EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

A I	or the	2019 calendar year, or tax year beginning and	ending				
B	Check if applicable	C Name of organization COMMUNITY FOUNDATION OF THE CENTRAL		D Employer identific	cation number		
	Addres						
	Name change	Doing business as		54-16473	85		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P. O. BOX 815	Room/suite	E Telephone numbe 540-213-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,852,352.		
	Amend return			H(a) Is this a group re			
	Application	F Name and address of principal officer: WILLIAM D. LAYMAN		for subordinates			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—		
T -	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527	1	list. (see instructions)		
		www.communityfoundationcbr.org		H(c) Group exemptio			
K	orm of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: VA		
	art I	Summary					
_	1 1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m El}$	NRICH	THE QUALITY	OF LIFE BY		
Governance]	RESPONDING TO NEEDS AND INSPIRING PHILANT	HROPY,	PRIMARILY	ВҮ		
rna	2 (Check this box $lacktriangle$ $$ $$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	16		
		Number of independent voting members of the governing body (Part VI, line 1b)			16		
Se	5	Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			4		
Ζŧ	6	Total number of volunteers (estimate if necessary)		6	138		
Activities &	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	-4,013.		
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	-4,013.		
				Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,551,542.	3,637,771.		
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.		
Še	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,445,884.	1,339,806.		
	ייין י	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,570.	15,093.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,012,996.	4,992,670.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,498,996.	1,024,343.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		241,878.	257,460.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă X	. b	Fotal fundraising expenses (Part IX, column (D), line 25)		020 407	200 600		
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		232,427.	209,600.		
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,973,301.	1,491,403.		
		Revenue less expenses. Subtract line 18 from line 12			3,501,267.		
Assets or			Ве	ginning of Current Year	End of Year		
SSE	20	Fotal assets (Part X, line 16)		24,047,982.	31,309,800. 1,601,730.		
Net A	21	Fotal liabilities (Part X, line 26)		669,931.	29,708,070.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		23,370,031.	23,100,070.		
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the heet of my	knowledge and helief it is		
	-	, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is		
tiuo	, 001100	tall complete. Declaration of proparor (other than officer) is based on an information of which	non proparor	nas any knowledge.			
Sig	n	Signature of officer		Date			
Her	- 1	WILLIAM D. LAYMAN, PRESIDENT/CEO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN		
Paid	ı ,	JONATHAN D. JENCKS JONATHAN D. JENC	09/25/20 self-employed P00500778				
Pre	parer	Firm's name ELMORE, HUPP & COMPANY, P.L.C.			54-1440048		
Use	Only	Firm's address P. O. BOX 2607					
		STAUNTON, VA 24402-2607		Phone no. (5			
May	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENRICH THE QUALITY OF LIFE BY RESPONDING TO NEEDS AND INSPIRING
	PHILANTHROPY, PRIMARILY BY PROVIDING LEADERSHIP TO COMMUNITY PARTNERS,
	BUILDING ENDOWMENT FUNDS, AND MAKING GRANTS TO CHARITABLE
	ORGANIZATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,043,413. including grants of \$ 1,024,343.) (Revenue \$)
4a	(Code:) (Expenses \$1,043,413. including grants of \$1,024,343.) (Revenue \$) PROVIDES GRANTS TO NONPROFIT ORGANIZATIONS, PRIMARILY TO THOSE
	ORGANIZATIONS SUPPORTING THE NEEDS OF THE RESIDENTS OF STAUNTON,
	WAYNESBORO, AND THE COUNTIES OF AUGUSTA, HIGHLAND, AND NELSON IN
	VIRGINIA. ISSUES GRANTS IN RESPONSE TO APPLICATIONS SUBMITTED TO THE
	COMMUNITY FOUNDATION THROUGH ITS COMPETITIVE GRANT PROGRAMS, UPON THE
	RECOMMENDATION OF ITS DONOR-ADVISED FUND PARTNERS, AND AS DETERMINED BY
	ITS CEO AND BOARD OF DIRECTORS TO ADVANCE STRATEGIC INITIATIVES IN THE
	COMMUNITY. PROVIDES SCHOLARSHIPS ON A COMPETITIVE BASIS ON BEHALF OF
	INDIVIDUALS OF ALL AGES SEEKING TO FURTHER THEIR EDUCATION AND IMPROVE
	THEIR LIVES. PROMOTES EXCELLENCE IN PUBLIC EDUCATION BY REQUESTING
	NOMINATION FOR AND PROVIDING CASH AWARDS TO SELECT INDIVIDUALS FOR
	THEIR SIGNIFICANT IMPACT UPON THE EDUCATION OF YOUTH IN STAUNTON,
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 143,103 · including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,186,516.

COMMUNITY FOUNDATION OF THE CENTRAL

Form 990 (2019) BLUE RIDGE
Part IV | Checklist of Required Schedules

54-1647385 Page 3

1 (3)			Vac	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ū	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes." complete Schedule D. Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		τ,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	
932003	01-20-20	Form	990 (2019

Form 990 (2019) BLUE RIDGE

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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
U _	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u></u>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
_			aan	(2010)

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Form **990** (2019)

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	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		_X_
р	If "Yes," enter the name of the foreign country		+- (FDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			-55		
	any contributions that were not tax deductible as charitable contributions?	9-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 I	 I	7c		_X_
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		:t?	7e		<u>X</u>
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file for			7f 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7		
	Proposition organization bases overselessed and in organization of the second	•		8		Х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter:		1			
а	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:	١	I			
	Gross income from members or shareholders	11a		-		
а	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	146				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		<u> </u>
16	If "Yes," see instructions and file Form 4720, Schedule N.	t inns:	mo?	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	LIIICOI	IIC!	16		71
	ii res, complete roini 4720, sonedule O.			_	000	(0010)

BLUE RIDGE 54-1647385 Page 6 Form 990 (2019) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►VA

exempt status with respect to such arrangements?

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 18 for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Own website Another's website Other (explain on Schedule O)

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

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.

State the name, address, and telephone number of the person who possesses the organization's books and records THE FOUNDATION - 540-213-2150

117 SOUTH LEWIS ST, STAUNTON, 24401

Form **990** (2019)

932006 01-20-20

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	not c , unle:	Pos heck ss per	c) sition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANGELA V WHITESELL	1.00								_	_
CHAIR		Х		Х				0.	0.	0.
(2) LORA F HAMP	1.00								_	_
VICE CHAIR		Х		X				0.	0.	0.
(3) MARK BOTKIN	1.00								_	_
SECRETARY/TREASURER		Х		X		\angle		0.	0.	0.
(4) WILLIAM D LAYMAN	40.00		7						_	_
PRESIDENT/CEO		X		X				99,910.	0.	0.
(5) SARA BERRY	1.00									_
DIRECTOR		X						0.	0.	0.
(6) A.P. BOXLEY, III	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) STEPHEN W CLAFFEY	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) DINAH H GOTTSCHALK	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) CARY M. DAHL	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) SAFIYA MAHMOODIAN JARVIS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) KELLY M. HYSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(12) STUART MOFFETT	1.00									_
DIRECTOR		Х						0.	0.	0.
(13) RICK MOYERS	1.00									_
DIRECTOR		Х						0.	0.	0.
(14) BONNIE F. NIELSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(15) SUSAN M PERELES	1.00									
DIRECTOR		Х	_			_		0.	0.	0.
(16) ARTHUR SCHLAPPI	1.00									
DIRECTOR		Х	_			_		0.	0.	0.
(17) THOMAS E. ROBERTS	1.00									
DIRECTOR		Х						0.	0.	0 • Eorm 990 (2019)

Form **990** (2019)

<u> Page</u> **7**

Page 8

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estima	ited
		hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation		amoun	
		week		oei al	u a u		J. / il uS	(66)	from	from related		othe	
		(list any hours for	irecto						the organization	organizations	I	ompens from t	
		related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC	′ I	from t organiza	
		organizations	ruste	l trus		99/	mpen		(** 27 1033 141100)		I	and rela	
		below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er			- 1	organiza	
		line)	Indiv	Instit	Officer	Key e	Highe	Former					
											_		
							\vdash				_		
							\vdash				+		
								-					
			-										
							17						
			-										
1b	Subtotal	•							99,910.	().		0.
С	Total from continuation sheets to Part V	II, Section A							0.	().		0.
	Total (add lines 1b and 1c)							\	99,910.	().		0.
2	Total number of individuals (including but r							o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												0
											_	Yes	No No
3	Did the organization list any former officer	, director, trust	ee, k	кеу є	mpl	loye	e, or	hig	hest compensated emp	oyee on			
	line 1a? If "Yes," complete Schedule J for s										. 🗀	3	<u> </u>
4	For any individual listed on line 1a, is the si												
	and related organizations greater than \$15										🚅	1	X
5	Did any person listed on line 1a receive or	•				,			· ·				١,,
	rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or st	ıch į	oers	on				5	5	X
	tion B. Independent Contractors						4 -		t : t t	100,000 - 1			
1	Complete this table for your five highest co										nsation	trom	
	the organization. Report compensation for (A)	trie caleridar ye	eare	riair	ig w	illi (Jr WI	LITHIT	the organization's tax y	ear.		(C)	
	Name and business	address	NO	ONE	7				Description of s	ervices	Com	(O) ipensati	ion
			-11										
									<u> </u>				
2	Total number of independent contractors (ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation >				()						
											Foi	_{rm} 990	(2019)

