

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY		D Employer identification number 54-1920746
	Doing business as		E Telephone number 540-432-3863
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 1068		G Gross receipts \$ 32,562,062.
	City or town, state or province, country, and ZIP or foreign postal code HARRISONBURG, VA 22803		
F Name and address of principal officer: REVLAN HILL P.O. BOX 1068, HARRISONBURG, VA 22803		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.TCFHR.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1998** **M** State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE MAKE IT EASY TO GIVE BACK TO THE COMMUNITY WE LOVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	140
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,544,052.	11,604,119.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,588.	56,239.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,236,975.	5,601,379.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,441.	71,946.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,853,056.	17,333,683.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,135,263.	10,232,796.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	498,649.	516,493.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	94,929.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	729,089.	683,078.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,363,001.	11,432,367.	
19 Revenue less expenses. Subtract line 18 from line 12	7,490,055.	5,901,316.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	87,943,878.	97,178,181.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,128,104.	8,412,690.
22 Net assets or fund balances. Subtract line 21 from line 20	79,815,774.	88,765,491.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	REVLAN HILL, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES R. FRIES	JAMES R. FRIES	04/15/26	<input type="checkbox"/>	P01320612
Paid Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	BROWN, EDWARDS & COMPANY, LLP 1909 FINANCIAL DRIVE HARRISONBURG, VA 22801	54-0504608	540-434-6736		

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

THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Form 990 (2024)

54-1920746 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 \$ 8,332,278. including grants of \$ 8,236,630.) (Revenue \$) GRANTS TO STRENGTHEN OUR COMMUNITY: THE COMMUNITY FOUNDATION (TCF) GRANTS CONTINUE TO FLOURISH, PROVIDING FINANCIAL SUPPORT THROUGH OVER 1,100 GRANTS PRIMARILY MADE TO LOCAL ORGANIZATIONS. OVER \$8.3 MILLION IN GRANTS WERE AWARDED TO 543 NONPROFIT ORGANIZATIONS SERVING IN THE AREAS OF HUMAN SERVICES, EDUCATION, HEALTH, ARTS, ANIMAL WELFARE, ENVIRONMENT, HISTORIC PRESERVATION, RECREATION, AND FAITH-BASED PROGRAMS. ADDITIONALLY, TCF ADMINISTERS AN ANNUAL COMPETITIVE GRANT PROCESS FOR NONPROFITS WITHIN THE REGION. COMPETITIVE GRANTS AWARDED THROUGH THE ANNUAL CYCLE TOTALED \$771,608 AND WERE FUNDED THROUGH ENDOWMENTS DESIGNATED FOR SPECIFIC AREAS OF INTEREST.

4b (Code:) (Expenses \$ 1,367,323. including grants of \$ 1,280,178.) (Revenue \$) SCHOLARSHIPS AND EDUCATION: TCF ADMINISTERS SCHOLARSHIPS FOR LOCAL STUDENTS PRIMARILY LOCATED IN HARRISONBURG AND ROCKINGHAM COUNTY. SCHOLARSHIP AWARDS ARE BASED ON CRITERIA ESTABLISHED IN PARTNERSHIP WITH THE DONOR, SUCH AS FINANCIAL NEED, ACADEMIC SUCCESS, OR A SPECIFIC COURSE OF STUDY. SCHOLARSHIP AWARDS OF OVER \$350,000 SUPPORTED 79 TRADITIONAL AND 65 VOCATIONAL STUDENTS THROUGH RENEWABLE AND ONE-TIME SCHOLARSHIPS. TCF IS ALSO AN APPROVED VIRGINIA SCHOLARSHIP FOUNDATION AND DISTRIBUTED MORE THAN \$927,000 TO LOCAL PRIVATE SCHOOLS FOR SCHOLARSHIPS THROUGH VIRGINIA'S TAX CREDIT PROGRAM. THE PROGRAM HELPS MAKE PRIVATE EDUCATION MORE AFFORDABLE FOR ELIGIBLE FAMILIES THROUGH THE SUPPORT OF GENEROUS DONORS.

4c (Code:) (Expenses \$ 303,471. including grants of \$ 77,600.) (Revenue \$) PROGRAM INITIATIVES: TCF HOSTS THE GREAT COMMUNITY GIVE, A COMMUNITY-WIDE GIVING DAY FOR LOCAL NONPROFIT ORGANIZATIONS. THIS YEAR, THE EVENT ENGAGED MORE THAN 7,600 DONORS AND RAISED OVER \$2.2 MILLION FOR 147 NONPROFIT ORGANIZATIONS. TCF IS THE LOCAL PARTNER OF DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM WHICH MAELS FREE, AGE-APPROPRIATE BOOKS EACH MONTH TO CHILDREN FROM BIRTH TO 5 YEARS OLD. NEARLY 39,000 BOOKS WERE MAILED THIS YEAR TO CHILDREN IN HARRISONBURG AND ROCKINGHAM COUNTY. THE ANNUAL GIVING BACK GUIDE PUBLISHED BY TCF HIGHLIGHTS THE NEEDS OF LOCAL NONPROFITS AND HELPS INFORM DONORS ABOUT HOW THEY CAN EASILY GIVE BACK TO THE COMMUNITY WE LOVE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 685,044. including grants of \$ 638,388.) (Revenue \$ 98,427.)

4e Total program service expenses 10,688,116.

Form 990 (2024)

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

Form 990 (2024)

54-1920746

Page **3**

Part IV Checklist of Required Schedules

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

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

Form 990 (2024)

54-1920746 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		1
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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
& ROCKINGHAM COUNTY**

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	17		
b Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
REVLAN HILL - THE COMMUNITY FOUNDATION - 540-432-3863
PO BOX 1068, HARRISONBURG, VA 22803

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

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, box 6 of 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) REVLAN S. HILL EXECUTIVE DIRECTOR	40.00			X			135,363.	0.	4,140.	
(2) ANNA E. WAGNER CHIEF FINANCIAL OFFICER	40.00			X			112,475.	0.	7,837.	
(3) ANN B. SICILIANO SR. DIRECTOR OF SCHOLARSHIPS & GRANT	28.60			X			61,930.	0.	9,239.	
(4) KEVIN FLINT CHAIR	1.00	X		X			0.	0.	0.	
(5) CYNTHIA PRIETO VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) LINDSAY BRUBAKER SECRETARY	1.00	X		X			0.	0.	0.	
(7) ANDE BANKS DIRECTOR	1.00	X					0.	0.	0.	
(8) TED BYRD DIRECTOR	1.00	X					0.	0.	0.	
(9) CASEY ARMSTRONG DIRECTOR	1.00	X					0.	0.	0.	
(10) BETH DRIVER DIRECTOR	1.00	X					0.	0.	0.	
(11) LESLIE DUTT DIRECTOR	1.00	X					0.	0.	0.	
(12) CARY HEVENER DIRECTOR	1.00	X					0.	0.	0.	
(13) BECCA MILLER DIRECTOR	1.00	X					0.	0.	0.	
(14) GANNON IRONS DIRECTOR	1.00	X					0.	0.	0.	
(15) CHARLES MARTORANA DIRECTOR	1.00	X					0.	0.	0.	
(16) MIKE MEHLING DIRECTOR	1.00	X					0.	0.	0.	
(17) ALAN SHELTON DIRECTOR	1.00	X					0.	0.	0.	

