000.	0.			FAITH BASED - GENERAL SUPPORT
CHURCH OF THE LAMB PO BOX 232 PENN LAIRD, VA 22846		501(C)(3)	7,400.	0.			FAITH BASED - GENERAL SUPPORT
CITY OF HARRISONBURG 409 S. MAIN ST HARRISONBURG, VA 22801	54-6001343	501(C)(3)	38,629.	0.			ENVIRONMENTAL INITIATIVES
COACHES USA C/O THE TABLE 61 PO BOX 1341 HARRISONBURG, VA 22803	86-3379675	501(C)(3)	8,000.	0.			FAITH BASED - GENERAL SUPPORT

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COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY - 411 NORTH CAMERON STREET - WINCHESTER, VA 22601	26-0008332	501(C)(3)	10,000.	0.			CIVIC
COMPASSION & CHOICES PO BOX 485 ETNA, NH 03750	84-1328829	501(C)(3)	50,000.	0.			HEALTHCARE
CORNERSTONE CHRISTIAN SCHOOL 197 CORNERSTONE LANE HARRISONBURG, VA 22802	38-3821029	501(C)(3)	66,900.	0.			SCHOLARSHIPS
CORNERSTONE CHURCH OF AUGUSTA 1156 TINKLING SPRING ROAD STAUNTON, VA 24401	54-1620607	501(C)(3)	24,000.	0.			FAITH BASED - GENERAL SUPPORT
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, SUITE 101 HARRISONBURG, VA 22801	54-1270644	501(C)(3)	44,800.	0.			FAITH BASED - GENERAL SUPPORT
DARE TO DREAM THERAPEUTIC HORSEMANSHIP CENTER - 515 WADE WOODS LANE - MONTEREY, VA 24465	47-3546999	501(C)(3)	9,700.	0.			MENTAL HEALTHCARE
DAVIS AND ELKINS COLLEGE DEVELOPMENT OFFICE, 100 CAMPUS DRIV ELKINS, WV 26241	55-0357021	501(C)(3)	26,000.	0.			EDUCATION
DAYTON CHURCH OF THE BRETHREN PO BOX 236 DAYTON, VA 22821	54-1098380	501(C)(3)	40,537.	0.			AGENCY FUND DISTRIBUTIONS
DAYTON UNITED METHODIST CHURCH 215 ASHBY STREET DAYTON, VA 22821	54-1304918	501(C)(3)	14,379.	0.			FAITH BASED - GENERAL SUPPORT

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DIOCESE OF ARLINGTON 200 N. GLEBE ROAD, SUITE 811 ARLINGTON, VA 22203		501(C)(3)	15,000.	0.			FAITH BASED - GENERAL SUPPORT
DYNAMIC AVIATION GROUP, INC. PO BOX 7 BRIDGEWATER, VA 22812	54-1836461	501(C)(3)	270,404.	0.			EDUCATION
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	469,153.	0.			SCHOLARSHIPS
EASTERN MENNONITE UNIVERSITY 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	20,515.	0.			EDUCATION
EASTERN MENNONITE UNIVERSITY FINANCIAL AID - 1200 PARK ROAD - HARRISONBURG, VA 22802	54-0575812	501(C)(3)	6,000.	0.			SCHOLARSHIPS
ELEGIUS MINI EQUINE SANCTUARY 4661 DOE HILL RD MCDOWELL, VA 24458	81-4844371	501(C)(3)	10,000.	0.			ANIMAL RELATED
ELKTON PRESBYTERIAN CHURCH 104 ASHBY AVENUE ELKTON, VA 22827		501(C)(3)	100,000.	0.			FAITH BASED - GENERAL SUPPORT
ELKTON PROGRESSIVE IMPROVEMENT COMMITTEE (EPIC) - PO BOX 467 - ELKTON, VA 22827	30-1087889	501(C)(3)	10,000.	0.			CIVIC
EXPLORE MORE DISCOVERY MUSEUM PO BOX 957 HARRISONBURG, VA 22803	16-1683676	501(C)(3)	79,901.	0.			EDUCATION