Form 990 (2019) BLUE RI
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	1 6	o Membership dues 1b					
Ę g							
ts, Ar	(J					
ij Gi	(•					
ns, Sim	•	Government grants (contributions)					
utio er (1	All other contributions, gifts, grants, and	2 625 551				
ξġ		similar amounts not included above 1f	3,637,771.				
o di	9	Noncash contributions included in lines 1a-1f 1g 1	248,417.				
<u>ă</u> <u>č</u>	ŀ	Total. Add lines 1a-1f		3,637,771.			
		_	Business Code				
ė	2 8	a					
Program Service Revenue	k)					
Se	(
am	(i		4			
ogr B	6						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		637,048.			637,048.
	4	Income from investment of tax-exempt bond pro					· · · · · · · · · · · · · · · · · · ·
	5	Royalties	-				
	3	(i) Real	(ii) Personal				
			(ii) i croonar				
		Leoss. Territal experioes					
		Rental income or (loss) 6c 2,110.		2 110			0.110
		Net rental income or (loss)		2,110.			2,110.
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 5,474,690.	87,750.				
	k	Less: cost or other basis					
ne		and sales expenses 7b 4,859,682.	0.				
her Revenue	C	Gain or (loss) 7c 615,008.	87,750.				
Re	(d Net gain or (loss)	>	702,758.	615,008.		87,750.
Jer	8 8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	k	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	—				
		Gross sales of inventory, less returns					
	10 6	and allowances 10a					
	ı	D Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Business Code				
SI	44	workshop fee	561000	10,759.	10,759.		
eo ne	11 8		561000		,		
llan	k	INVESTMENT MANAGEMENT FEE		5,487.	5,487.		
Miscellaneous Revenue	•	MISCELLANEOUS INCOME	561000	750.	750.	4 012	
Σ	•	d All other revenue	531390	-4,013.		-4,013.	
	•	Total. Add lines 11a-11d		12,983.	606 55:		-06 000
	12	Total revenue. See instructions		4,992,670.	632,004.	-4,013.	726,908.

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons		this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	918,673.	918,673.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	105,670.	105,670.		
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,	99,909.	40 055	24 077	24 077
_	trustees, and key employees	33,303.	49,955.	24,977.	24,977
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	131,880.	83,124.	30,916.	17,840
7	Other salaries and wages	131,000.	05,124.	30,510.	17,040
8	Pension plan accruals and contributions (include	7,096.		7,096.	
9	section 401(k) and 403(b) employer contributions)	2,108.		2,108.	
9 10	Other employee benefits	16,467.	9,264.	4,222.	2,981
11	Payroll taxes Fees for services (nonemployees):	10,101.	3,201.	1,222	2,501
'' a	Management				
	Legal				
	Accounting	9,600.		9,600.	
	Lobbying	3,000		27000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	100,745.		100,745.	
g				•	
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	12,511.	760.		11,751
13	Office expenses	2,701.		2,701.	
14	Information technology	924.		924.	
15	Royalties				
16	Occupancy	17,651.		17,651.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,260.		6,260.	
20	Interest				
21	Payments to affiliates	0.60		262	
22	Depreciation, depletion, and amortization	868.		868.	
23	Insurance	5,593.		5,593.	
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 0.)	19,070.	19,070.		
a	EVENT/AWARD EXPENSES TAXES & LICENSES	9,651.	19,0/0.	9,651.	
b	ANN. REPORT/WEBSITE/COM	6,211.		3,917.	2,294
c d	OFFICE SUPPLIES	6,075.		6,075.	4,494
	All other expenses	11,740.		5,171.	6,569
25	Total functional expenses. Add lines 1 through 24e	1,491,403.	1,186,516.	238,475.	66,412
<u>25 </u>	Joint costs. Complete this line only if the organization	_, _, _, _,	_,,,		00,112
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	74.	1	74		
	2	Savings and temporary cash investments	5,272,769.	2	3,757,645		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial c	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			900.	9	925
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	59,703.	761,180.		760,490
1	11	Investments - publicly traded securities			17,775,114.	11	25,984,315
1	12	Investments - other securities. See Part IV, line		F	156,889.	12	152,877
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	81,056.	15	653,474		
1	16	Total assets. Add lines 1 through 15 (must eq			24,047,982.	16	31,309,800
1	17	Accounts payable and accrued expenses			25,146.	17	52,483
1	18	Grants payable		18			
1	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete				21	
န္မ 2	22	Loans and other payables to any current or for					
┋│		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_ 4	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	,		611 705		1 5/0 2/7
		of Schedule D			644,785. 669,931.	25	1,549,247 1,601,730
- 2	26	Total liabilities. Add lines 17 through 25			009,931.	26	1,001,730
ဖွ		Organizations that follow FASB ASC 958, ch	eck ner	e 🕨 🔼			
۾ ا ۾	7	and complete lines 27, 28, 32, and 33.			8,848,448.	07	12,892,534
<u>a</u> <u>a</u>	27	Net assets without donor restrictions			14,529,603.	27 28	16,815,536
8 2 8	28	Net assets with donor restrictions			14,329,003.	28	10,013,330
<u>.</u>		Organizations that do not follow FASB ASC	956, CHE	eck nere			
<u>ة</u> ة	00	and complete lines 29 through 33.	•			20	
st 2	29	Capital stock or trust principal, or current fund				29 30	
1880	30	Paid-in or capital surplus, or land, building, or entering accumulated in Retained earnings, endowment, accumulated in				31	
ا ب	31 22				23,378,051.	32	29,708,070
_	32	Total liabilities and not assets/fund balances			24,047,982.	33	31,309,800
3	33	Total liabilities and net assets/fund balances			44,041,304.	ა	Form 990 (201

Pai	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>70.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	49:	1,4	03.	
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	503	1,2	<u>67.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,	378	8,0	51.	
5	Net unrealized gains (losses) on investments	5	2,	828	8,5	74.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1	78.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	29,	708	8,0	70.	
Pai	t 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis 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						
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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 Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	-		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		:				
	and the control of the control of Cabadala Control describe and the control of th			O.L.			

932012 01-20-20

Form **990** (2019)

4-1647385	Page 2
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Pai	t III Organizations Maintaining Co	llections of Art	, Histo	rical Trea	asures, o	r Other	Simila	Assets	(continu	ied)	
3	Using the organization's acquisition, accession	n, and other records	, check	any of the fo	ollowing that	make si	gnificant ι	ise of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d		oan or exch	nange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	how the	ey further the	e organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, his	torical treas	ures, or othe	r similar	assets				
	to be sold to raise funds rather than to be main								Yes	☐ No	
Pai	t IV Escrow and Custodial Arrange		te if the	organizatior	n answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for c	ontributions	or other ass	sets not i	ncluded		_		
	on Form 990, Part X?							L	Yes	No	
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	owing ta	ıble:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
2a	Did the organization include an amount on For	m 990, Part X, line 2	21, for e	scrow or cu	stodial acco	unt liabili	ity?	L	Yes	☐ No	
_	If "Yes," explain the arrangement in Part XIII. C										
Pai											
		(a) Current year		rior year	(c) Two year		(d) Three y			/ears back	
1a	Beginning of year balance	3,961,216.	3,	936,170.	-	5,622.	3,3	26,622.	3,3	326,622.	
b	Contributions	56,942.		25,046.	619	9,548.					
С	c Net investment earnings, gains, and losses										
d	d Grants or scholarships 10,000.										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	4,018,158.	,	961,216.		5,170.	3,3	16,622.	3,3	326,622.	
2	Provide the estimated percentage of the current	nt year end balance	(line 1g,	, column (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► 100.00	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	•									
3a	Are there endowment funds not in the possess	sion of the organizat	tion that	are held an	d administer	ed for th	e organiza	ation	Г-		
	by:									res No	
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
Pai	Describe in Part XIII the intended uses of the o		vment tu	inas.							
ı uı	Complete if the organization answered		Dort IV	lino 11a S/	00 Form 000	Dort V	lino 10				
	-						ccumulate		/d\ Dook		
	Description of property	(a) Cost or ot basis (investm		(b) Cost basis (٠,	ccumulate preciation	ea	(d) Book	value	
	Land										
	Land		, , , , ,						151	,005.	
b	Buildings		+								
q	Leasehold improvements		28				59,70	13.	3	,425.	
d	Equipment Other						35,7	-		, =25.	
	L. Add lines 1a through 1e. (Column (d) must equ		/ 00/:	n (D) !: 10)				760	,490.	
เบเส	ı. Addınıcə ta inibuğit te. (Column (d) must eqi	uai Form 990, Part)	i, columi	<u>rı (២), Ilne 70</u>	<i>IC.)</i>				, , ,	, = > 0 •	