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

Form 990 (2024)

54-1920746 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(18) HUI HE SONO DIRECTOR	1.00	X						0.	0.	0.
(19) MATTHEW C. SUNDERLIN DIRECTOR	1.00	X						0.	0.	0.
(20) SARAH VON SCHUCH DIRECTOR	1.00	X						0.	0.	0.
(21) ELLEN BRODERSEN TREASURER	0.50			X				0.	0.	0.
1b Subtotal								309,768.	0.	21,216.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								309,768.	0.	21,216.

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 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAVES LIGHT LENHART PRIVATE WEALTH MANAGEM 100 SOUTH MASON STREET, SUITE C, HARRISONBU	INVESTMENT ADVISORY SERVICES	136,161.
VIRGINIA WEALTH ADVISORS OF JANNEY MONTGOME 313 NEFF AVENUE, SUITE E, HARRISONBURG, VA	INVESTMENT ADVISORY SERVICES	116,469.

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 2

Form **990** (2024)

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Form 990 (2024)

54-1920746 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	11,604,119.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,497,260.			
	h	Total. Add lines 1a-1f		11,604,119.			
Program Service Revenue	2 a	ADMINISTRATIVE AND MANAGEMENT FEE	Business Code				
			561000	56,239.	56,239.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		56,239.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,947,729.		2947729.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				42,188.			
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	42,188.			
	d	Net rental income or (loss)		42,188.	42,188.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				16,675,423.	1206606.		
	b	Less: cost or other basis and sales expenses	7b	13,878,379.	1350000.		
	c	Gain or (loss)	7c	2,797,044.	-143,394.		
d	Net gain or (loss)		2,653,650.		2653650.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		10c					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	CHANGE IN VALUE OF SPLIT INTEREST	Business Code				
			900099	29,360.		29,360.	
	b	OTHER	900099	398.		398.	
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		29,758.				
12	Total revenue. See instructions		17,333,683.	98,427.	0.	5631137.	

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

Form 990 (2024)

54-1920746 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,232,796.	10,232,796.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	348,251.	171,618.	137,898.	38,735.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	124,028.	61,308.	37,846.	24,874.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,256.	1,609.	994.	653.
9 Other employee benefits	6,505.	3,216.	1,984.	1,305.
10 Payroll taxes	34,453.	16,993.	12,774.	4,686.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,297.	2,097.	200.	
c Accounting	23,450.	2,250.	21,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	261,023.		261,023.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	60,579.	2,500.	58,079.	
12 Advertising and promotion	19,323.	7,856.	809.	10,658.
13 Office expenses	9,600.	5,204.	4,346.	50.
14 Information technology	65,711.	30,690.	29,091.	5,930.
15 Royalties				
16 Occupancy	60,069.	27,836.	30,063.	2,170.
17 Travel	5,282.		5,182.	100.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,821.	1,523.	2,894.	404.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,438.	19,452.	14,622.	5,364.
23 Insurance	24,745.		24,745.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY INITIATIVES	97,235.	97,235.		
b OTHER	4,904.	3,933.	971.	
c DUES & MEMBERSHIPS	4,601.		4,601.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,432,367.	10,688,116.	649,322.	94,929.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2024)

54-1920746 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	116,305.	1	41,025.	
	2 Savings and temporary cash investments	3,920,013.	2	4,480,034.	
	3 Pledges and grants receivable, net	748,532.	3	994,032.	
	4 Accounts receivable, net	450.	4	6,872.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7 Notes and loans receivable, net	93,241.	7	91,859.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	56,864.	9	48,461.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,293,270.			
	b Less: accumulated depreciation	10b 296,942.	1,008,956.	10c	996,328.
	11 Investments - publicly traded securities	79,784,076.	11	88,868,350.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	4,816.	14	4,609.	
	15 Other assets. See Part IV, line 11	2,210,625.	15	1,646,611.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	87,943,878.	16	97,178,181.		
Liabilities	17 Accounts payable and accrued expenses	17,441.	17	11,391.	
	18 Grants payable	322,375.	18	313,145.	
	19 Deferred revenue		19	530.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,788,288.	25	8,087,624.	
	26 Total liabilities. Add lines 17 through 25	8,128,104.	26	8,412,690.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	78,133,690.	27	86,024,460.	
	28 Net assets with donor restrictions	1,682,084.	28	2,741,031.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	79,815,774.	32	88,765,491.	
33 Total liabilities and net assets/fund balances	87,943,878.	33	97,178,181.		

Form **990** (2024)

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

Form 990 (2024)

54-1920746 Page **12**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	17,333,683.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,432,367.
3 Revenue less expenses. Subtract line 2 from line 1	3	5,901,316.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	79,815,774.
5 Net unrealized gains (losses) on investments	5	3,445,434.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-397,033.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	88,765,491.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2024)

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14939391.	16569247.	11393748.	11544052.	11604119.	66050557.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14939391.	16569247.	11393748.	11544052.	11604119.	66050557.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						17184582.
6 Public support. Subtract line 5 from line 4.						48865975.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14939391.	16569247.	11393748.	11544052.	11604119.	66050557.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1436170.	2905350.	2248803.	2143518.	2989917.	11723758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						77774315.
12 Gross receipts from related activities, etc. (see instructions)					12	330,272.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	62.83 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	62.78 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

THE COMMUNITY FOUNDATION OF HARRISONBURG
& 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

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	140	
2 Aggregate value of contributions to (during year)	6,244,500.	
3 Aggregate value of grants from (during year)	6,532,334.	
4 Aggregate value at end of year	32,381,509.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under 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

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

Schedule D (Form 990) (Rev. 12-2024)

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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	47,530,409.	38,689,972.	34,117,711.	35,390,923.	27,128,114.
b Contributions	2,487,114.	5,130,072.	3,375,518.	4,453,965.	1,939,332.
c Net investment earnings, gains, and losses	5,259,994.	5,725,799.	3,420,383.	-3,813,229.	7,265,025.
d Grants or scholarships	1,570,493.	1,495,712.	1,793,038.	1,341,417.	621,554.
e Other expenditures for facilities and programs					
f Administrative expenses	606,203.	519,722.	430,602.	572,531.	319,994.
g End of year balance	53,100,821.	47,530,409.	38,689,972.	34,117,711.	35,390,923.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		83,342.		83,342.
b Buildings		1,007,101.	203,282.	803,819.
c Leasehold improvements		19,522.	10,086.	9,436.
d Equipment		127,027.	45,471.	81,556.
e Other		56,278.	38,103.	18,175.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				996,328.

THE COMMUNITY FOUNDATION OF HARRISONBURG

Schedule D (Form 990) (Rev. 12-2024) & ROCKINGHAM COUNTY

54-1920746 Page 3

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY OBLIGATIONS	7,763,771.
(3) LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	323,853.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,087,624.

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) (Rev. 12-2024)

THE COMMUNITY FOUNDATION OF HARRISONBURG

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

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

1	Total revenue, gains, and other support per audited financial statements		1	19,479,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,445,434.	
b	Donated services and use of facilities	2b	53,278.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,498,712.	
3	Subtract line 2e from line 1	3	15,980,979.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	261,023.	
b	Other (Describe in Part XIII.)	4b	1,091,681.	
c	Add lines 4a and 4b	4c	1,352,704.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,333,683.	

