

Elmore, Hupp & Company, P.L.C.
PO Box 2607
Staunton, VA 24402-2607

William D. Layman
Comm. Foundation Central Blue Ridge
P. O. Box 815
Staunton, VA 24402-0815



Elmore, Hupp & Company, P.L.C.

Certified Public Accountants

PO Box 2607

Staunton VA 24402-2607

540-885-7000

540-885-6806

www.elmorehupp.com

October 19, 2021

William D. Layman
Community Foundation of the Central Blue Ridge
P. O. Box 815
Staunton, VA 24402-0815

Dear Dan:

We are enclosing exempt organization tax return for the year ended December 31, 2020. Specific filing instructions for each return are listed on the following pages. With regards to the mailing of Form 990-T, we recommend that you use certified mail with postmarked receipt for proof of timely filing.

Please review the return and let us know if you have any questions.

Sincerely,



Jonathan D. Jencks

Enclosures

RECORD RETENTION

We want you to be aware of our record retention policy with respect to your tax files and related documentation. Based on our present policies, we will maintain this information either in hard copy or electronic format for a period of seven years, after which it will be destroyed. We may modify our record retention policies from time to time in accordance with our professional obligations. It is, therefore, important for you to keep the copies of tax returns and related supporting data in your files.

Elmore, Hupp & Company, P.L.C.

Certified Public Accountants

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Michael A. Marrin
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*Kenneth L. Elmore • Retired
R. G. Hupp • 1946 – 2008
Steven E. Stroop • Retired*

ELECTION DISCLOSURE AND PRIVACY STATEMENT

ELECTION DISCLOSURE

Tax returns involve various elections which impact the outcome of the return. By signing the return(s), you consent to and take responsibility for any election included in the return(s).

PRIVACY STATEMENT

A privacy law requires that CPAs and all other personal financial service providers disclose their privacy policies to clients in a written notice. These policies pertain to non-public personal information about current and former clients.

Of course, Elmore, Hupp and Company, P.L.C. has always protected your right to privacy with professional standards that are even more stringent than those required by law.

In order to assist you with your professional needs and, in some cases, to comply with professional guidelines, we retain records relating to the professional services we provide you. We have rigorous physical, electronic, and procedural safeguards in place to protect these records, and they are accessed internally only on an 'as-needed' basis.

Non-public personal information is never collected without your authorization, and we do not disclose such information except as required or permitted by law.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

Filing Instructions

Form 990

Community Foundation of the Central Blue Ridge

Exempt Organization Tax Return

Taxable Year Ended December 31, 2020

- Date Due:** November 15, 2021
- Remittance:** None is required. Your Form 990 for the tax year ended December 31, 2020 shows no balance due.
- Signature:** This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization to our office. We will then submit the electronic return to the IRS.
- Elmore, Hupp & Company, P.L.C.
PO Box 2607
Staunton, VA 24402-2607
- Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.
- Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Filing Instructions

Form 990-T

Community Foundation of the Central Blue Ridge

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2020

- Date Due:** November 15, 2021
- Remittance:** None is required. Your Form 990-T for the tax year ended December 31, 2020 shows no balance due.
- Mail To:** Mail the return by November 15, 2021 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027
- Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.

Filing Instructions

Community Foundation of the Central Blue Ridge

Form 500 - VA Corporation Income Tax Return

Taxable Year Ended December 31, 2020

- Date Due:** November 15, 2021
- Remittance:** None is required. No amount is due or overpaid.
- Mail To:** Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500
- Signature:** The return should be signed and dated on Page 2 by an authorized officer of the corporation.

COPY

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

COMMUNITY FOUNDATION OF THE CENTRAL 54-1647385
BLUE RIDGE

Net Asset / Fund Balance at Beginning of Year 29,708,070

Revenue

Contributions	<u>4,176,458</u>	
Program service revenue		
Investment income	<u>623,011</u>	
Capital gain / loss	<u>267,776</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>51,482</u>	
Total revenue		<u>5,118,727</u>

Expenses

Program services	<u>3,060,119</u>	
Management and general	<u>294,017</u>	
Fundraising	<u>50,288</u>	
Total expenses		<u>3,404,424</u>