Schedule D (Form 990) 2019

e if the organization answered "Yes" or rity or category (including name of security) es y interests al Form 990, Part X, col. (B) line 12.) ments - Program Related. e if the organization answered "Yes" or cription of investment	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
al Form 990, Part X, col. (B) line 12.) ▶ ments - Program Related. e if the organization answered "Yes" or		(c) Method of valuation: Cost or end	d-of-year market value
al Form 990, Part X, col. (B) line 12.) ▶ ments - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
al Form 990, Part X, col. (B) line 12.) ▶ nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
nents - Program Related. e if the organization answered "Yes" or	a Form 000 Port IV line		
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nents - Program Related. e if the organization answered "Yes" or	a Farm 200 Part IV line		
e if the organization answered "Yes" or	Form COO Port IV line		
	Form COO Dort IV line		
cription of investment	i Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
		A.	
al Form 990, Part X, col. (B) line 13.)			
Assets.			
e if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
et aqual Form 900, Part V, col. (P) line 1	15.)		
st equal Form 990, Fart ∧, col. (B) iiile 1 Liabilities.	3.,		
e if the organization answered "Yes" or	Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	1
	11 01111 000,1 01111, 11110	110 01 111. 000 1 01111 000, 1 d. 127, 11110 20	(b) Book value
			()
			1,549,247.
			1,010,011
			†
			
			
			+
			+
			1,549,247.
st equal Form 990. Part X, col. (B) line 2		<u> </u>	
e	iabilities.	if the organization answered "Yes" on Form 990, Part IV, line (a) Description of liability taxes	if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability taxes IELD FUNDS

Schedule D (Form 990) 2019

ı uı	t XI Reconciliation of Revenue per Audited Financial Stat		i Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,751,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		2,828,576. 31,217.		
b	Donated services and use of facilities		31,217.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	2,859,793. 4,891,925.
3	Subtract line 2e from line 1			3	4,891,925.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	100 545		
а	Investment expenses not included on Form 990, Part VIII, line 7b		100,745.		
b	Other (Describe in Part XIII.)	4b			100 745
C	Add lines 4a and 4b			4c	100,745. 4,992,670.
Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Sta	tomonte Wit	h Evnenses per E	5 Oturr	4,992,670.
Fai			ii Expelises pei r	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				1 121 600
1	Total expenses and losses per audited financial statements			1	1,421,698.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	14.1	21 217		
а	Donated services and use of facilities		31,217.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)		-	0.	21 217
_	Add lines 2a through 2d			2e 3	31,217. 1,390,481.
3	Subtract line 2e from line 1			3	1,390,401.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	100,745.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		178.		
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	100,923.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	1,491,404.
	t XIII Supplemental Information.	3.)			1/101/101
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			; Part X	K, line 2; Part XI,
BOC	RT XII, LINE 4B - OTHER ADJUSTMENTS: OK / TAX DEPRECIATION DIFFERENCE				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

COMMUNITY FOUNDATION OF THE CENTRAL

Open to Public

Employer identification number

Schedule I (Form 990) (2019)

Open to Publi-Inspection

OMB No. 1545-0047

BLUE RIDG	E						54-1647385	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assis	stance?						X Yes No	0
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than S					(f) Method of		т	_
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ALLEGHENY MOUNTAIN INSTITUTE								
P.O. BOX 542 STAUNTON, VA 24402-1203	46-5717620	3	7,225.	0.			GENERAL SUPPORT	
AMERICAN SHAKESPEARE CENTER								
STAUNTON, VA 24401	54-1487955	3	5,500.	0.			GENERAL SUPPORT	
ANSWER RELIEF P.O. BOX 68401	20.2522							
GRAND RAPIDS, MI 49516	38-3639777	3	6,000.	0.			GENERAL SUPPORT	_
ARROW PROJECT 1011 SPRINGHILL ROAD STAUNTON, VA 24401	83-3396084	3	8,091.	0.			GENERAL SUPPORT	
AUGUSTA COUNTY P.O. BOX 590								
VERONA, VA 24482	54-6001131	3	6,000.	0.			GENERAL SUPPORT	_
AUGUSTA DOG ADPOTIONS 4224 WAKEFIELD ROAD RICHMOND, VA 23235	45-1878094	3	13,000.	0.			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) a	1			0.			▶ 185	_
3 Enter total number of other organizations								÷

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

Schedule I (Form 990)

Schedule I (Form 990) BLUE RIDGE 54-164/385 Page 1										
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AUGUSTA HEALTH FOUNDATION										
78 MEDICAL CENTER DR										
FISHERSVILLE, VA 22939	54-2042365	3	12,500.	0.			GENERAL SUPPORT			
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD										
FISHERSVILLE, VA 22939	54-1651896	3	21,300.	0.			GENERAL SUPPORT			
AUGUSTA REGIONAL S.P.C.A. 33 ARCHERY LN										
STAUNTON, VA 24401	23-7089566	3	18,250.	0.			GENERAL SUPPORT			
BESSIE WELLER ELEMENTARY SCHOOL 600 GREENVILLE AVE										
STAUNTON, VA 24401	46-1004168	3	10,375.	0.			GENERAL SUPPORT			
BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL RD										
VERONA, VA 24482	52-1202644	3	15,500.	0.			GENERAL SUPPORT			
BLUE RIDGE CASA FOR CHILDREN 119 W FREDERICK ST										
STAUNTON, VA 24401	54-1721227	3	16,000.	0.			GENERAL SUPPORT			
BOYS & GIRLS CLUB OF WAYNESBORO, STAUNTON, & AUGUSTA COUNTY - 302 E										
MAIN ST - WAYNESBORO, VA 22980	54-1848714	3	12,450.	0.			GENERAL SUPPORT			
BRCC EDUCATIONAL FOUNDATION, INC. P.O. BOX 80										
WEYERS CAVE, VA 24486	54-1328809	3	9,500.	0.			GENERAL SUPPORT			
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET										
BRIDGEWATER, VA 22812	54-0506306	3	7,500.	0.			GENERAL SUPPORT			

Schedule I (Form 990)