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

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

1	Total expenses and losses per audited financial statements		1	10,529,974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	53,278.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	53,278.	
3	Subtract line 2e from line 1	3	10,476,696.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	261,023.	
b	Other (Describe in Part XIII.)	4b	694,648.	
c	Add lines 4a and 4b	4c	955,671.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,432,367.	

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	692,939.
AGENCY CONTRIBUTIONS	398,722.
DIFFERENCE IN INVESTMENT EXPENSES	21.
ROUNDING	-1.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,091,681.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY GRANTS	638,388.
AGENCY ADMIN FEES	56,239.
DIFFERENCE IN INVESTMENT EXPENSES	21.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	694,648.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Employer identification number
54-1920746

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEGHENY-BLUE RIDGE ALLIANCE PO BOX 96 MONTEREY, VA 24465	82-1524592	501(C)(3)	12,000.	0.			ENVIRONMENTAL INITIATIVES
ALLIANCE FOR THE SHENANDOAH VALLEY PO BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	14,750.	0.			ENVIRONMENTAL INITIATIVES
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)(3)	49,171.	0.			DISASTER RELIEF, HUMAN SERVICES, HURRICANE HELENE RELIEF
ANY GIVEN CHILD SHENANDOAH VALLEY 85 W. GAY STREET HARRISONBURG, VA 22802	85-2926903	501(C)(3)	12,115.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - PO BOX 32014 - BOONE, NC 28608-2014	23-7099379	501(C)(3)	63,204.	0.			DISASTER RELIEF
ARTS COUNCIL OF THE VALLEY 311 S. MAIN STREET HARRISONBURG, VA 22801	54-2025348	501(C)(3)	76,676.	0.			ARTS, CULTURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **197.**

3 Enter total number of other organizations listed in the line 1 table **7.**

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

Schedule I (Form 990) (Rev. 12-2024)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-0519596	N/A - CHURCH	45,308.	0.			FAITH BASED
AUGUSTA CHRISTIAN ACADEMY 36 PARKWAY LANE SUITE 114 FISHERSVILLE, VA 22939	99-3620904	501(C)(3)	62,397.	0.			EDUCATION
AVA CARE OF HARRISONBURG 847 MARTIN LUTHER KING, JR. WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	14,488.	0.			HEALTHCARE
BIBLE STUDY FELLOWSHIP PO BOX 675241 DALLAS, TX 75267-5241	94-1514010	501(C)(3)	25,000.	0.			FAITH BASED
BIG BROTHERS BIG SISTERS OF HARRISONBURG-ROCKINGHAM COUNTY - 1014 A RESERVOIR STREET - HARRISONBURG, VA 22801	51-0209104	501(C)(3)	51,457.	0.			YOUTH HUMAN SERVICES
BLESSED SACRAMENT CATHOLIC CHURCH 154 NORTH MAIN STREET HARRISONBURG, VA 22802	54-0897260	N/A - CHURCH	12,221.	0.			FAITH BASED, HUMAN SERVICES
BLOWING ROCK METHODIST CHURCH 1530 QUEENS ROAD - #704 CHARLOTTE, NC 28207	02-0653104	501(C)(3)	10,000.	0.			FAITH BASED
BLUE GRASS RESOURCE CENTER PO BOX 113 BLUE GRASS, VA 24413	54-1947102	501(C)(3)	50,000.	0.			HISTORICAL PRESERVATION
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482-0937	52-1202644	501(C)(3)	27,395.	0.			HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE CASA FOR CHILDREN 119 W FREDERICK ST STAUNTON, VA 24401	54-1721227	501(C)(3)	13,500.	0.			YOUTH HUMAN SERVICES
BLUE RIDGE CHRISTIAN SCHOOL PO BOX 207 BRIDGEWATER, VA 22812-0207	54-1543463	501(C)(3)	143,200.	0.			EDUCATION, SCHOLARSHIPS
BLUE RIDGE FREE CLINIC, INC. 831 MARTIN LUTHER KING JR. WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	39,600.	0.			HEALTHCARE
BLUE RIDGE LEGAL SERVICES PO BOX 551 HARRISONBURG, VA 22803-0551	54-1048944	501(C)(3)	10,599.	0.			HUMAN SERVICES
BOLAR VOLUNTEER FIRE DEPARTMENT 21271 SAM SNEAD WARM SPRINGS, VA 24484	52-1330416	501(C)(4)	15,000.	0.			CIVIC
BOLAR VOLUNTEER RESCUE SQUAD 39 BOLAR LANE MONTEREY, VA 24465	84-3393836	501(C)(3)	11,379.	0.			CIVIC
BOSTON UNIVERSITY PO BOX 22605 NEW YORK, NY 10087	04-2103547	501(C)(3)	55,000.	0.			EDUCATION, SCHOOL OF MEDICINE
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	501(C)(3)	25,000.	0.			EDUCATION
BOYS AND GIRLS CLUBS OF HARRISONBURG AND ROCKINGHAM COUNTY - PO BOX 1223 - HARRISONBURG, VA 22803	54-1652418	501(C)(3)	31,925.	0.			YOUTH HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRCC EDUCATIONAL FOUNDATION PO BOX 80 WEYERS CAVE, VA 24486-0080	54-1328809	501(C)(3)	45,000.	0.			EDUCATION
BRETHREN AND MENNONITE HERITAGE CENTER - PO BOX 1563 - HARRISONBURG, VA 22803-1563	54-1932526	501(C)(3)	29,650.	0.			HISTORICAL PRESERVATION
BRETHREN WOODS CAMP AND RETREAT CENTER - PO BOX 67 - WEYERS, VA 24486-0067	54-0834644	501(C)(3)	9,000.	0.			RECREATION
BRIDGE OF HOPE HARRISONBURG-ROCKINGHAM - PO BOX 535 - HARRISONBURG, VA 22803-0535	90-0451234	501(C)(3)	9,250.	0.			HUMAN SERVICES
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET, BOX 33 BRIDGEWATER, VA 22812-1599	54-0506306	501(C)(3)	102,000.	0.			EDUCATION
BRIDGEWATER RETIREMENT COMMUNITY 302 NORTH SECOND STREET BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	29,525.	0.			ELDERLY
BRIDGEWATER VOLUNTEER FIRE COMPANY INC - 304 NORTH MAIN STREET BRIDGEWATER - BRIDGEWATER, VA 22812	54-6053426	501(C)(4)	11,650.	0.			CIVIC
BRIDGEWATER VOLUNTEER RESCUE SQUAD PO BOX 268 BRIDGEWATER BRIDGEWATER, VA 22812	52-1444170	501(C)(3)	6,250.	0.			CIVIC
BUILD OUR PARK 217 S LIBERTY ST SUITE 204 HARRISONBURG, VA 22801	99-3097441	501(C)(3)	275,000.	0.			RECREATION