Excess / (deficit) 1,714,303

Changes 1,214,999

Net Asset / Fund Balance at End of Year 32,637,372

Reconciliation of Revenue

Total revenue per financial statements	<u>6,261,971</u>	
Less:		
Unrealized gains	<u>1,215,160</u>	
Donated services	<u>30,492</u>	
Recoveries		
Other		
Plus:		
Investment expenses	<u>102,408</u>	
Other		
Total revenue per return	<u>5,118,727</u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>3,332,670</u>	
Less:		
Donated services	<u>30,492</u>	
Prior year adjustments		
Losses		
Other	<u>162</u>	
Plus:		
Investment expenses	<u>102,408</u>	
Other		
Total expenses per return	<u>3,404,424</u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>31,309,800</u>	<u>34,755,256</u>	
Liabilities	<u>1,601,730</u>	<u>2,117,884</u>	
Net assets	<u>29,708,070</u>	<u>32,637,372</u>	<u>2,929,302</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

COMMUNITY FOUNDATION OF THE CENTRAL 54-1647385
BLUE RIDGE

Income & Losses (Form 990-T, Sch A)	# of Schedules	<u>1</u>	
Income from all activities			
Losses from all activities		-9,022	
Unrelated business taxable income from all trades			
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction			
Section 199A Deduction (Trusts Only)			
Total adjustments			
Unrelated business taxable income			
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax			
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due			
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			
Payments & Penalties			
Estimated tax payments and Tax withheld			
Paid with extension			
Refundable credits and other payments			
Payments			
Net tax due			
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			
Balance due			
Total overpayment			
Overpayment applied to next year's tax			
Refund			

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 2020, and ending 20

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax **COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE**

Taxpayer identification number
54-1647385

Name and title of officer or person subject to tax **WILLIAM D LAYMAN
PRESIDENT/CEO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,118,727</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ELMORE, HUPP & COMPANY, P.L.C. to enter my PIN 47385 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } _____ Date } 10/19/21

Part III Certification and Authentication

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

54301012345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } JONATHAN D. JENCKS Date } 10/19/21

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

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

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.

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE		D Employer identification number 54-1647385
	Doing business as		E Telephone number 540-213-2150
	Number and street (or P.O. box if mail is not delivered to street address) P. O. BOX 815		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code STAUNTON VA 24402-0815		G Gross receipts \$ 14,125,412
F Name and address of principal officer: WILLIAM D LAYMAN			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u WWW.CFCBR.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1992	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	4	
	6 Total number of volunteers (estimate if necessary)	168	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-9,022	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	-9,022		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 3,637,771	Current Year: 4,176,458
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,339,806	890,787
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,093	51,482
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,992,670	5,118,727
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,024,343	2,875,827
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	257,460	313,946
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 50,288		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	209,600	214,651
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,491,403	3,404,424
19 Revenue less expenses. Subtract line 18 from line 12	3,501,267	1,714,303	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 31,309,800	End of Year: 34,755,256
	21 Total liabilities (Part X, line 26)	1,601,730	2,117,884
	22 Net assets or fund balances. Subtract line 21 from line 20	29,708,070	32,637,372

Part II Signature Block

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

Sign Here	Signature of officer	Date
	WILLIAM D LAYMAN Type or print name and title	PRESIDENT/CEO

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JONATHAN D. JENCKS	JONATHAN D. JENCKS	10/19/21		P00500778
	Firm's name } ELMORE, HUPP & COMPANY, P.L.C.	Firm's EIN } 54-1440048			
Firm's address } STAUNTON, VA 24402-2607		Phone no. 540-885-7000			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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.

4a (Code:) (Expenses \$ 2,881,704 including grants of \$ 2,875,827) (Revenue \$) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ 178,415 including grants of \$) (Revenue \$)

4e Total program service expenses u 3,060,119

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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 See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	29
1b	0

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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records u