Schedule I (Form 990) BLUE RIDG.							4-164/385 Pa
Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	Т
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF STAUNTON							
116 W. BEVERLY STREET							
STAUNTON, VA 24401	54-6001631	3	90,873.	0.			FISCAL SPONSORSHIP
·							
COMMUNITY CHILD CARE							
32 PARK BOULEVARD							
STAUNTON, VA 24401	54-0894024	3	24,600.	0.			GENERAL SUPPORT
DAILY LIVING CENTER							
990 E. HOPEMAN PARKWAY							
WAYNESBORO, VA 22980	54-1772079	3	6,000.	0.			GENERAL SUPPORT
DARE TO DREAM THERAPEUTIC							
HORSEMANSHIP CENTER - 515 WADE	45 3546000	2	0.500				
WOODS LANE - MONTEREY, VA 24465	47-3546999	3	8,500.	0.			GENERAL SUPPORT
ELK HILL FARM							
P.O. BOX 99							
GOOCHLAND, VA 23063	23-7071154	3	7,000.	0.			GENERAL SUPPORT
GREATER AUGUSTA REGIONAL CHAMBER			,	-			
OF COMMERCE FOUNDATION - 19 BRIAR							
KNOLL COURT, SUITE 2 -							
FISHERSVILLE, VA 22939	52-1318588	3	15,000.	0.			GENERAL SUPPORT
HAMPDEN-SYDNEY COLLEGE			·				
THE OFFICE OF COLLEGE ADVANCEMENT							
BROWN STUDENT CENTER BOX 637 -							
HAMPDEN SYD	54-0505906	3	5,500.	0.			GENERAL SUPPORT
HEADWATERS SOIL & WATER							
CONSERVATION DISTRCIT - 70 DICK							
HUFF LANE - VERONA, VA 24482	54-0990544	3	22,028.	0.			GENERAL SUPPORT
HEIFETZ INTERNATIONAL MUSIC							
INSTITUTE - 107 E. BEVERLEY STREET							
- STAUNTON, VA 24401	52-1959289	3	7,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990) BLUE RIDG					(5		4-104/300 Pa
Part II Continuation of Grants and Other A	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa I	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND COUNTY HUMANE SOCIETY,							
INC P.O. BOX 458 - MONTEREY,							
VA 24465	45-5554938	3	5,500.	0.			GENERAL SUPPORT
			,,,,,,				
INFANT TODDLER CONNECTION OF							
AUGUSTA-HIGHLAND - P.O. BOX 960 -							
VERONA, VA 24482	54-6001133	3	10,500.	0.			GENERAL SUPPORT
MARY BALDWIN UNIVERSITY							
101 E FREDERICK ST							
STAUNTON, VA 24401	54-0506319	3	5,500.	0.			GENERAL SUPPORT
NEW DIRECTIONS CENTER, INC.							
110 WEST JOHNSON STREET, SUITE 102							
STAUNTON, VA 24401	54-1186253	3	8,000.	0.			GENERAL SUPPORT
DDO THOM, ODOM							
PROJECT GROWS							
608 BERRY FARM ROAD	46-1070735	•	8,925.	0.			GENERAL SUPPORT
VERONA, VA 24482	40-10/0/35)	8,925.	0.			GENERAL SUPPORT
RENEWING HOMES OF GREATER AUGUSTA							
P.O. BOX 3152							
STAUNTON, VA 24402-3152	54-1738514	3	10,150.	0.			GENERAL SUPPORT
,			, -				
SAFEHOME SYSTEMS, INC.							
P.O. BOX 748							
COVINGTON, VA 24426	54-1607489	3	6,550.	0.			GENERAL SUPPORT
SHENANDOAH VALLEY ART CENTER							
126 S. WAYNE AVENUE							
WAYNESBORO, VA 22980	53-1335637	3	6,100.	0.			GENERAL SUPPORT
STAUNTON AUGUSTA ART CENTER							
20 SOUTH NEW STREET							
STAUNTON, VA 24401	54-0792962	3	5,300.	0.			GENERAL SUPPORT

Organization or government if applicable cash grant non-cash assistance (book, FMV, appraisal, other) STAUNTON AUGUSTA FAMILY YMCA 708 NORTH COALTER STREET STAUNTON, VA 24401 54-0506438 3 8,250. 0. DENERAL STAUNTON AUGUSTA WAYNESBORO HABITAT FOR HUMANITY - P.O. BOX 3188 - STAUNTON, VA 24402 54-1648901 3 6,000. 0. DENERAL STAUNTON MUSIC FESTIVAL 214 W BEVERLEY ST STAUNTON, VA 24401 02-0464351 3 8,825. 0. DENERAL STURRT HALL SCHOOL 235 W FREDERICK ST STAUNTON, VA 24401 84-1648803 3 27,007. 0. DENERAL THE ARC OF AUGUSTA 1025 FAIRPAX AVENUE MAYNESBORO, VA 22980 54-0884080 3 19,500. 0. DENERAL THE HIGHLAND CENTER 61 HIGHLAND CENTER 61 HIGHLAND CENTER 61 HIGHLAND CENTER DR MONTEREY, VA 24465 54-1882137 3 15,000. 0. DENERAL THE JAUNT FUND 3247 COUNTRY CLUB PARKWAY CASTLE ROCK, CO 80108 84-1989807 3 10,000. 0. DENERAL	647385 Pa	4-164							Schedule I (Form 990) BLUE RIDG
Organization or government if applicable cash grant non-cash assistance (book, FMV, appraisal, other) STAUNTON AUGUSTA FAMILY YMCA 708 NORTH COALTER STREET 75AUNTON AUGUSTA WAYNESBORO 1ABITRAT FOR HUMANITY - P.O. BOX 188 - STAUNTON, VA 24401 STAUNTON MUSIC FESTIVAL 114 W BEVERLEY ST 121AUNTON, VA 24401 O2-0464351 3 8,825. 0. SENERAL STAUNTON, VA 24401 O2-0464351 3 8,825. 0. SENERAL STAUNTON, VA 24401 SENERAL STAUNTON, VA 24401 O2-0464351 3 8,825. 0. SENERAL STAUNTON, VA 24401 SENERAL STAUNTON, VA 24401 SENERAL SENE			t II.)	edule I (Form 990), Par	ited States (Sch	izations in the Un	ernments and Organ	Assistance to Gove	Part II Continuation of Grants and Other
708 NORTH COALTER STREET \$TAUNTON, VA 24401 54-0506438 3 8,250. 0. SENERAL STAUNTON AUGUSTA WAYNESBORD HABITAT FOR HUMANITY - P.O. BOX 3188 - STAUNTON, VA 24402 54-1648901 3 6,000. 0. 3ENERAL STAUNTON, VA 24402 STAUNTON, VA 24401 02-0464351 3 8,825. 0. SENERAL STAUNTON, VA 24401 02-0464351 3 8,825. 0. SENERAL STUART HALL SCHOOL 235 W FREDERICK ST STAUNTON, VA 24401 84-1648803 3 27,007. 0. SENERAL THE ARC OF AUGUSTA 1025 FAIRFAX AVENUE WAYNESBORD, VA 22980 54-0884080 3 19,500. 0. SENERAL THE HIGHAND CENTER 61 HIGHAND CENTER DR MONTEREY, VA 24465 54-1882137 3 15,000. 0. SENERAL THE JAMIN FUND 3247 COUNTRY CLUB PARKWAY CASTLE ROCK, CO 80108 84-1989807 3 10,000. 0. SENERAL	(h) Purpose of grant or assistance			valuation (book, FMV,	non-cash			(b) EIN	
STAUNTON, VA 24401 54-0506438 3 8,250. 0. SENERAL STAUNTON AUGUSTA WAYNESBORO HABITAT FOR HUMANITY - P.O. BOX 1188 - STAUNTON, VA 24402 54-1648901 3 6,000. 0. SENERAL STAUNTON MUSIC FESTIVAL 214 W BEVERLEY ST STAUNTON, VA 24401 02-0464351 3 8,825. 0. SENERAL STAUNTON, VA 24401 84-1648803 3 27,007. 0. SENERAL THE ARC OF AUGUSTA 1025 FAIRFAX AVENUE WAYNESBORO, VA 22980 54-0884080 3 19,500. 0. SENERAL THE HIGHLAND CENTER DR MONTEREY, VA 24465 54-1882137 3 15,000. 0. SENERAL THE JAMIN FUND 3247 COUNTRY CLUB PARKWAY CASTLE ROCK, CO 80108 84-1989807 3 10,000. 0. SENERAL THE SALVATION ARMY 246 ARCH AVE									STAUNTON AUGUSTA FAMILY YMCA
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PRINITY EPISCOPAL CHURCH									
P.O. BOX 208 STAUNTON, VA 24402 54-0506420 3 8,000. 0. GENERAL	AL SUPPORT	CENTEDAT			0	0 000	,	F4 0506420 13	

Schedule I (Form 990)

Page 1

BLUE RIDGE 54-1647385

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VALLEY ALLIANCE FOR EDUCATION									
P.O. BOX 515									
FISHERSVILLE, VA 22939	62-1398778 3		21,920.	0.			GENERAL SUPPORT		
TIBLEROVIEDE, VII 22555	02 1330770		21,320.	<u> </u>			DENERTH BOTTONT		
VALLEY CAREER AND TECHNICAL CENTER									
49 HORNET RD									
FISHERSVILLE, VA 22939	54-0883474 3		8,940.	0.			GENERAL SUPPORT		
			,						
VALLEY CHILDREN'S ADVOCACY CENTER									
1234 MIDDLEBROOK RD #E									
STAUNTON, VA 24401	20-0831874 3	1/	9,500.	0.			GENERAL SUPPORT		
VALLEY CONSERVATION COUNCIL									
128 WEST BRUCE STREET									
HARRISONBURG, VA 22801	54-1548245 3	I	7,350.	0.			GENERAL SUPPORT		
VALLEY HOPE COUNSELING CENTER									
20 STONERIDGE DRIVE	54-1956722 3		0.500	_			GENERAL GURRORE		
WAYNESBORO, VA 22980	54-1956/22 3)	9,500.	0.			GENERAL SUPPORT		
VALLEY MISSION									
1513 WEST BEVERLEY STREET									
STAUNTON, VA 24401	54-0930419 3	.	6,100.	0.			GENERAL SUPPORT		
,			,===						
VALLEY PROGRAM FOR AGING SERVICES									
325 PINE AVE									
WAYNESBORO, VA 22980	54-0958526	}	10,750.	0.			GENERAL SUPPORT		
VECTOR INDUSTRIES, INC.									
1300 HOPEMAN PKWY									
WAYNESBORO, VA 22980	54-0853760 3	}	11,500.	0.			GENERAL SUPPORT		
VERONA COMMUNITY FOOD PANTRY									
P.O. BOX 187				_					
VERONA, VA 24482	20-5258949	1	6,000.	0.			GENERAL SUPPORT		