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DIOCESE OF ARLINGTON - 200 N. GLEBE ROAD, SUITE 811 - ARLINGTON, VA 22203	54-0515706	501(C)(3)	10,000.	0.			FAITH BASED
CENTRAL VALLEY HABITAT FOR HUMANITY - PO BOX 245 - BRIDGEWATER, VA 22812-0245	54-1441871	501(C)(3)	72,671.	0.			HUMAN SERVICES
CHILDREN'S AID CLUB 3296 N FEDERAL HWY #11503 FORT LAUDERDALE, FL 33339-8422	59-6194364	501(C)(3)	10,000.	0.			YOUTH HUMAN SERVICES
CHILDREN'S CLOTHES CLOSET AND EQUIPMENT FOR CARING - PO BOX 2026 - HARRISONBURG, VA 22801	83-4082123	501(C)(3)	32,907.	0.			HUMAN SERVICES
CHRIST EPISCOPAL CHURCH 100 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0585201	N/A - CHURCH	10,000.	0.			FAITH BASED
CHURCH OF THE INCARNATION 75 N. MASON ST HARRISONBURG, VA 22802	27-3453966	N/A - CHURCH	60,000.	0.			FAITH BASED
CHURCH OF THE LAMB PO BOX 232 PENN LAIRD, VA 22846	47-3863540	N/A - CHURCH	15,000.	0.			FAITH BASED
CHURCH WORLD SERVICE INC. 250 E. ELIZABETH ST., SUITE 102 HARRISONBURG, VA 22801	13-4080201	501(C)(3)	26,500.	0.			HUMAN SERVICES
CITY OF HARRISONBURG 409 S. MAIN ST HARRISONBURG, VA 22801	54-6001343	170(C)(1)	52,350.	0.			CIVIC

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLINS CENTER AND CHILD ADVOCACY CENTER - 217 S. LIBERTY STREET SUITE 205 - HARRISONBURG, VA 22801	54-1478133	501(C)(3)	6,500.	0.			MENTAL HEALTHCARE
COMMUNITY CHRISTIAN ACADEMY PO BOX 6659 CHARLOTTESVILLE, VA 22906	90-0788058	501(C)(3)	17,320.	0.			SCHOLARSHIPS
COMMUNITY FOUNDATION OF HENDERSON COUNTY - 401 NORTH MAIN ST SUITE 300 - HENDERSONVILLE, NC 28792	56-1330792	501(C)(3)	22,000.	0.			DISASTER RELIEF
COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY - PO BOX 2391 - WINCHESTER, VA 22604	26-0008332	501(C)(3)	60,000.	0.			EDUCATION, RECREATION
COMMUNITY SCHOOL 7815 WILLIAMSON ROAD ROANOKE, VA 24019	23-7120875	501(C)(3)	33,191.	0.			SCHOLARSHIPS
CONGREGATIONAL COMMUNITY ACTION PROJECT INC - PO BOX 2112 - WINCHESTER, VA 22604	23-7433688	501(C)(3)	15,000.	0.			HUMAN SERVICES
COUNCIL ON DOMESTIC VIOLENCE FOR PAGE COUNTY, INC - PO BOX 88 - LURAY, VA 22835	54-1388637	501(C)(3)	10,000.	0.			HUMAN SERVICES
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, SUITE 101 HARRISONBURG, VA 22801	54-1270644	N/A - CHURCH	155,000.	0.			FAITH BASED
DARE TO DREAM THERAPEUTIC HORSEMANSHIP CENTER - 515 WADE WOODS LN - MONTEREY, VA 24465	47-3546999	501(C)(3)	15,000.	0.			MENTAL HEALTHCARE

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAWSON SHEEN ACADEMY 1320 S. KENT STREET WINCHESTER, VA 22601	93-2300810	501(C)(3)	10,000.	0.			EDUCATION
DAYTON CHURCH OF THE BRETHREN PO BOX 236 DAYTON, VA 22821	54-1098380	N/A - CHURCH	18,000.	0.			FAITH BASED
DAYTON UNITED METHODIST CHURCH 215 ASHBY STREET DAYTON, VA 22821	54-1304918	N/A - CHURCH	90,426.	0.			AGENCY FUND DISTRIBUTIONS
DIOCESE OF ARLINGTON 200 N. GLEBE RD, SUITE 811 ARLINGTON, VA 22203	54-0967542	N/A - CHURCH	12,000.	0.			FAITH BASED
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	493,620.	0.			EDUCATION, SCHOLARSHIPS
EASTERN MENNONITE UNIVERSITY 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	72,255.	0.			EDUCATION, CHILDREN'S CHOIR
ELEGIUS MINI EQUINE SANCTUARY 4661 DOE HILL RD MCDOWELL, VA 24458	81-4844371	501(C)(3)	11,000.	0.			ANIMAL RELATED
EMERYWOOD BAPTIST CHURCH 1300 COUNTRY CLUB DRIVE HIGH POINT, NC 27262	11-1111111	N/A - CHURCH	10,000.	0.			FAITH BASED
EMMANUEL EPISCOPAL CHURCH 660 S. MAIN STREET HARRISONBURG, VA 22801	54-0698625	N/A - CHURCH	9,200.	0.			FAITH BASED, HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY AND HENRY UNIVERSITY PO BOX 950 EMORY, VA 24327-0950	54-0505892	501(C)(3)	5,500.	0.			EDUCATION
EXPLORE MORE DISCOVERY MUSEUM PO BOX 957 HARRISONBURG, VA 22803	16-1683676	501(C)(3)	92,985.	0.			EDUCATION
FIRST CHURCH OF THE BRETHREN, HARRISONBURG - 315 SOUTH DOGWOOD DRIVE - HARRISONBURG, VA 22801	54-6054984	N/A - CHURCH	5,530.	0.			FAITH BASED
FIRST PRESBYTERIAN CHURCH 17 COURT SQUARE HARRISONBURG, VA 22802	54-0576303	501(C)(3)	33,750.	0.			FAITH BASED
FIRST STEP: A RESPONSE TO DOMESTIC VIOLENCE, INC. - 129 FRANKLIN STREET - HARRISONBURG, VA 22801	51-0243177	501(C)(3)	32,574.	0.			HUMAN SERVICES, NAP ASSISTANCE
FREE FOUNDATION FOR REHABILITATION EQUIPMENT AND ENDOWMENT - PO BOX 2771 - HARRISONBURG, VA 22801	54-1934695	501(C)(3)	25,000.	0.			HEALTHCARE
FREEDOM FELLOWSHIP PO BOX 384 162 N. MAIN STREET BROADWAY, VA 22815	32-0409727	N/A - CHURCH	106,210.	0.			FAITH BASED
FREMONT STREET NURSERY 533 FREMONT STREET WINCHESTER, VA 22601	54-0636119	501(C)(3)	30,000.	0.			YOUTH HUMAN SERVICES
FRIENDLY CITY FLORALS 1444 HILLSIDE AVENUE HARRISONBURG, VA 22801	99-1966625	501(C)(3)	6,200.	0.			ENVIRONMENTAL INITIATIVES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL DISCIPLES 315 W. JAMES ST, STE 202 LANCASTER, PA 17603	23-2854114	501(C)(3)	25,000.	0.			FAITH BASED
GOODWIN MEISSNER FAMILY FOUNDATION 1508 CANTERBURY RD RALEIGH, NC 27608	47-2352603	501(C)(3)	14,000.	0.			EDUCATION
GOSHEN COLLEGE 1700 S. MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	6,550.	0.			EDUCATION
GRACE BIBLE CHURCH NAPLES PO BOX 9339 NAPLES, FL 34101	45-3632515	N/A - CHURCH	10,000.	0.			FAITH BASED
GRACE CHRISTIAN SCHOOL 511 THORNROSE AVENUE STAUNTON, VA 24401	54-1249847	501(C)(3)	7,465.	0.			SCHOLARSHIPS
GROTTOES POOL PRESERVATION FOUNDATION - 1101 GUM AVENUE - GROTTOES, VA 24441	99-0662741	501(C)(3)	20,000.	0.			RECREATION
HABITAT FOR HUMANITY - INTERNATIONAL - PO BOX 7056 - AMERICUS, GA 31709-9912	91-1914868	501(C)(3)	5,171.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF BROWARD 888 NW 62ND STREET, 2ND FLOOR FORT LAUDERDALE, FL 33309	59-2320573	501(C)(3)	10,000.	0.			HUMAN SERVICES
HARRISONBURG COMMUNITY HEALTH CENTER - PO BOX 308 - HARRISONBURG, VA 22803-0308	02-0813294	501(C)(3)	17,350.	0.			HEALTHCARE