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FAITH IN ACTION HARRISONBURG PO BOX 964 HARRISONBURG, VA 22803	47-3083503	501(C)(3)	6,550.	0.			FAITH BASED - GENERAL SUPPORT
FAMILY LIFE RESOURCE CENTER 273 NEWMAN AVENUE HARRISONBURG, VA 22801	54-1422046	501(C)(3)	13,000.	0.			MENTAL HEALTHCARE
FIRST PRESBYTERIAN CHURCH 17 NORTH COURT SQUARE HARRISONBURG, VA 22802	54-0576303	501(C)(3)	23,000.	0.			FAITH BASED - GENERAL SUPPORT
FIRST STEP 129 FRANKLIN STREET HARRISONBURG, VA 22801	51-0243177	501(C)(3)	15,793.	0.			HUMAN SERVICES
FRIENDS OF SHIRATI PO BOX 10903 LANCASTER, PA 17605-0903	20-1912788	501(C)(3)	10,000.	0.			HUMAN SERVICES
FRIENDSHIP INDUSTRIES, INC. 801 FRIENDSHIP DRIVE HARRISONBURG, VA 22802	54-6073412	501(C)(3)	5,550.	0.			HUMAN SERVICES
GLOBAL DISCIPLES 315 W. JAMES ST, STE 202 LANCASTER, PA 17603	23-2854114	501(C)(3)	40,000.	0.			FAITH BASED - GENERAL SUPPORT
GOSHEN COLLEGE 1700 S. MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	6,500.	0.			EDUCATION
GRYMES MEMORIAL SCHOOL PO BOX 1160 ORANGE, VA 22960	54-0617529	501(C)(3)	52,500.	0.			EDUCATION

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HAL WARLICK SCHOLARSHIP FUND 8225 BAR HARBOUR LANE CHARLOTTE, NC 28210-4213	46-1707747	501(C)(3)	5,500.	0.			EDUCATION
HARRISONBURG EDUCATION FOUNDATION ONE COURT SQUARE HARRISONBURG, VA 22801	54-1746901	501(C)(3)	9,489.	0.			EDUCATION
HARRISONBURG FIRST CHURCH OF THE NAZARENE - 1871 BOYERS ROAD - ROCKINGHAM, VA 22801	54-6134186	501(C)(3)	98,330.	0.			FAITH BASED - GENERAL SUPPORT
HARRISONBURG MENNONITE CHURCH 1552 S. HIGH STREET HARRISONBURG, VA 22801	54-1001338	501(C)(3)	16,450.	0.			FAITH BASED - GENERAL SUPPORT
HARRISONBURG RESCUE SQUAD PO BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(3)	9,900.	0.			CIVIC
HARRISONBURG UNITARIAN UNIVERSALISTS - PO BOX 96 - HARRISONBURG, VA 22803	04-2103733	501(C)(3)	14,500.	0.			FAITH BASED - GENERAL SUPPORT
HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE NE, PO BOX 97057 - WASHINGTON, DC 20077-7315	23-7327730	501(C)(3)	100,000.	0.			EDUCATION
HIGHLAND CHILDREN'S HOUSE 61 HIGHLAND CENTER DR, PO BOX 527 MONTEREY, VA 24465-0527	83-3645078	501(C)(3)	17,914.	0.			YOUTH HUMAN SERVICES
HIGHLAND COUNTY FAIR ASSOCIATION PO BOX 366 MONTEREY, VA 24465	54-0887209	501(C)(3)	11,250.	0.			CIVIC