Part II Continuation of Grants and Other	Assistance to Gov	ernments and Organ	izations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRGINIA STATE UNIVERSITY							
OUNDATION - P.O. BOX 9027 - PETERSBURG, VA 23806	54-6074532	3	28,625.	0.			GENERAL SUPPORT
ETERODORG, VA 23000	34 0074332		20,023.	· ·			GENERAL SUFFORT
AYNESBORO AREA REFUGE MINISTRY							
INC 1035 FAIRFAX AVENUE -	47-1937790		8,000.	0.			GENERAL SUPPORT
WAYNESBORO, VA 22980	47-1937790	,	8,000.	0.			GENERAL SUPPORT
NAYNESBORO FAMILY YMCA							
48 S WAYNE AVE	54.0633043		10 535				
JAYNESBORO, VA 22980	54-0633243	3)	12,735.	0.			GENERAL SUPPORT
ELL OF HOPE AMERICA							
225 W MYERS RD							
COVINGTON, OH 45318-8714	46-0608625	3	23,034.	0.			GENERAL SUPPORT

Schedule I (Form 990) (2019)

BLUE RIDGE

54-1647385

Page 2

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					
EDUCATIONAL AWARDS	10	10,000.	0.							
SCHOLARHSIP/WILSON MEMORIAL HS	4	4,000.	0.							
SCHOLARSHIP RENEWALS	11	24,300.	0.							
SCHOLARSHIP/ADULT & COLLEGE	5	7,000.	0.							
Denommonii/Mooli & collect		7,000:	· ·							
SCHOLARSHIP/AFRICAN AMERICAN	1	2,000.	0.							
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.						
PART I, LINE 2:										
AS PART OF THE AWARD, THE GRANTS MA	ANAGER RE	QUIRES AN	ANNUAL UPD	ATE AFTER						
THE GRANT YEAR (JULY TO JUNE) INDIC	CATING TH	E DOLLARS	SPENT, THE	PROGRAM						
ACHIEVEMENTS, NUMBERS SERVED, ETC.	ANY MONI	ES NOT SPE	ENT ARE REQ	UESTED BACK						
BY THE GRANTS MANAGER.										

Schedule I (Form 990) BLOE KIDGE					34-104/303 Page 2
Part III Continuation of Grants and Other Assistance to Indivi	duals in the Unite	d States (Schedul	e I (Form 990), Part III.)		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP/BATH COUNTYHIGH SCHOOL	1.	1,000.	0.		
SCHOLARSHIP/DEAF-HEARING IMPAIRED	1.	1,000.	0.		
SCHOLARSHIP/FORT DEFIANCE HS	1.	1,000.	0.		
SCHOLLARSHIF/FORT DEFTANCE HS	1.	1,000.	0.		
SCHOLARSHIP/HIGHLAND HIGH SCHOOL	1.	1,000.	0.		
SCHOLARSHIP/HISPANIC-LATINO	3.	3,000.	0.		
SCHOLARSHIP/NELSON COUNTY HS	1.	2,000.	0.		
SCHOLARSHIP/OUT OF STATE HIGH SCHOOL SENIOR	2.	4,000.	0.		
SCHOLARSHIP/PRESCHOOL	1.	1,170.	0.		
- Control of the cont	1	-,170	1		
SCHOLARSHIP/PUBLIX-PRIVATE HS IN THE COMMONWEALTH					
OF VIRGINIA	2.	2,500.	0.		

Schedule I (Form 990) BLOE KIDGE					34-104/303 Page
Part III Continuation of Grants and Other Assistance to Individu	uals in the Unite	d States (Schedul	e I (Form 990), Part III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHOLARSHIP/RIVERHEADS HS	6.	5,400.	0.		
CHOLARSHIP/STAUNTON HS	4.	16,800.	0.		
CHOLARSHIP/STUARTS DRAFT HS	4.	5,800.	0.		
GROWING MIT AND					
CHOLARSHIP/WAYNESBORO HS	7.	13,700.	0.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE

Employer identification number 54-1647385

Clack if applicable Contribution of amounts reported on of measures profited on of these contributed Contribution of the con	Pai	rt I Types of Property						
applicable contributions or items contributed from 990, Part VIII, line 1g 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 - Closely held stock 11 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Parthership, LLC, or trust interests 12 Securities - Parthership, LLC, or trust interests 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 15 Real estate - Residential - Parthership							a mainin a	
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25 Other								
26 Other ()		· · · · · · · · · · · · · · · · · ·						
27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a 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? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 4 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,		· · · · · · · · · · · · · · · · · · ·						
28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement								
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 10 b If "Yes," describe the arrangement in Part II. 11 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 12 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 13 b If "Yes," describe in Part II. 13 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

COMMUNITY FOUNDATION OF THE CENTRAL

Schedule M	I (Form 990) 2019 BLUE RIDGE	54-1647385	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a	and 33 and whether the organizat	ion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or	a combination of both. Also comp	lete
	this part for any additional information.	a combination of both. Also comp	1010
	and part of any additional mornation.		
	A		

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE

Employer identification number 54-1647385

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDING LEADERSHIP TO COMMUNITY PARTNERS, BUILDING ENDOWMENT FUNDS, AND MAKING GRANTS TO CHARITABLE ORGANIZATIONS.

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

WAYNESBORO, AUGUSTA COUNTY, AND NELSON COUNTY.

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

WE WILL PROVIDE EACH MEMBER OF THE BOARD OF DIRECTORS WITH COPY OF THE DRAFT FORM 990 WITH INSTRUCTIONS ON HOW TO DIRECT THEIR QUESTIONS AND PROVIDE FEEDBACK AND A TIMELINE FOR DOING SO. WE WILL PROVIDE THEM WITH A LINK TO AN ONLINE, CONFIDENTIAL SURVEY THROUGH WHICH THEY CAN CONFIRM THAT THEY RECEIVED AND REVIEWED FORM 990. ADDITIONALLY, WE WILL SOLICIT COMMENTS AND QUESTIONS ABOUT FORM 990 AT A BOARD MEETING PRIOR TO ITS SUBMISSION.

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

CONFLICT OF INTEREST REQUIREMENTS

DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND/OR MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWER CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

B. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS

AFTER DISCLOSURE OF THE FINANCIAL AND ALL MATERIAL FACTS, AND AFTER ANY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL **Employer identification number** BLUE RIDGE 54-1647385 DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. C. ADDRESSING THE CONFLICT OF INTEREST AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. O THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. O AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. O IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. D. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY O IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL **Employer identification number** 54-1647385 BLUE RIDGE O IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OR INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION PROCESS FOR TOP OFFICIAL: CEO SALARY REVIEW - EXECUTIVE COMPENSATION COMMITTEE OF BOARD OF DIRECTORS ANNUALLY REVIEWS COMPENSATION STUDY FROM COUNCIL ON FOUNDATIONS FOR CEO SALARY BANDS IN ALL TYPES OF FOUNDATIONS IN DIFFERENT GEOGRAPHIC LOCATIONS. COMPENSATION PROCESS FOR OFFICERS: EXECUTIVE COMPENSATION COMMITTEE OF BOARD OF DIRECTORS ANNUALLY REVIEWS COMPENSATION STUDY FROM COUNCIL ON FOUNDATIONS FOR SALARY BANDS. OFFICERS ARE NOT COMPENSATED. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT CFCBR WEBSITE; OTHER DOCUMENTS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: BOOK / TAX DEPRECIATION DIFFERENCE 178. BOOK/TAX DISPOSITION DIFFERENCE TOTAL TO FORM 990, PART XI, LINE 9 178.