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONBURG DANCE COOPERATIVE PO BOX 902 HARRISONBURG, VA 22803	81-2864342	501(C)(3)	7,200.	0.			ARTS, CULTURE
HARRISONBURG EDUCATION FOUNDATION 1 COURT SQUARE HARRISONBURG, VA 22801	54-1746901	501(C)(3)	11,392.	0.			EDUCATION, AGENCY FUND DISTRIBUTIONS
HARRISONBURG FIRST CHURCH OF THE NAZARENE - 1871 BOYERS ROAD - ROCKINGHAM, VA 22801	54-6134186	501(C)(3)	94,460.	0.			FAITH BASED
HARRISONBURG HIGH SCHOOL 1001 GARBERS CHURCH ROAD HARRISONBURG, VA 22801	54-0885804	501(C)(3)	10,000.	0.			EDUCATION
HARRISONBURG MENNONITE CHURCH 1552 S. HIGH STREET HARRISONBURG, VA 22801	54-1001338	N/A - CHURCH	33,550.	0.			FAITH BASED
HARRISONBURG RESCUE SQUAD PO BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(4)	8,300.	0.			CIVIC
HARRISONBURG ROTARY CLUB FOUNDATION - PO BOX 683 - HARRISONBURG, VA 22803	54-1651493	501(C)(3)	65,300.	0.			AGENCY FUND DISTRIBUTIONS, CIVIC
HARRISONBURG-ROCKINGHAM CHILD DAY CARE CENTER - PO BOX 344 - HARRISONBURG, VA 22803	23-7073271	501(C)(3)	109,589.	0.			YOUTH HUMAN SERVICES
HEART GALLERY OF BROWARD 222 SE 10TH ST FORT LAUDERDALE, FL 33316	06-1799263	501(C)(3)	10,000.	0.			YOUTH HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND CHILDREN'S HOUSE 61 HIGHLAND CENTER DR MONTEREY, VA 24465-0527	83-3645078	501(C)(3)	99,472.	0.			YOUTH HUMAN SERVICES
HIGHLAND COUNTY ARTS COUNCIL PO BOX 175 MONTEREY, VA 24465-0175	54-1632439	501(C)(3)	20,000.	0.			ARTS, CULTURE
HIGHLAND COUNTY FAIR ASSOCIATION PO BOX 366 MONTEREY, VA 24465	54-0887209	501(C)(3)	55,000.	0.			RECREATION
HIGHLAND COUNTY HUMANE SOCIETY, INC. - PO BOX 458 - MONTEREY, VA 24465	45-5554938	501(C)(3)	35,000.	0.			ANIMAL RELATED
HIGHLAND COUNTY VOLUNTEER FIRE DEPARTMENT - PO BOX 267 - MONTEREY, VA 24465	23-7166711	501(C)(3)	30,000.	0.			CIVIC
HIGHLAND HISTORICAL SOCIETY 161 MANSION HOUSE RD MCDOWELL, VA 24458	54-1778354	501(C)(3)	15,000.	0.			HISTORICAL PRESERVATION
HIGHLAND MEDICAL CENTER PO BOX 490 MONTEREY, VA 24465	54-1652356	501(C)(3)	80,000.	0.			HEALTHCARE
HIGHLAND RETREAT 14783 UPPER HIGHLAND DR BERGTON, VA 22811	54-0808741	501(C)(3)	16,900.	0.			RECREATION
HOLY FAMILY CATHOLIC CHURCH 394-213 HIDDEN VALLEY SAINT THOMAS, VI 00802	66-0429422	N/A - CHURCH	25,000.	0.			FAITH BASED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE DISTRIBUTED 1869 BOYERS RD ROCKINGHAM, VA 22801	61-1542114	501(C)(3)	19,600.	0.			HUMAN SERVICES
HOSE COMPANY NUMBER 4 2654 PORT REPUBLIC RD ROCKINGHAM, VA 22801-2202	23-7243464	501(C)(4)	7,500.	0.			CIVIC
HOWARDS CREEK BAPTIST CHURCH 240 HOWARDS CREEK RD BOONE, NC 28607	56-1393600	N/A - CHURCH	11,000.	0.			FAITH BASED
ILLINOIS INSTITUTE OF TECHNOLOGY 7565 SOLUTION CENTER CHICAGO, IL 60677	36-2170136	501(C)(3)	5,171.	0.			EDUCATION
IN TOUCH MINISTRIES PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	10,300.	0.			FAITH BASED
INDUSTRIAL AND COMMERCIAL MINISTRIES - 57 S MAIN STREET, SUITE 606 - HARRISONBURG, VA 22801-3703	54-0995038	501(C)(3)	21,152.	0.			FAITH BASED
ISAIAH 117 HOUSE PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)(3)	25,000.	0.			YOUTH HUMAN SERVICES
JAMES MADISON UNIVERSITY 738 SOUTH MASON ST HARRISONBURG, VA 22807	54-6001756	501(C)(3)	14,939.	0.			PUBLIC RADIO, EDUCATION
JAMES MADISON UNIVERSITY FOUNDATION - 1031 HARRISON STREET, MSC 3603 - HARRISONBURG, VA 22807	23-7156305	501(C)(3)	184,872.	0.			EDUCATION, RECREATION

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KARIS PROJECT PO BOX 155 WEYERS CAVE, VA 24486	45-2970811	501(C)(3)	10,000.	0.			FAITH BASED
KERUS GLOBAL EDUCATION 245 NEWMAN AVE, SUITE B HARRISONBURG, VA 22801	84-1123082	501(C)(3)	9,500.	0.			EDUCATION
KINGSWAY PRISON AND FAMILY OUTREACH - PO BOX 2335 - HARRISONBURG, VA 22801	54-1799442	501(C)(3)	7,250.	0.			HUMAN SERVICES
LAUDHOLM TRUST PO BOX 1007 WELLS, ME 04090-1007	01-0380763	501(C)(3)	5,300.	0.			ENVIRONMENTAL INITIATIVES
LCC INTERNATIONAL FUND, INC PO BOX 101787 PASADENA, CA 91189-1787	23-3015092	501(C)(3)	20,000.	0.			EDUCATION
LEADER DOGS FOR THE BLIND 1039 S. ROCHESTER RD ROCHESTER HILLS, MI 48307	38-1366931	501(C)(3)	7,500.	0.			ANIMAL RELATED
LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON, VA 22201	51-0235174	501(C)(3)	14,000.	0.			EDUCATION
LIONS CLUBS INTERNATIONAL FOUNDATION - 156 VIRGILS LANE - BOONE, NC 28607	23-7030455	501(C)(3)	16,000.	0.			CIVIC, REGIONAL LIONS CLUBS
MASSANUTTEN REGIONAL LIBRARY 174 S. MAIN STREET HARRISONBURG, VA 22801	54-0548703	501(C)(3)	65,081.	0.			EDUCATION, AGENCY FUND DISTRIBUTIONS