THE FOUNDATION 117 SOUTH LEWIS ST VA 24401 540-213-2150 STAUNTON

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA V WHITESELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) LORA F HAMP	1.00									
CHAIR	0.00	X		X			0	0	0	
(3) MARK W BOTKIN	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(4) WILLIAM D LAYMAN	40.00									
PRESIDENT/CEO	0.00	X		X			103,013	0	0	
(5) SARA C BERRY	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) A.P. BOXLEY, III	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) STEPHEN W CLAFFEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) SAFIYA M JARVIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) KELLY M. HYSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) STUART MOFFETT	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) RICK MOYERS	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) BONNIE F. NIELSON DIRECTOR	1.00 0.00	X						0	0	0
(13) SUSAN M PERELES SECRETARY/ TREASURER	1.00 0.00	X		X				0	0	0
(14) ARTHUR SCHLAPPI DIRECTOR	1.00 0.00	X						0	0	0
(15) THOMAS E. ROBERTS DIRECTOR	1.00 0.00	X						0	0	0
(16) ABBY B AREY DIRECTOR	1.00 0.00	X						0	0	0
(17) DIANA WILLIAMS DIRECTOR	1.00 0.00	X						0	0	0
(18) KIMBERLY SNYDER DIRECTOR	1.00 0.00	X						0	0	0
(19) CHARLES ANDERSEN DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								103,013		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								103,013		

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,176,458				
	g Noncash contributions included in lines 1a-1f	1g	\$ 374,075				
	h Total. Add lines 1a-1f	u	4,176,458				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	623,011			623,011	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real	2,210			
			(ii) Personal				
			6b Less: rental expenses				
	6c Rental inc. or (loss)		2,210				
	d Net rental income or (loss)	u	2,210	2,210			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,242,772			
			(ii) Other	31,689			
			7b Less: cost or other basis and sales exps.	9,006,685			
	7c Gain or (loss)		236,087	31,689			
	d Net gain or (loss)	u	267,776	267,776			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a PAYCHECK PROTECTION PROGRAM	Business Code	561000	50,700	50,700		
	b INVESTMENT MANAGEMENT FEE		561000	7,269	7,269		
	c MISCELLANEOUS INCOME		561000	325	325		
	d All other revenue		531390	-9,022	-9,022		
	e Total. Add lines 11a-11d	u		49,272			
12 Total revenue. See instructions	u		5,118,727	328,280	-9,022	623,011	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,633,353	2,633,353		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	242,474	242,474		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,758	51,879	25,940	25,939
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	178,193	114,230	44,697	19,266
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,274		8,274	
9 Other employee benefits	3,228		3,228	
10 Payroll taxes	20,493	11,571	5,523	3,399
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	8,200		8,200	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	102,409		102,409	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,879	450	23,429	
12 Advertising and promotion	1,969	285		1,684
13 Office expenses	13,234		13,234	
14 Information technology	1,370		1,370	
15 Royalties				
16 Occupancy	23,325		23,325	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	527		527	
23 Insurance	5,362		5,362	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES & LICENSES	9,696		9,696	
b OTHER EXPENSES-MNGMNT-990	8,612		8,612	
c EVENT/AWARD EXPENSES	5,877	5,877		
d MISCELLANEOUS	4,922		4,922	
e All other expenses	5,269		5,269	
25 Total functional expenses. Add lines 1 through 24e	3,404,424	3,060,119	294,017	50,288
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	74	1	75
	2	Savings and temporary cash investments	3,757,645	2	1,924,945
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	925	9	950
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 820,193		
	b	Less: accumulated depreciation	10b 60,392	10c 760,490	759,801
	11	Investments—publicly traded securities	25,984,315	11	29,934,024
	12	Investments—other securities. See Part IV, line 11	152,877	12	143,856
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	653,474	15	1,991,605
16	Total assets. Add lines 1 through 15 (must equal line 33)	31,309,800	16	34,755,256	
Liabilities	17	Accounts payable and accrued expenses	19,532	17	27,818
	18	Grants payable	32,951	18	315,195
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,549,247	25	1,774,871
	26	Total liabilities. Add lines 17 through 25	1,601,730	26	2,117,884
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	12,892,534	27	13,233,393
	28	Net assets with donor restrictions	16,815,536	28	19,403,979
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	29,708,070	32	32,637,372	
33	Total liabilities and net assets/fund balances	31,309,800	33	34,755,256	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,118,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,404,424
3	Revenue less expenses. Subtract line 2 from line 1	3	1,714,303
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,708,070
5	Net unrealized gains (losses) on investments	5	1,215,161
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	-162
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	32,637,372

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer identification number 54-1647385
---	---

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	569,091	869,527	1,186,542	1,037,771	1,610,906	5,273,837
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	569,091	869,527	1,186,542	1,037,771	1,610,906	5,273,837
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						968,112
6 Public support. Subtract line 5 from line 4						4,305,725