EXTENDED TO NOVEMBER 16, 2020

Form	990-T	E	Exempt Organization Bus			x Return)	OMB N	o. 1545-0047
			(and proxy tax unde	er sec	ction 6033(e))				040
		For ca	lendar year 2019 or other tax year beginning		, and ending			2	U 7 9
Depar Interna	tment of the Treasury al Revenue Service	•	► Go to www.irs.gov/Form990T for ins Do not enter SSN numbers on this form as it may					Open to Pt 501(c)(3) O	ublic Inspection for rganizations Only
A	Check box if address changed		Name of organization (Check box if name ch				(Emp	loyer identif oloyees' trus uctions.)	ication number st, see
B Ex	kempt under section	Print	BLUE RIDGE				5	4-16	47385
] 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	, see ins	structions.		E Unre		ess activity code
	408(e) 220(e)	Турс	P. O. BOX 815				-		
] 408A530(a)] 529(a)		City or town, state or province, country, and ZIP or ${\tt STAUNTON}$, ${\tt VA}$ ${\tt 24402-081}$		postal code				
C Boo			F Group exemption number (See instructions.)	<u> </u>					
ate	ok value of all assets end of year 31,309,8	00.	G Check organization type X 501(c) corpu	oration	501(c) trust	401(a)	trust		Other trust
				1		e only (or first) un		<u> </u>	
tra	de or business here	► HIC	GH COUNTRY ASSOCIATES			omplete Parts I-V.			9,
des	scribe the first in the b	lank spa	ice at the end of the previous sentence, complete Par	rts I and	II, complete a Schedule M	for each addition	al trade	e or	
	siness, then complete								
			poration a subsidiary in an affiliated group or a parent	t-subsic	liary controlled group?	> L	Y	es X	No
			tifying number of the parent corporation. ► THE FOUNDATION		Talanhan	e number 🕨 5	10-	213_	2150
			de or Business Income		(A) Income	(B) Expenses			(C) Net
1 a	Gross receipts or sale				(1)	(2) 2/40/100			(0)
	Less returns and allow		c Balance ▶	1c					
2	Cost of goods sold (S	chedule	A, line 7)	2					
3	Gross profit. Subtract			3					
4 a			h Schedule D)	4a					
b			art II, line 17) (attach Form 4797)	4b					
C			sts	4c	4 012	~ m		_	4 012
5			ship or an S corporation (attach statement)	5	-4,013.	STMT 1	L		<u>-4,013.</u>
6	Rent income (Schedu	, .	va (Oahadula E)	6					
7 8			me (Schedule E) nd rents from a controlled organization (Schedule F)	7 8					
9			on 501(c)(7), (9), or (17) organization (Schedule G)	9					
			ime (Schedule I)	10					
			e J)	11					
12	Other income (See ins	struction	ns; attach schedule)	12					
13	Total. Combine lines	3 throu	gh 12	13	-4,013.				-4,013.
Pa			ot Taken Elsewhere (See instructions for						
	<u> </u>		be directly connected with the unrelated busine					T	
14			rectors, and trustees (Schedule K)				14		
15 16							15 16		
17							17		
18	Interest (attach sche	dule) (s	ee instructions)				18		
19							19		
20			562)						
21	Less depreciation cla	aimed or	n Schedule A and elsewhere on return		21a		21b		
22	Depletion						22		
23			mpensation plans				23		
24			de et d. D				24	<u> </u>	
25 26			chedule I)				25 26		
20 27			hedule J) nedule)				27		
28			14 through 27				28		0.
29	Unrelated business t	axable ii	ncome before net operating loss deduction. Subtract	line 28	from line 13		29		-4,013.
30	Deduction for net op	erating l	loss arising in tax years beginning on or after Januar	y 1, 201	18				-
	(see instructions)				SEE STATE	MENT 2	30		0.
<u>31</u>	Unrelated business t	axable iı	ncome. Subtract line 30 from line 29				31		-4,013.
92370	1 01-27-20 LHA F 0	r Paper	work Reduction Act Notice, see instructions.					Form	990-T (2019)

Part	III ·	Total Unrelated Business Taxable Income			
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	-4,013.
		s paid for disallowed fringes		33	
34	Charital	ole contributions (see instructions for limitation rules)		34	0.
		related business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of line		35	-4,013.
36	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	'MT 3	36	0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	-4,013.
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000.
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
		e smaller of zero or line 37	<u></u>	39	-4,013.
		Tax Computation		10	0.
		ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	>	40	
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		44	
42				41	
42	Alternat	ax. See instructions		43	
44	Tay on	ive minimum tax (trusts only) Noncompliant Facility Income. See instructions			
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part		Tax and Payments		1 40 1	
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
		redits (see instructions) 46b			
C	General	business credit. Attach Form 3800 46c			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)			
е	Total cı	edits. Add lines 46a through 46d		46e	
47	Subtrac	t line 46e from line 45 xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta		47	0.
		x. Add lines 47 and 48 (see instructions)			0.
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
		ts: A 2018 overpayment credited to 2019			
		timated tax payments 51b			
C	Tax dep	osited with Form 8868 51c			
		organizations: Tax paid or withheld at source (see instructions) 51d			
		withholding (see instructions) 51e			
		or small employer health insurance premiums (attach Form 8941) redits, adjustments, and payments: Form 2439			
y		orm 4136 Other Total 51g			
52		ayments. Add lines 51a through 51g		52	
		ed tax penalty (see instructions). Check if Form 2220 is attached		53	
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54	-
		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		- 55	
	Enter th	e amount of line 55 you want: Credited to 2020 estimated tax		- 56	
Part	VI :	Statements Regarding Certain Activities and Other Information (see instruction	ons)		
	-	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		<u> </u>			X
	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		X
		see instructions for other forms the organization may have to file.			
59		e amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$ sider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	st of my know	ledge and b	pelief, it is true,
Sign		rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	•	_	· · · · · · · · · · · · · · · · · · ·
Here		PRESIDENT/CEO		-	S discuss this return with r shown below (see
		Signature of officer Date Title		instructions	
		Print/Type preparer's name Preparer's signature Date Ch	neck	if PTI	
Paid			If- employe	d	
Prep		JONATHAN D. JENCKS JONATHAN D. JENCKS 09/25/20			00500778
Use			irm's EIN 🕨	5	4-1440048
	•	P. O. BOX 2607			
		Firm's address ► STAUNTON, VA 24402-2607	hone no.	(540	<u>) 885-7000</u>
923711 (1-27-20				Form 990-T (2019)

Schedule A - Cost of Goods	Sold Enter	method of invent	tory valuation N/	λ			rago		
1 Inventory at beginning of year		THEEHOO OF HIVEH	6 Inventory at end of ye			6			
2 Purchases			7 Cost of goods sold.		line 6	0			
3 Cost of labor			from line 5. Enter her						
4a Additional section 263A costs						7			
(attach schedule)	4a		8 Do the rules of section						
b Other costs (attach schedule)			property produced or	acquire					
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property	Lease	d With Real Prope	erty)			
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued			O(a) Dadwaliana dinadha	and the state of t	1		
` rent for personal property is more than \ \ ` of rent for			nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	tage	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.		
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
					Deductions directly connected to debt-finance				
1. Description of debt-fir	nanced property		Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule	ons e)		
(1)				+					
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	columns		
(1)			%						
(2)			%						
(3)			%						
(4)			%						
					Enter here and on page 1, Part I, line 7, column (A).	Enter here and on pa Part I, line 7, column			

Form 990-T (2019)

Total dividends-received deductions included in column 8

Form 990-T (2019) BLUE RIDGE

Schedule F - Interest, /	Annuities, Ro	yalties, ar	nd Rents	From Co	ntrolled	d Organiza	tions	(see ins	struction	ns)
			Exempt 0	Controlled O	rganizatio	ons				
1. Name of controlled organizat	ion 2	. Employer dentification number	3. Net unre (loss) (see	elated income instructions)		al of specified nents made	include	t of column 4 ed in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
(1)										
<u>(1)</u> <u>(2)</u>										
(3)										
(4)										
Nonexempt Controlled Organi	zations				l		I		l l	
7. Taxable Income	8. Net unrelated	income (loss)	9 Total	of specified payr	nents	10. Part of colu	mn 9 that	is included	11 De	eductions directly connected
	(see instru		0	made		in the controlli	ng organ s income	ization's	wit	h income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, 0		1, Part I, \).		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals		- 0 - 1' -	- FO4/-\/7	1 (0) - (<u> </u>			0.		0.
Schedule G - Investme		a Section	1 501(c)(7), (9), or (17) Org	anization				
(see inst	ructions)					O Deductio				F. Tatal de destina
1. Desc	cription of income			2. Amount of	income	Deductiondirectly connection	cted	4. Set-	asides schedule)	Total deductions and set-asides
(4)					- 	(attach sched	lule)	(unuon o	- Cricadic)	(col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)				Enter here and	on page 1					Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B).
Totals					0.					0.
Schedule I - Exploited	Exempt Activ	ity Incom	e, Other	Than Adv	ertisin	g Income				
(see instru	uctions)					_				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses connected roduction nrelated sss income	4. Net incomfrom unrelated business (cominus column gain, compute through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(2) (3) (4)										
(4)										
(1)	Enter here and or page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 25.
Totals -		0.	0.							0.
Schedule J - Advertision		see instructio								
Part I Income From	Periodicals R	eported o	n a Cons	solidated	Basis					
1. Name of periodical	2. Gradvertii incon	sing ad	3. Direct vertising costs	or (loss) (co	tising gain ol. 2 minus ain, compute arough 7.	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2) (3) (4)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	▶	0.	0	•						0.
										Form 990-T (2019)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form **990-T** (2019)