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCDOWELL VOLUNTEER FIRE DEPARTMENT 102 BULLPASTURE RIVER ROAD MCDOWELL, VA 24458	54-1100488	501(C)(4)	54,778.	0.			CIVIC
MENNONITE DISASTER SERVICE 583 AIRPORT RD LITITZ, PA 17543	23-2713127	501(C)(3)	20,000.	0.			DISASTER RELIEF
MERCY HOUSE PO BOX 1478 HARRISONBURG, VA 22803-1478	54-1476187	501(C)(3)	12,950.	0.			HUMAN SERVICES
MILL CREEK CHURCH OF THE BRETHREN 7600 PORT REPUBLIC ROAD PORT REPUBLIC, VA 24471	54-0578800	N/A - CHURCH	6,600.	0.			FAITH BASED
MOONRISE THERAPEUTICS PO BOX 90 TAFTSVILLE, VT 05073	82-5098384	501(C)(3)	50,000.	0.			MENTAL HEALTHCARE
MOSAIC OF GRACE CHURCH PO BOX 202 WEYERS CAVE, VA 24486	84-3642049	N/A - CHURCH	18,000.	0.			FAITH BASED
MT CARMEL UNITED BRETHREN IN CHRIST - 11466 BROCKS GAP RD - FULKS RUN, VA 22830	54-1197047	N/A - CHURCH	11,500.	0.			FAITH BASED
MUSEUM OF THE SHENANDOAH VALLEY 901 AMHERST ST WINCHESTER, VA 22601	54-1857973	501(C)(3)	110,000.	0.			ARTS, CULTURE
NAPLES COMMUNITY CHURCH INC 849 7TH AVE S NAPLES, FL 34102	20-5956100	N/A - CHURCH	14,000.	0.			FAITH BASED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONS OF COACHES 303-D BELTLINE PL SW #231 DECATUR, AL 35603	14-1927543	501(C)(3)	10,000.	0.			RECREATION
NEW BEGINNINGS CHURCH PO BOX 2655 HARRISONBURG, VA 22801	31-1681273	N/A - CHURCH	52,000.	0.			FAITH BASED
NEW CREATION VA 3051 S MAIN STREET HARRISONBURG, VA 22801	84-1862249	501(C)(3)	26,950.	0.			EDUCATION, HUMAN SERVICES
NEWBRIDGES IMMIGRANT RESOURCE CENTER - 41 COURT SQUARE, SUITE B - HARRISONBURG, VA 22801	45-5532648	501(C)(3)	30,000.	0.			HUMAN SERVICES
NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVENUE, SUITE 460 - RALEIGH, NC 27612	58-1661700	501(C)(3)	25,000.	0.			DISASTER RELIEF
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET EVANSTON, IL 60208	36-2167817	501(C)(3)	5,171.	0.			EDUCATION
OPEN DOORS PO BOX 1804 HARRISONBURG, VA 22803	11-3835381	501(C)(3)	27,350.	0.			HUMAN SERVICES
OPPORTUNITY SCHOLARS PO BOX 1823 WINCHESTER, VA 22604	84-3571746	501(C)(3)	50,000.	0.			EDUCATION
OTTERBEIN UNITED METHODIST CHURCH 176 W. MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	27,103.	0.			FAITH BASED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	6,500.	0.			HUMAN SERVICES
OUR HEALTH INC 329 N CAMERON ST, SUITE 200 WINCHESTER, VA 22601	54-1972659	501(C)(3)	10,000.	0.			HEALTHCARE
OUR LADY OF LOURDES CATHOLIC CHURCH - 2718 OVERBROOK DRIVE - RALEIGH, NC 27608	56-0591293	N/A - CHURCH	5,171.	0.			FAITH BASED
PACE CENTER FOR GIRLS 6745 PHILIPS INDUSTRIAL BOULEVARD JACKSONVILLE, FL 32256-3033	59-2414492	501(C)(3)	25,000.	0.			DISASTER RELIEF
PAGE ONE 42 WEST MAIN STREET LURAY, VA 22835	54-1086794	501(C)(3)	10,000.	0.			HUMAN SERVICES
PAX DEI FOR NUBA PO BOX 509 HARRISONBURG, VA 22803	85-1808012	501(C)(3)	30,000.	0.			FAITH BASED
PEOPLE HELPING PEOPLE 281 E. MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	12,446.	0.			HUMAN SERVICES
PLAINS DISTRICT MEMORIAL MUSEUM PO BOX 601 TIMBERVILLE, VA 22853-0601	34-2023317	501(C)(3)	6,000.	0.			HISTORICAL PRESERVATION
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	5,421.	0.			HEALTHCARE

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASANT VIEW INC PO BOX 426 BROADWAY, VA 22815-0426	54-0887738	501(C)(3)	8,320.	0.			HUMAN SERVICES
PORT REPUBLIC RIVERSIDE CHURCH PO BOX 116 PORT REPUBLIC, VA 24471	93-1351745	N/A - CHURCH	12,000.	0.			FAITH BASED
PROJECT HEALING WATERS FLY FISHING - SHEN VALLEY - 1910 MARINA DRIVE - WINDSOR, CO 80550	61-1518154	501(C)(3)	8,500.	0.			RECREATION, MENTAL HEALTHCARE
REDEEMER CLASSICAL SCHOOL 1688 INDIAN TRAIL RD KEEZLETOWN, VA 22832	74-3071696	501(C)(3)	352,511.	0.			EDUCATION, SCHOLARSHIPS
RMH FOUNDATION 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	54-0506331	501(C)(3)	89,805.	0.			HEALTHCARE
ROCKINGHAM COUNTY PUBLIC SCHOOLS 269 GOBBLER DR BROADWAY, VA 22815	54-6001584	170(C)(1)	20,584.	0.			EDUCATION, RECREATION
ROCKINGHAM HARRISONBURG SPCA PO BOX 413 HARRISONBURG, VA 22803-0413	54-0935739	501(C)(3)	39,835.	0.			ANIMAL RELATED
ROCKTOWN HISTORY HRHS PO BOX 716 DAYTON, VA 22821	54-1017712	501(C)(3)	6,903.	0.			HISTORICAL PRESERVATION
SACRED HEART OF JESUS CATHOLIC CHURCH - 130 KEATING DRIVE - WINCHESTER, VA 22601	54-0547102	N/A - CHURCH	30,000.	0.			FAITH BASED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY PO BOX 468 HARRISONBURG, VA 22803-0468	58-0660607	501(C)(3)	15,600.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	253,250.	0.			DISASTER RELIEF, FAITH BASED
SCIENCE MUSEUM OF VIRGINIA PO BOX 11624 RICHMOND, VA 23230-0624	23-7185836	501(C)(3)	15,000.	0.			EDUCATION
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602-2430	54-0505874	501(C)(3)	50,000.	0.			YOUTH HUMAN SERVICES
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	54-0525605	501(C)(3)	15,000.	0.			EDUCATION
SHENANDOAH VALLEY BACH FESTIVAL PO BOX 129 HARRISONBURG, VA 22803	33-2330857	501(C)(3)	15,250.	0.			ARTS, CULTURE
SHENANDOAH VALLEY CHORAL SOCIETY PO BOX 454 HARRISONBURG, VA 22803	51-0228005	501(C)(3)	7,000.	0.			ARTS, CULTURE, AGENCY FUND DISTRIBUTIONS
SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W. CORK STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	17,000.	0.			EDUCATION
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE - PO BOX 1245 - HARRISONBURG, VA 22803	45-5560300	501(C)(3)	29,250.	0.			EDUCATION