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HIGHLAND COUNTY HUMANE SOCIETY PO BOX 458 MONTEREY, VA 24465	45-5554938	501(C)(3)	9,750.	0.			ANIMAL RELATED
HIGHLAND COUNTY MUSEUM & HISTORICAL SOCIETY - PO BOX 63 - MCDOWELL, VA 24458	54-1778354	501(C)(3)	10,000.	0.			HISTORICAL PRESERVATION
HIGHLAND COUNTY VOLUNTEER FIRE DEPARTMENT - PO BOX 267 - MONTEREY, VA 24465	23-7166711	501(C)(3)	11,423.	0.			CIVIC
HIGHLAND COUNTY VOLUNTEER RESCUE SQUAD - PO BOX 268 - MONTEREY, VA 24465	54-1253800	501(C)(3)	84,710.	0.			CIVIC
HIGHLAND MEDICAL CENTER PO BOX 490 MONTEREY, VA 24465	54-1652356	501(C)(3)	10,000.	0.			HEALTHCARE
HIGHLAND RETREAT 14783 UPPER HIGHLAND DRIVE BERGTON, VA 22811	54-0808741	501(C)(3)	12,750.	0.			YOUTH HUMAN SERVICES
HOPE DISTRIBUTED COMMUNITY DEVELOPMENT CORPORATION - 1869 BOYERS RD - ROCKINGHAM, VA 22801	61-1542114	501(C)(3)	17,750.	0.			HUMAN SERVICES
INDUSTRIAL AND COMMERCIAL MINISTRIES - 57 S MAIN STREET, SUITE 512 - HARRISONBURG, VA 22801-3703	54-0995038	501(C)(3)	22,536.	0.			FAITH BASED - GENERAL SUPPORT
INTERFUND - NORTHEAST SCHOLARSHIP 1349 SABGERS KABE STAUNTON, VA 24401	54-1920746	501(C)(3)	52,000.	0.			EDUCATION

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INTERFUND CLOUD FAMILY 1349 SABGERS KABE STAUNTON, VA 24401	54-1920746	501(C)(3)	17,524.	0.			CIVIC
INTERFUND DONOR FUND (GIFTING FUND) - 1349 SABGERS KABE - STAUNTON, VA 24401	54-1920746	501(C)(3)	41,597.	0.			CIVIC
INTERFUND J WALKER SCHOLARSHIP 1349 SABGERS KABE STAUNTON, VA 24401	54-1920746	501(C)(3)	104,000.	0.			EDUCATION
JAMES MADISON UNIVERSITY - BUS OFFICE - STUDENT SUCCESS CTR - MSC 3516, 738 SOUTH MASON ST - HARRISONBURG, VA 22807	54-6001756	501(C)(3)	59,500.	0.			SCHOLARSHIPS
JMU FOUNDATION MSC 8501, 1031 HARRISON STREET HARRISONBURG, VA 22807	23-7156305	501(C)(3)	59,129.	0.			RECREATION
JMU IIHHS MEDICAL SUITCASE CLINIC - USE ID #731 - MSC 9010, 755 MARTIN LUTHER KING JR. WAY - HARRISONBURG, VA 22807	54-6001756	501(C)(3)	13,800.	0.			HEALTHCARE
KINGSWAY PRISON & FAMILY OUTREACH PO BOX 2335 HARRISONBURG, VA 22801	54-1799442	501(C)(3)	11,250.	0.			HEALTHCARE
LINDALE MENNONITE CHURCH PO BOX 1082 HARRISONBURG, VA 22803	54-0965630	501(C)(3)	7,500.	0.			FAITH BASED - GENERAL SUPPORT
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 24402	54-0506319	501(C)(3)	7,000.	0.			EDUCATION

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MASSANETTA SPRINGS CONFERENCE CENTER - 712 MASSANETTA SPRINGS ROAD - HARRISONBURG, VA 22801	54-0505926	501(C)(3)	14,000.	0.			RECREATION
MASSANUTTEN REGIONAL LIBRARY 174 S. MAIN STREET HARRISONBURG, VA 22801	54-0548703	501(C)(3)	39,504.	0.			EDUCATION
MCDOWELL PRESBYTERIAN CHURCH 9099 HIGHLAND TURNPIKE MCDOWELL, VA 24458		501(C)(3)	7,876.	0.			CIVIC
MCDOWELL VOLUNTEER FIRE DEPARTMENT 102 BULLPASTURE RIVER ROAD MCDOWELL, VA 24458	54-1100488	501(C)(3)	52,448.	0.			CIVIC
MENNONITE CENTRAL COMMITTEE - SWAP 21 SOUTH 12 STREET, PO BOX 500 AKRON, PA 17501	23-6002702	501(C)(3)	10,000.	0.			HUMAN SERVICES
MENNONITE DISASTER SERVICE 583 AIRPORT RD LITITZ, PA 17543	23-2713127	501(C)(3)	10,000.	0.			DISASTER RELIEF
MERCY HOUSE PO BOX 1478 HARRISONBURG, VA 22803-1478	54-1476187	501(C)(3)	19,050.	0.			HUMAN SERVICES
MILL CREEK CHURCH OF THE BRETHREN 7600 PORT REPUBLIC ROAD PORT REPUBLIC, VA 24471	54-0578800	501(C)(3)	7,000.	0.			FAITH BASED - GENERAL SUPPORT
MONTEREY PRESBYTERIAN CHURCH PO BOX 306 MONTEREY, VA 24465	54-1125879	501(C)(3)	10,000.	0.			CIVIC