			NET INCOME OR (LOSS)
ASSOCIATES - ORD	INARY BUSINESS	INCOME (LOSS)	-4,013.
ED ON FORM 990-T,	PAGE 1, LINE	5	-4,013.
NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
OSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
3,550.	0.	3,550.	3,550.
R AVAILABLE THIS	YEAR	3,550.	3,550.
	NET LOSS SUSTAINED 3,550.	NET OPERATING LOSS LOSS PREVIOUSLY APPLIED	NET OPERATING LOSS DEDUCTION LOSS PREVIOUSLY LOSS REMAINING 3,550. 0. 3,550.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/09	114,950.	12,627.	102,323.	102,323.
12/31/10	5,909.	0.	5,909.	5,909.
12/31/11	8,090.	0.	8,090.	8,090.
12/31/12	6,227.	0.	6,227.	6,227.
12/31/13	74,601.	0.	74,601.	74,601.
12/31/14	3,052.	0.	3,052.	3,052.
12/31/16	19,139.	0.	19,139.	19,139.
12/31/17	20,341.	0.	20,341.	20,341.
NOL CARRYO	VER AVAILABLE THIS	YEAR	239,682.	239,682.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4562 for instructions and the latest information.

name(s				Dusine	33 of activity to write	in this form relates		racitalying number
	MUNITY FOUNDATION O	F THE CEN	NTRAL	L	000			E 4 4 6 4 E 2 2 E
	E RIDGE				M 990 PA			54-1647385
Par	t I Election To Expense Certain Proper	ty Under Section 17	'9 Note: If yo	ou have any lis	sted property, c	omplete Part		
1 M	aximum amount (see instructions)						1	1,020,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)				2	
3 T	nreshold cost of section 179 property	before reduction	in limitation				3	2,550,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ente	er -0-			4	
5 Do	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filin	g separately, see ii	nstructions		5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use only)	(c) Elected o	ost	
7 1	sted property. Enter the amount from	line 20			7			
	otal elected cost of section 179 proper			lings 6 and			8	
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the sr							
	ection 179 expense deduction. Add lir					<u></u>	12	
	arryover of disallowed deduction to 20		•		13			
	Don't use Part II or Part III below for I							
Par	Special Depreciation Allowar	nce and Other D	epreciation	(Don't includ	e listed property	y.)		T
14 S	pecial depreciation allowance for quali	fied property (oth	er than listed	d property) pla	ced in service of	during		
th	e tax year			,			. 14	
15 P	roperty subject to section 168(f)(1) elec	ction					15	
	ther depreciation (including ACRS)							
Par	t III MACRS Depreciation (Don't	include listed pro	perty. See in	structions.)				
			Se	ection A				
17 M	ACRS deductions for assets placed in	service in tax ye	ars beginning	g before 2019			17	868.
	ou are electing to group any assets placed in servic	•	,			>	ï	
	Section B - Assets		_			ral Depreciat	ion Syste	em
		(b) Month and	(c) Basis fo	r depreciation	(d) Recovery	Τ.		
	(a) Classification of property	year placed in service		nvestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
	7-year property							
<u>d</u>	10-year property					1		
<u>e</u>	15-year property							
f	20-year property							
<u>g</u>	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			27.5 yrs.	MM	S/L	
	Nonresidential real property	/			39 yrs.	MM	S/L	
i	rvomesiuentiai reai property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 2019	Tax Year Us	ing the Alterna	ative Depreci	ation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par		· · · · · · · · · · · · · · · · · · ·			· · · · · ·			<u> </u>
	sted property. Enter amount from line	28					. 21	
	Stop proporty. Lintor arribant month into							1

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

868.

23

22

Form 4562 (2019)

Part V

BLUE RIDGE

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	24b, columns (c) of Section A,		ection B,	and Se	ction C i	if appli					. ,		
	Section A -	Depreciation	on and Other Ir	nformat	tion (Ca	ution: S	See the i	nstruct	tions for li	mits for p	asseng	er auton	nobiles.)		
24a	Do you have evidence to s	support the bu	siness/investmen	t use cla	imed?	Ye	es 🗌	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	e ot	(d) Cost or her basis		(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
	Special depreciation allo		ualified listed p	roperty	•		•		•						
	used more than 50% in										25				
26	Property used more than	n 50% in a qi T													
		: :	%			_									
		1 1	%	_											
	D 1 1500/ 1		<u>%</u>												
27	Property used 50% or le	ss in a quaiii T	1						I	l					
		1 1	%			_				S/L -					
		1 1	%	_						S/L -					
	A data and a second a few and a second	(1-) 11 05	%							S/L -	T 00				
	Add amounts in column										28				
29	Add amounts in column	(I), Ilne 26. E			r, page 1 3 - Infor								29		
	our employees, first ansv Total business/investment	·		(;	a)	(I	b)		(c)	(c	l)	(e)	(f Veh	
	year (don't include commu		ĭ F											10111010	
	Total commuting miles of														
	Total other personal (no														
	driven	-	·												
	Total miles driven during														
	Add lines 30 through 32	· ·													
	Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
	Was the vehicle used pr		more												
	than 5% owner or relate														
	Is another vehicle availa	ble for perso	nal												
	use?		<u> </u>												
	wer these questions to one than 5% owners or rela	determine if y			-				-				ren't		
	Do you maintain a writte employees?													Yes	No
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of ve	ehicles,	except	commuti	ng, by yo	ur				
	employees? See the ins					icers, dir	rectors,	or 1%	or more o	wners				<u> </u>	1
	Do you treat all use of ve														1
	Do you provide more that					nformati	on from	your e	mployees	about					
	the use of the vehicles,														
41	Do you meet the require														
D	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Yes	s," don't	comple	te Section	on B for	the co	vered veh	icles.					
Pč	art VI Amortization (a)			(h)	T	(c)		1	(4)	1	(0)			/f\	
	Description of	costs	Date a	(b) mortization		(c) Amortizab	le		(d) Code		(e) Amortiza	ntion	A	(f)	
	Amortization of costs th	at hegine du	•	tax vaa	<u> </u>	amount			section		period or per	centage	TO	or this year	
40															
42	Amortization of costs th	at begins du			r. 										
42	Amortization of costs th	at begins du	:	:	r. 										
	Amortization of costs th	-	:	:								43			

Form **4562** (2019)

54-1647385 Page 2

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or COMMUNITY FOUNDATION OF THE CENTRAL print 54-1647385 BLUE RIDGE File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour P. O. BOX 815 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 24402-0815 STAUNTON, VA Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 THE FOUNDATION ullet The books are in the care of lackbox 117 SOUTH LEWIS ST - STAUNTON, VA 24401 Fax No. $\triangleright 540 - 242 - 3387$ Telephone No. ► 540-213-2150 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 💮 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

instructions

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

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2020)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

instructions

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

TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING

December 31, 2019

Prepared For:		
	Community Foundation of th Blue Ridge P. O. Box 815 Staunton, VA 24402-0815	ne Central
Prepared By:		
	Elmore, Hupp & Company, P. O. Box 2607 Staunton, VA 24402-2607	P.L.C.
To be Signed a	and Dated By:	
	Not applicable	
Amount of Tax	(:	
	Total Tax	\$0
	Less: payments and credits Plus: other amount	\$0
	Plus: nterest and penalties	\$ 0
	No payment required	\$0 \$
Overpayment:		
C	Credited to your estimated tax	\$ 0
	Other amount	\$0 \$
F	Refunded to you	\$ 0
Make Check P	ayable To:	
	Not applicable	
Mail Tax Retur	n and Check (if applicable)	То:
	electronically to the VADOT	red for electronic filing. If you wish to have it transmitted , please sign, date and return VA-8879C to our office. We nic return to the VADOT. Do not mail the paper copy of the
Return Must b	e Mailed On or Before:	
	Not applicable	
Special Instruc	ctions:	

Form 500

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2019 Virginia Corporation Income Tax Return