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKYLINE LITERACY PO BOX 1354 HARRISONBURG, VA 22803	54-1589682	501(C)(3)	18,942.	0.			EDUCATION
ST. JAMES EPISCOPAL CHURCH 1205 WEST FRANKLIN STREET RICHMOND, VA 23220	54-0515726	N/A - CHURCH	10,000.	0.			FAITH BASED
ST. WILLIAM CATHOLIC CHURCH 2300 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-0566171	N/A - CHURCH	6,000.	0.			FAITH BASED
STAUNTON ORTHODOX PRESBYTERIAN CHURCH - 17 BERRY FARM RD - STAUNTON, VA 24401	54-1560507	N/A - CHURCH	7,000.	0.			FAITH BASED
STONE HAVEN PO BOX 1903 HARRISONBURG, VA 22801	85-4023655	501(C)(3)	15,407.	0.			HUMAN SERVICES
SUNSET DRIVE UNITED METHODIST CHURCH - PO BOX 381 - BROADWAY, VA 22815	45-1143998	N/A - CHURCH	12,600.	0.			FAITH BASED
THE COMMUNITY FOUNDATION FOR A GREATER RICHMOND - PO BOX 49044 - BALTIMORE, MD 21297-9044	23-7009135	501(C)(3)	10,000.	0.			ARTS, CULTURE
THE COMMUNITY FOUNDATION OF SARASOTA COUNTY, INC. - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	59-1956886	501(C)(3)	15,000.	0.			DISASTER RELIEF
THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA - 4 VANDERBILT PARK DRIVE SUITE 300 - ASHEVILLE, NC 28803	56-1223384	501(C)(3)	17,500.	0.			DISASTER RELIEF

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HANDLEY BOARD OF TRUSTEES 733 OLD BETHEL CHURCH ROAD WINCHESTER, VA 22603	54-0515712	501(C)(3)	800,000.	0.			CIVIC
THE HELLO IN THERE FOUNDATION PO BOX 150222 NASHVILLE, TN 37215	87-0819580	501(C)(3)	10,000.	0.			ARTS, CULTURE
THE HIGHLAND CENTER PO BOX 566 MONTEREY, VA 24465	54-1882137	501(C)(3)	50,000.	0.			CIVIC
THE LAUREL CENTER PO BOX 14 WINCHESTER, VA 22604	54-1262535	501(C)(3)	13,250.	0.			HUMAN SERVICES
THE SADIE ROSE FOUNDATION PO BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	11,750.	0.			HUMAN SERVICES, MENTAL HEALTHCARE
THE USO 2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201-3052	13-1610451	501(C)(3)	5,171.	0.			ARTS, CULTURE
THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION - 300 ARBORETUM PLACE, SUITE 200 - RICHMOND, VA 23236	23-7004354	501(C)(3)	11,000.	0.			EDUCATION
UNITARIAN UNIVERSALIST ASSOCIATION PO BOX 96 HARRISONBURG, VA 22803	04-2103733	501(C)(3)	11,250.	0.			FAITH BASED
UNITED WAY OF CENTRAL SHENANDOAH VALLEY - PO BOX 326 - HARRISONBURG, VA 22803-0326	54-0632716	501(C)(3)	78,870.	0.			AGENCY FUND DISTRIBUTIONS, HUMAN SERVICES

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN SHENANDOAH VALLEY - PO BOX 460 - WINCHESTER, VA 22604	54-0525106	501(C)(3)	349,300.	0.			AGENCY FUND DISTRIBUTIONS, HUMAN SERVICES
UNITED WORLD MISSION INC 205 REGNCY EX PK DR STE 430 CHARLOTTE, NC 28217	59-6045867	501(C)(3)	5,800.	0.			FAITH BASED
UNIVERSITY OF MARY WASHINGTON 1301 COLLEGE AVENUE, ROOM 206 FREDRICKSBURG, VA 22401	54-0169627	501(C)(3)	14,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - PO BOX 37963 - BOONE, IA 50037	41-2097394	501(C)(3)	47,000.	0.			HEALTHCARE, CHILDREN'S HOSPITAL
UNIVERSITY OF VIRGINIA MCINTIRE SCHOOL OF COMMERCE FOUNDATION - PO BOX 400173 - CHARLOTTESVILLE,, VA 22903-3172	51-0159775	501(C)(3)	10,000.	0.			EDUCATION
VALLEY PROGRAM FOR AGING SERVICES 975 SOUTH HIGH STREET HARRISONBURG, VA 22801	54-0958526	501(C)(3)	9,500.	0.			ELDERLY
VIRGINIA HISTORICAL SOCIETY PO BOX 7311 RICHMOND, VA 23221	54-0419452	501(C)(3)	255,000.	0.			HISTORICAL PRESERVATION
VIRGINIA MENNONITE MISSIONS 601 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-0793291	501(C)(3)	35,850.	0.			FAITH BASED, DISASTER RELIEF, CONFERENCE
VIRGINIA QUILT MUSEUM 2328 SILVER LAKE ROAD DAYTON, VA 22821	54-1637667	501(C)(3)	34,700.	0.			ARTS & CULTURE, AGENCY FUND DISTRIBUTIONS

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VMRC FOUNDATION 1491 VIRGINIA AVENUE HARRISONBURG, VA 22802	51-0249313	501(C)(3)	76,450.	0.			ELDERLY, EDUCATION, RECREATION
VPM VIRGINIA PUBLIC MEDIA 23 SESAME ST RICHMOND, VA 23235	54-0735782	501(C)(3)	10,050.	0.			EDUCATION
WAKE FOREST UNIVERSITY BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	225,000.	0.			EDUCATION, RECREATION
WAKEFIELD COUNTRY DAY SCHOOL 1059 ZACHARY TAYLOR HWY HUNTLY,, VA 22640	54-1595242	501(C)(3)	90,175.	0.			SCHOLARSHIPS
WATAUGA COUNTY HABITAT FOR HUMANITY - PO BOX 33 DTS - BOONE, NC 28607	56-1659213	501(C)(3)	12,000.	0.			HUMAN SERVICES
WAY TO GO, INC PO BOX 946 HARRISONBURG, VA 22803	61-1487268	501(C)(3)	11,550.	0.			HUMAN SERVICES
WEAVERS MENNONITE CHURCH 2501 RAWLEY PIKE HARRISONBURG, VA 22801	54-0604900	N/A - CHURCH	48,000.	0.			FAITH BASED
WELL OF HOPE AMERICA 5225 W MYERS RD COVINGTON, OH 45318-8714	46-0608625	501(C)(3)	114,000.	0.			HUMAN SERVICES
WEST SIDE BAPTIST CHURCH 715 W WOLFE STREET HARRISONBURG, VA 22802	54-0953093	N/A - CHURCH	25,750.	0.			FAITH BASED