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC OF GRACE CHURCH PO BOX 202 WEYERS CAVE, VA 24486	84-3642049	501(C)(3)	15,000.	0.			FAITH BASED - GENERAL SUPPORT
MUSEUM OF THE SHENANDOAH VALLEY 901 AMHERST ST WINCHESTER, VA 22601	54-1857973	501(C)(3)	35,000.	0.			HISTORICAL PRESERVATION
NEW BEGINNINGS CHURCH P O BOX 2655 HARRISONBURG, VA 22801	31-1681273	501(C)(3)	39,000.	0.			FAITH BASED - GENERAL SUPPORT
NEW CREATION VA 3051 S MAIN STREET HARRISONBURG, VA 22801	84-1862249	501(C)(3)	14,250.	0.			HUMAN SERVICES
NEWBRIDGES IMMIGRANT RESOURCE CENTER - 64 W WATER STREET - HARRISONBURG, VA 22801-3625	45-5532648	501(C)(3)	11,467.	0.			HUMAN SERVICES
OLD DOMINION UNIVERSITY OUTSIDE AGENCY SCHOLARSHIP COORDINATOR, 121 ROLLINS HALL - NORFOLK, VA 23529	54-6052014	501(C)(3)	8,000.	0.			SCHOLARSHIPS
OPEN DOORS PO BOX 1804 HARRISONBURG, VA 22803	11-3835381	501(C)(3)	12,000.	0.			HUMAN SERVICES
OTTERBEIN UNITED METHODIST CHURCH 176 W. MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	26,304.	0.			FAITH BASED - GENERAL SUPPORT
OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	17,271.	0.			HUMAN SERVICES

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE CENTER FOR GIRLS 6745 PHILIPS INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32256-3033	59-2414492	501(C)(3)	10,000.	0.			YOUTH HUMAN SERVICES
PARK VIEW MENNONITE CHURCH 1600 COLLEGE AVENUE HARRISONBURG, VA 22802		501(C)(3)	12,500.	0.			FAITH BASED - GENERAL SUPPORT
PEOPLE HELPING PEOPLE 281 E. MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	19,372.	0.			HUMAN SERVICES
PLAINS AREA DAYCARE CENTER PO BOX 523 BROADWAY, VA 22815	23-7428284	501(C)(3)	10,883.	0.			YOUTH HUMAN SERVICES
PLAINS DISTRICT MEMORIAL MUSEUM PO BOX 601 TIMBERVILLE, VA 22853-0601	34-2023317	501(C)(3)	6,000.	0.			ARTS, CULTURE
PORT REPUBLIC UNITED METHODIST CHURCH - PO BOX 116 - PORT REPUBLIC, VA 24471	36-2167731	501(C)(3)	10,000.	0.			FAITH BASED - GENERAL SUPPORT
PROJECT HEALING WATERS FLY FISHING - SHEN VALLEY - PO BOX 695 - LAPLATA, MD 20646	61-1518154	501(C)(3)	7,500.	0.			MENTAL HEALTHCARE
REDEEMER CLASSICAL SCHOOL PO BOX 737 HARRISONBURG, VA 22803	74-3071696	501(C)(3)	220,884.	0.			SCHOLARSHIPS
RISE UNITED METHODIST FAITH COMMUNITY - 217 S LIBERTY ST, STE 203 - HARRISONBURG, VA 22801	30-0624442	501(C)(3)	12,100.	0.			FAITH BASED - GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMH FOUNDATION 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	54-0506331	501(C)(3)	1,470,724.	0.			HEALTHCARE
ROBERTA WEBB CHILD CENTER 400 KELLEY STREET HARRISONBURG, VA 22802	54-1700223	501(C)(3)	8,600.	0.			YOUTH HUMAN SERVICES
ROCKTOWN HISTORY HRHS PO BOX 716 DAYTON, VA 22821	54-1017712	501(C)(3)	5,299.	0.			HISTORICAL PRESERVATION
SACRED HEART OF JESUS CATHOLIC CHURCH - 130 KEATING DRIVE - WINCHESTER, VA 22601	54-0547102	501(C)(3)	31,000.	0.			FAITH BASED - GENERAL SUPPORT
SADIE ROSE FOUNDATION PO BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	11,000.	0.			MENTAL HEALTHCARE
SALVATION ARMY - HARRISONBURG PO BOX 468 HARRISONBURG, VA 22803-0468	13-5562351	501(C)(3)	20,535.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	12,750.	0.			FAITH BASED - GENERAL SUPPORT
SEACOAST COMMUNITY SCHOOL 100 CAMPUS DR, STE 20 PORTSMOUTH, NH 03801-5892	02-0273466	501(C)(3)	15,000.	0.			EDUCATION
SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	54-0506331	501(C)(3)	1,362,523.	0.			HEALTHCARE