	AL or Attention: Return RT Year Filer: Beginning Date	n must be filed ele	ectronically. Use this form (only if you have a Ending Date		waiver.	Official Use Only			
		Change in Accoun	•	Eliulily Date						
		mungo m Accoun	ang r onou							
FEIN	ı	Name CO	MMUNITY FOUNI	DATION O	F THE	CENTRAL	Check all that apply:			
5	4-1647385	BLUE	RIDGE				Initial Filer			
Mai	ing Address	•					Name Change			
P	. O. BOX 815						Mailing Address Change			
City	or Town			State	ZIP Code		Physical Address Change			
	TAUNTON			VA	244	02-0815				
Phy	sical Address (if different from Mailing	g Address)					Entity Type Code			
	17 SOUTH LEWIS	STREET					NP			
•	sical City or Town			State	ZIP Code		NAICS Code			
	TAUNTON			VA	244	01	531390			
Date	e Incorporated	State or Country of	•	Description of Br	•					
		VIRGIN:		OWNERS	SHIP II					
Ch	eck Applicable Boxes		Final Return			Corporate Te	elecommunications Company			
	Consolidated - Sch. 500	AC Enclosed	Final Return - Cl	heck here and	applicable	Enter amount	from Form 500T, Line 7:			
	Combined - Sch. 500AC	Enclosed	boxes below.							
	Change in Filing Status		Withdrawn			_	.00			
	Sch. 500A Enclosed		Dissolved - No	<u> </u>	for tax.	Noncorporat	e Telecommunications Company			
 	Schedule 500AB Enclos	ed	Dissolved Dat	e			Tremorporate relocalismanications Company			
X			Merged			Check box and	enter amount from Form 500T, Line 10:			
	Certified Company Appo	ortionment -	Merger Date				00			
	Sch. 500AP Enclosed	_		Merged FEIN #			.00 olier Company			
	Enter number of affiliates	·	S Corp Effecti	ve		• • • • • • • • • • • • • • • • • • • •	from Sch. 500EL, Line 7 or 14:			
An	nended Return (Do not file t	this form to carr	y back a net operating lo	ss. Use Form 5	500NOLD)	Enter amount	TIOTI SCIT. SOUEL, LINE 7 OF 14.			
Т	Amended Return - Checi	k here and	Nonrefundable or	Refundable C	redit	1	.00			
other applicable boxes. Change				Torundabio C	· ouit	Home Service	e Contract Provider			
	Federal Audit - Enclose of	copy of IRS	Schedule 500AB C	Changes						
	final determination.	. ,	Capital Loss Carry	_		Enter amount from Form 500HS, Line 10:				
	Schedule 500A Changes	S	Other - Enclose ex	planation.		Che	eck box if a noncorporate HSCP.			
	Schedule 500ADJ Chang	ges					.00			
Qu	estions and Related Inforr	mation								
_	Have you made any payme	onto to on offilio	tad carparation a ralator	d individual or	othor rolato	d antity for into	root royalting or other			
Α.	expenses related to intang			•		•	, ,			
	enclose Schedule 500AB.					ne property): II	yes, complete and			
	chologo contodalo coo le.	Enter exc	ception amount from So	hedule 500AB	, Line 8.	Α	.00			
						_				
	Coalfield Employment Enh			•			.00			
C.	If a net operating loss dedutaxable income on the U.S		, ,	٠,	ear of Loss					
	the requested information.	•	, i	ha						
	FEIN of the company gene		•	(2)	ederal NOL					
	(3) Percent of rederal					0/				
	FEIN			_	IOL used th		%			
_	(If there are NOLs for more	·		-		ion requested ii	n Section C.)			
٥.	If pass-through entity with complete and enclose Sch	•	•	ochequies VK-1	anu	n				
F	Has your federal income ta	•	· ·		,	Б. Vear E				
	IRS and finalized for any p	•				10a1 E.				
	reported to the Departmen				,	Year				
	reported to the Departmen	it. ii yes, piovid	io trio your(o).			Year				
F.	Location of corporation's b	oooks 117	SOUTH LEWIS S	ST, STAU						
				, =====	,	_				
	Contact for corporation's b	oooks THE	FOUNDATION	Con	tact Phone	Number 54	10-213-2150			

2019 Virginia Form 500

Page 2

FEIN 54-1647385



INCOME		
Federal taxable income (from enclosed federal return)	1.	-4013 .00
Total additions from Schedule 500ADJ, Section A, Line 7		.00
3. Total (add Lines 1 and 2)		-4013 .00
Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)		-4013 .00
Savings and Loan Association's Bad Debt Deduction (see instructions)		.00
7. Virginia taxable income (subtract Line 6 from Line 5)		- 4013 .00
TAX COMPUTATION		
8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00.
9. Income tax (6% of Line 7 or 6% of Line 8(a))	9.	0 .00
PAYMENTS AND CREDITS		
10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)		.00
12. 2019 estimated Virginia income tax payments including overpayment credit from 2018		.00
13. Extension payment		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D		.00
16. Total payments and credits (add Lines 12 through 15)		.00
REFUND OR TAX DUE		
17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)		.00.
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)		.00
23. Amount to be credited to 2020 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00.
I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a based on all information of which he or she has any knowledge.	e best of my knowledge and	d belief, a true, correct, and
By checking the box to the right, I (we) authorize the Department to discuss this return with the unders	ianed preparer	\rightarrow X
Date Signature of Officer Title	igneu preparer.	/ A
	DENTE / CEC	

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.							
Date	Signature of Officer	Title PRESIDENT/CEO					
Printed Name of Officer WILLIAM D.	LAYMAN	Phone Number 540-213-2150					
1	Firm Name JONATHAN D. JENCKS PP & COMPANY, P.L.C.	Preparer Phone Number (540) $885-7000$					
Date 09/25/20	Individual or Firm, Signature of Preparer	Address of Preparer P. O. BOX 2607 STAUNTON, VA 24402-2607					
Preparer's FEIN, PTIN, or St	SN	Approved Vendor Code 1019					

2019 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



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

Name as shown on Virginia return COMMUNITY FOUNDATION OF THE CENTRAL BL FEIN 54-1647385

Form 1120 - Deductions and Taxable Income		
I. Federal Taxable Income before NOL and Special Deductions	1.	-4013
2. Net Operating Loss Deduction	2.	
S. Special Deductions	3.	1000
I. Federal Taxable Income after NOL and Special Deductions		-4013
form 1120, Schedule C - Dividends and Special Deductions		
i. Subpart F Income and/or Global Intangible Low-Taxed Income		
6. Gross-Up for Foreign Taxes Deemed Paid	6 .	
form 1120, Schedule K or M-1		
. Tax Exempt Interest		
orm 5884 - Work Opportunity Credit		
Salaries and Wages not deducted due to the WOTC	8.	
form 4562 - Special Depreciation Allowance and Other Depreciation		
. Special depreciation allowance for qualified property placed in service during the		
taxable year	9 .	
Property subject to 168(f)(1) election	10	
. Other depreciation	11	
form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or	Loss	
. Total: Dividends (Exclude Gross-up)	12	
. Total: Dividends (Gross-up)	13	
. Total: Inclusions (Exclude Gross-up)		
. Total: Inclusions (Gross-up)		
. Total: Interest		
. Total: Gross Rents, Royalties, and License Fees	17	
. Total: Gross Income from Performance of Services	18.	
. Total: Other		
. Total: Total Gross Income or Loss from Outside the US		
orm 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization	21	
. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22	
. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23	
. Total: Allocable - Other Allocable Deductions	24	
. Total: Total Allocable Deductions		
. Total: Apportioned Share of Deductions		
. Total: Net Operating Loss Deduction		
J. Total: Total Deductions		
form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
	<u> </u>	

VA-8879C Virginia Department of Taxation

Virginia Corporation Income Tax e-file Signature Authorization

Tax Year **2019**

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name Feder	ral ID Number
COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE 54-	-1647385
Part I Tax Return Information	
1. Federal Taxable Income (Form 500, Page 2, Line 1)	14,013.
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	24,013.
3. Income tax (Form 500, Page 2, Line 9)	3.
4. Total payments and credits (Form 500, Page 2, Line 16)	4.
5. Total due (Form 500, Page 2, Line 21)	5.
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.
Part II Declaration and Signature Authorization of Officer	•
return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to funds withdrawal entry to the financial institution account indicated on the 2019 Virginia income tax return for paymer return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receiv necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return. Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN 47385 Do not enter all zeros as my signature on the corporation's corporation income tax return. ELMORE, HUPP & COMPANY, P.L.C.	including the amounts shown concome tax return. If filing a continuous an ACH electronic and of state taxes owed on this we confidential information by involve a financial institution an liable for the tax liability and complete return to Virginia Tax.
ERO Firm Name	
I will enter my e-File PIN as my signature on the corporation's 2019 electronic Virginia corporation income tax	•
if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO mus	st complete Part III below.
Your Signature	Date 09/25/20
Part III Certification and Authentication	
ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. 54301012345 Do not enter all zeros	
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2019 Virginia corporation inc	come tax return for the
corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Pra	actitioner PIN method and
have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, med	chanical device, such as
a signature pen, or computer software program.	
ERO's Signature JONATHAN D. JENCKS	Date 09/25/20

Form VA-8879C (REV 12/19)