Schedule I (Form 990)

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

Schedule I (Form 990)

54-1920746

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY FOUNDATION - PO BOX 1650 - MORGANTOWN, WV 26507-1650	55-6017181	501(C)(3)	102,797.	0.			EDUCATION
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980-1557	54-1215402	501(C)(3)	24,435.	0.			ANIMAL RELATED
WILLA CATHER'S VIRGINIA 101 DEER PLACE CT STRASBURG, VA 22657-5551	92-1647183	501(C)(3)	10,000.	0.			HISTORICAL PRESERVATION
WINCHESTER MEDICAL CENTER FOUNDATION - 220 CAMPUS BLVD. SUITE 402 - WINCHESTER, VA 22601	54-0801060	501(C)(3)	200,000.	0.			HEALTHCARE
WINCHESTER RESCUE MISSION 435 N. CAMERON STREET WINCHESTER, VA 22601	54-0970105	501(C)(3)	205,000.	0.			HUMAN SERVICES
WINGFIELD MINISTRIES 4153 QUARLES CT HARRISONBURG, VA 22801	54-1437764	501(C)(3)	14,250.	0.			FAITH BASED
WORLD RESOURCES GROUP, INC. 456 MYERS AVENUE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	75,198.	0.			YOUTH HUMAN SERVICES
YOUNG LIFE 5000 KERNAN BLVD APT 920 JACKSONVILLE, FL 32224	84-0385934	501(C)(3)	132,135.	0.			FAITH BASED, LOCAL & REGIONAL ACTIVITIES
YOUR ECONOMIC SUCCESS 3000 CLAYBROOK COURT ROCKINGHAM, VA 22801	54-1168566	501(C)(3)	95,708.	0.			EDUCATION, AGENCY FUND DISTRIBUTIONS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HARRISONBURG

Schedule I (Form 990) (Rev. 12-2024) & ROCKINGHAM COUNTY

54-1920746

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

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I 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	71	5,068,981.	QUOTED MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	375,000.	QUALIFIED APPRAISAL
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 (<u>ADVERTISING</u>)	X	9	50,292.	FMV
26 Other (<u>FOOD</u>)	X	4	1,538.	FMV
27 Other (<u>OFFICE SUPPLIES</u>)	X	5	1,448.	FMV
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
TCF PARTNERS WITH LOCAL NONPROFITS TO RECEIPT, MANAGE, AND INVEST FUNDS, INCLUDING MANAGEMENT FOR COMPLEX FUNDS SUCH AS ENDOWMENTS, RAINY DAY FUNDS, OR CAPITAL CAMPAIGNS. TCF ALSO PROVIDES OFFICE AND MEETING SPACE AT LOW COST TO LOCAL NONPROFITS. THESE SUPPORTING SERVICES HELP NONPROFITS WITH LIMITED INTERNAL RESOURCES INCREASE THEIR CAPACITY AND FOCUS ON THEIR MISSION-RELATED PROGRAMS TO SUPPORT THE COMMUNITY WE LOVE.
EXPENSES \$ 685,044. INCLUDING GRANTS OF \$ 638,388. REVENUE \$ 98,427.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FOUNDATION'S AUDIT COMMITTEE REVIEWS ELECTRONIC COPIES OF FORM 990 IN DETAIL. BOARD MEMBERS ARE PROVIDED WITH AN ELECTRONIC COPY OF THE RETURN FOR REVIEW AND COMMENTS PRIOR TO FILING. BOTH REVIEWS ARE COMPLETED WITH THE PUBLIC DISCLOSURE COPY WHICH EXCLUDES THE DETAILS OF SCHEDULE B. THE FOUNDATION BELIEVES THE PRIVACY OF ITS DONORS AS PART OF ITS DONOR BILL OF RIGHTS WARRANTS THE REDACTION OF CONFIDENTIAL DONOR INFORMATION REPORTED ON SCHEDULE B. A PAPER COPY OF THE PRIVATE COPY OF FORM 990 IS AVAILABLE FOR ONSITE REVIEW BY ANY BOARD MEMBER AT THE FOUNDATION'S OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION MONITORS ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. ANNUALLY, ALL COMMITTEE MEMBERS, BOARD MEMBERS AND STAFF ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND PROVIDE A LISTING OF ALL AFFILIATIONS AND CONFLICTS OF INTEREST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST ARISES, THE EXECUTIVE DIRECTOR AND CHAIR OF THE BOARD WILL ADDRESS THE MATTER WITH THE APPROPRIATE INDIVIDUALS. COMMITTEE MEMBERS, BOARD MEMBERS AND STAFF WITH A CONFLICT MUST CONFORM TO THE TERMS OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION REVIEWS FOR OTHER OFFICERS OR KEY EMPLOYEES ARE CONDUCTED BY THE EXECUTIVE DIRECTOR OR A PERSON AT LEAST ONE LEVEL HIGHER THAN THE OFFICER OR KEY EMPLOYEE IN QUESTION. BENCHMARKING AND COMPARATIVE DATA IS OBTAINED FROM THE COUNCIL ON FOUNDATIONS AND OTHER SOURCES AS DEEMED RELEVANT. ALL COMPENSATION PACKAGES ARE CALIBRATED TO LOCAL CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. ANNUAL CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE FOUNDATION'S WEBSITE AND UPON REQUEST.

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

INVESTMENT INCOME FROM AGENCY FUNDS	-692,939.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-398,722.
GRANTS MADE FROM AGENCY ACCOUNTS	638,388.
AGENCY ADMIN EXPENSES	56,239.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	-397,033.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

Part I 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	0.	0.	SOLE MEMBER/MANAGER
SHOWAKER MEMORIAL GARDENS, LLC - 20-0726547 PO BOX 1068 HARRISONBURG, VA 22803	MANAGE HISTORIC CEMETERY	VIRGINIA	0.	19,879.	SOLE MEMBER/MANAGER
TCF HOLDING, LC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE/PRIVATE STOCK	VIRGINIA	14,407.	3,065.	SOLE MEMBER/MANAGER
EASTHAM, LLC - 81-7388047 PO BOX 1068 HARRISONBURG, VA 22803	HOLD AND MANAGE HISTORIC OFFICE BUILDING	VIRGINIA	22,361.	999,812.	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) (Rev. 1-2025)

THE COMMUNITY FOUNDATION OF HARRISONBURG
& ROCKINGHAM COUNTY

Schedule R (Form 990)

54-1920746

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCF HOLDING II, LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA	88,529.	0.	SOLE MEMBER/MANAGER
TCF HOLDING III, LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA	0.	0.	SOLE MEMBER/MANAGER
TCF HOLDING IV, LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA	0.	0.	SOLE MEMBER/MANAGER

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

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?

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.