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SERGE 101 WEST AVE, SUITE 305 JENKINTOWN, PA 19046-2039	23-2223692	501(C)(3)	5,500.	0.			FAITH BASED - GENERAL SUPPORT
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602-2430	54-0505874	501(C)(3)	25,000.	0.			RECREATION
SHENANDOAH UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT, 1460 UNIVERSITY DRIVE - WINCHESTER, VA 226	54-0525605	501(C)(3)	11,000.	0.			EDUCATION
SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W. CORK STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	30,000.	0.			EDUCATION
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE - PO BOX 2734 - HARRISONBURG, VA 22801	45-5560300	501(C)(3)	11,379.	0.			EDUCATION
SHOWKER MEMORIAL GARDENS OPERATING ORG - 37 LEE HIGHWAY - BURKETOWN, VA 24486		501(C)(3)	22,338.	0.			AGENCY FUND DISTRIBUTIONS
SKYLINE LITERACY PO BOX 1354 HARRISONBURG, VA 22803	54-1589682	501(C)(3)	16,669.	0.			EDUCATION
ST. LUKE'S SCHOOL 377 N. WILTON RD NEW CANAAN, CT 06840	23-7099149	501(C)(3)	10,000.	0.			EDUCATION
STILL MEADOWS ENRICHMENT CENTER AND CAMP - 11992 HOLLAR SCHOOL ROAD - LINVILLE, VA 22834	54-1857340	501(C)(3)	9,500.	0.			YOUTH HUMAN SERVICES

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRENGTH IN PEERS 917 N MAIN ST SUITE 1 HARRISONBURG, VA 22802	81-1604006	501(C)(3)	11,000.	0.			HUMAN SERVICES
SUNSET DRIVE UNITED METHODIST CHURCH - PO BOX 381 - BROADWAY, VA 22815	45-1143998	501(C)(3)	9,600.	0.			FAITH BASED - GENERAL SUPPORT
THE ARC 620 SIMMS AVENUE HARRISONBURG, VA 22802	54-0995095	501(C)(3)	8,380.	0.			HUMAN SERVICES
THE COMMUNITY FOUNDATION FOR A GREATER RICHMOND - PO BOX 76495 - BALTIMORE, MD 21275-6495	23-7009135	501(C)(3)	11,000.	0.			ARTS, CULTURE
THE HIGHLAND CENTER PO BOX 566 MONTEREY, VA 24465	54-1882137	501(C)(3)	20,000.	0.			CIVIC
THE WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980-1557	54-1215402	501(C)(3)	9,694.	0.			ANIMAL RELATED
TIMBER RIDGE SCHOOL PO BOX 3160 WINCHESTER, VA 22604	54-0885291	501(C)(3)	25,000.	0.			EDUCATION
TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY, PO BOX 3306 BOSTON, MA 02241-3306	04-2103634	501(C)(3)	10,000.	0.			EDUCATION
UNITED WAY OF HARRISONBURG ROCKINGHAM - PO BOX 326 - HARRISONBURG, VA 22803-0326	54-0632716	501(C)(3)	66,794.	0.			HUMAN SERVICES

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA FINANCIAL AID - PO BOX 400204 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	15,000.	0.			SCHOLARSHIPS
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - PO BOX 400314 - CHARLOTTESVILLE, VA 22904-4314	41-2097394	501(C)(3)	21,000.	0.			HEALTHCARE
VALLEY PROGRAM FOR AGING SERVICES 975 SOUTH HIGH STREET HARRISONBURG, VA 22801	54-0958526	501(C)(3)	5,250.	0.			ELDERLY
VIRGINIA FFA FOUNDATION PO BOX 40 WEYERS CAVE, VA 24486	54-1291124	501(C)(3)	9,000.	0.			YOUTH HUMAN SERVICES
VIRGINIA MENNONITE MISSIONS 601 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-0793291	501(C)(3)	36,400.	0.			FAITH BASED - GENERAL SUPPORT
VIRGINIA QUILT MUSEUM 301 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-1637667	501(C)(3)	11,139.	0.			ARTS, CULTURE
VIRGINIA TECH UNIVERSITY BURSAR'S OFFICE - STUDENT SERVICES BUILDING, SUITE 200, 800 WASHINGTON ST SW - BLACKSBURG, VA	54-0721690	501(C)(3)	69,800.	0.			SCHOLARSHIPS
VMRC FOUNDATION 1491 VIRGINIA AVENUE HARRISONBURG, VA 22802	51-0249313	501(C)(3)	20,967.	0.			ELDERLY
WAY TO GO, INC PO BOX 946 HARRISONBURG, VA 22803	61-1487268	501(C)(3)	7,000.	0.			HUMAN SERVICES

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**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELL OF HOPE AMERICA 5225 W MYERS RD COVINGTON, OH 45318-8714	46-0608625	501(C)(3)	27,250.	0.			HUMAN SERVICES
WEST SIDE BAPTIST CHURCH 715 W WOLFE STREET HARRISONBURG, VA 22802	54-0953093	501(C)(3)	16,000.	0.			FAITH BASED - GENERAL SUPPORT
WILLIAM & MARY ATHLETIC EDUCATIONAL FOUNDATION - PO BOX 399 - WILLIAMSBURG, VA 23187-0399	54-0734117	501(C)(3)	14,500.	0.			EDUCATION
WINGFIELD MINISTRIES 4153 QUARLES CT HARRISONBURG, VA 22801	54-1437764	501(C)(3)	41,509.	0.			FAITH BASED - GENERAL SUPPORT
WMRA PUBLIC RADIO 983 RESERVOIR STREET HARRISONBURG, VA 22801	54-6001756	501(C)(3)	7,450.	0.			MENTAL HEALTHCARE
WORLD RESOURCES GROUP, INC. 456 MYERS AVENUE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	130,000.	0.			FAITH BASED - GENERAL SUPPORT
YES - YOUR ECONOMIC SUCCESS 4712 CROMER ROAD ROCKINGHAM, VA 22802-1037	54-1168566	501(C)(3)	101,704.	0.			AGENCY FUND DISTRIBUTIONS
YOUNG LIFE - HARRISONBURG-ROCKINGHAM COUNTY - PO BOX 1433 - HARRISONBURG, VA 22803-1433	84-0385934	501(C)(3)	60,836.	0.			YOUTH HUMAN SERVICES
YOUNG LIFE - VALLEY PO BOX 492 STAUNTON, VA 24402	84-0385934	501(C)(3)	10,000.	0.			FAITH BASED - GENERAL SUPPORT

Schedule I (Form 990)



**THE COMMUNITY FOUNDATION OF HARRISONBURG  
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**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

**2021**

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](http://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	55	2,562,403.	
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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( ADVERTISING )	X	5	31,855.	
26 Other ▶ ( PRINTING )	X	6	2,487.	
27 Other ▶ ( WEBSITE )	X	1	1,000.	
28 Other ▶ ( OTHER )	X	3	241.	

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**

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

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

PART I, OTHER TYPES OF PROPERTY:

FOOD

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 169.

(D) METHOD OF DETERMINING REVENUE:

Multiple horizontal lines for providing additional information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number	54-1920746
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FORM 990, PAGE 1, ITEM B

THIS FORM 990 IS AMENDED TO PROPERLY ELIMINATE INTERFUND REVENUES AND EXPENSES THAT WERE REPORTED AT GROSS ON THE ORIGINAL FILING. THIS AMENDMENT REDUCED PROGRAM SERVICE REVENUE ON PAGE 9 AND MANAGEMENT & GENERAL EXPENSES ON PAGE 10 BY \$860,742.

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

SERVICE, TCF IMPROVES THE CAPACITY OF LOCAL NONPROFIT SERVICE PROVIDERS WORKING HARD EVERY DAY TO MAKE OUR COMMUNITY A BETTER PLACE TO LIVE.

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

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	Employer identification number 54-1920746
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COMPENSATION PACKAGES ARE CALIBRATED TO LOCAL CONDITIONS.

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

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

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

INVESTMENT INCOME FROM AGENCY FUNDS	681,866.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-378,680.
GRANTS MADE FROM AGENCY ACCOUNTS	85,731.
AGENCY ADMIN EXPENSES	55,708.
TOTAL TO FORM 990, PART XI, LINE 9	444,625.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE PROCESS.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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) 2021



THE COMMUNITY FOUNDATION OF HARRISONBURG

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

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

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

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

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



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

**2021 Virginia  
Schedule 500ADJ**

**Corporation Schedule  
of Adjustments**



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

Use **Schedule 500ADJS** in addition to the Schedule 500ADJ if you are claiming more additions or subtractions than the Schedule 500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.

Check this box and enclose Schedule 500ADJS with your return

**Section A - Additions to Federal Taxable Income**

1. Fixed date conformity addition - Depreciation .....	1.	_____	.00			
2. Fixed date conformity addition - Other .....	2.	_____	.00			
3. Taxable addition from Schedule 500AB, Line 10 .....	3.	_____	.00			
4. Net income tax and other taxes that are based on, measured by, or computed with reference to net income .....	4.	_____	.00			
5. Interest on state obligations other than Virginia .....	5.	_____	.00			
6. Other Additions						
See instructions for addition codes.						
		<b>Code</b>				
6a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6a.	_____	.00
6b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6b.	_____	.00
6c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				6c.	_____	.00
7. <b>Total Additions.</b> Add Lines 1-5 and 6a-6c. Enter here and on Form 500, Line 2 .....	7.	_____	.00			

**Section B - Subtractions from Federal Taxable Income**

1. Fixed date conformity subtraction - Depreciation .....	1.	_____	.00			
2. Fixed date conformity subtraction - Other .....	2.	_____	.00			
3. Income from obligations or securities of the U.S. exempt from state income taxes, but not from federal income taxes .....	3.	_____	.00			
4. Foreign dividend gross-up (IRC § 78) .....	4.	_____	.00			
5. Refund or credit of income taxes included in federal taxable income .....	5.	_____	.00			
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A) .....	6.	_____	.00			
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8 .....	7.	_____	.00			
8. Dividends received from corporations in which the recipient owns 50% or more of the voting stock, to the extent remaining in federal taxable income .....	8.	_____	.00			
9. Other Subtractions. See instructions for subtraction codes.						
		<b>Certification Number</b>				
		<b>Code</b>				
9a. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9a.	_____	.00
9b. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9b.	_____	.00
9c. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table> .....				9c.	_____	.00
10. <b>Total Subtractions.</b> Add Lines 1-8 and 9a-9c. Enter here and on Form 500, Line 4 .....	10.	_____	.00			

**Section C - Amended Return**

If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to make an additional payment.

1. Add amount paid with original return plus additional tax paid after it was filed. (Do not include amount paid from Form 500, Line 20.) .....	1.	_____	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here .....	2.	_____	.00
3. Overpayment, if any, as shown on original return or as previously adjusted .....	3.	_____	.00
4. Subtract Line 3 from Line 2 .....	4.	_____	.00
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from Line 11 on amended Form 500. <b>This is the tax you owe</b> .....	5.	_____	.00
6. <b>Refund.</b> If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11 on amended Form 500 from Line 4 above. This is the tax you overpaid .....	6.	_____	.00

**EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS**

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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

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

**REVLAN HILL - THE COMMUNITY FOUNDATION**

- The books are in the care of ▶ **PO BOX 1068 - HARRISONBURG, VA 22803**

Telephone No. ▶ **540-432-3863** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

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

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

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