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	569,091	869,527	1,186,542	1,037,771	1,610,906	5,273,837
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	546,136	830,186	711,295	698,920	682,850	3,469,387
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						8,743,224

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	49.25 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	46.70 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE

Employer identification number

54-1647385

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,018,158	3,961,216	3,936,170	3,316,622	3,326,622
b Contributions		56,942	25,046	619,548	
c Net investment earnings, gains, and losses					
d Grants or scholarships					10,000
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,018,158	4,018,158	3,961,216	3,936,170	3,316,622

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
 - b** Permanent endowment **u** 100.00 %
 - c** Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	757,065			757,065
b Buildings				
c Leasehold improvements				
d Equipment	63,128		60,392	2,736
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	759,801

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BEQUEST RECEIVABLE	1,957,552
(2) CONTRIBUTIONS RECEIVABLE	16,887
(3) ACCRUED INTEREST INCOME	15,787
(4) SECURITY DEPOSIT	1,000
(5) YPC GIFT CARDS	379
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 1,991,605

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY HELD FUNDS	1,774,871
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 1,774,871

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,261,971
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,215,160	
b	Donated services and use of facilities	2b	30,492	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,245,652	
3	Subtract line 2e from line 1	3	5,016,319	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,408	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	102,408	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,118,727	

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

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

1	Total expenses and losses per audited financial statements		1	3,332,670
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	30,492	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	162	
e	Add lines 2a through 2d	2e	30,654	
3	Subtract line 2e from line 1	3	3,302,016	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,408	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	102,408	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,404,424	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK/TAX DEPRECIATION DIFFERENCE \$ 162

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.**u Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	116TH INFANTRY REGIMENT FOUNDATION P.O. BOX 116 STAUNTON VA 24402-0116	54-1698197	3	25,000				GENERAL SUPPORT
(2)	ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON VA 24402-1203	46-5717620	3	10,500				GENERAL SUPPORT
(3)	AMERICAN FRONTIER CULTURE P.O. BOX 629 STAUNTON VA 24402-0629	54-1204572	3	19,575				GENERAL SUPPORT
(4)	AMERICAN SHAKESPEARE CENTER 10 S MARKET ST STAUNTON VA 24401	54-1487955	3	32,500				GENERAL SUPPORT
(5)	ANNA'S HOUSE 208 MARKET STREET STAUNTON VA 24401	84-1814792	3	8,265				GENERAL SUPPORT
(6)	ANSWER RELIEF P.O. BOX 68401 GRAND RAPIDS MI 49516	38-3639777	3	6,000				GENERAL SUPPORT
(7)	ARROW PROJECT 1011 SPRINGHILL ROAD STAUNTON VA 24401	83-3396084	3	48,088				GENERAL SUPPORT
(8)	AUGUSTA COUNTY FAIR P.O. BOX 590 VERONA VA 24482	54-1715772	3	8,040				GENERAL SUPPORT
(9)	AUGUSTA COUNTY HISTORICAL SOCIETY P.O. BOX 686 STAUNTON VA 24402	54-6064945	3	13,000				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer identification number 54-1647385
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Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AUGUSTA DOG ADPOTIONS 4224 WAKEFIELD ROAD RICHMOND VA 23235	45-1878094	3	10,000				GENERAL SUPPORT
(2) AUGUSTA EXPO 277 EXPO ROAD FISHERSVILLE VA 22939	54-0894240	3	35,000				GENERAL SUPPORT
(3) AUGUSTA HEALTH 78 MEDICAL CENTER DRIVE FISHERSVILLE VA 22939	54-1453954	3	17,500				GENERAL SUPPORT
(4) AUGUSTA HEALTH FOUNDATION 78 MEDICAL CENTER DR FISHERSVILLE VA 22939	54-2042365	3	36,450				GENERAL SUPPORT
(5) AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD FISHERSVILLE VA 22939	54-1651896	3	16,461				GENERAL SUPPORT
(6) AUGUSTA REGIONAL S.P.C.A. 33 ARCHERY LN STAUNTON VA 24401	23-7089566	3	18,475				GENERAL SUPPORT
(7) BESSIE WELLER ELEMENTARY SCHOOL 600 GREENVILLE AVE STAUNTON VA 24401	46-1004168	3	10,600				GENERAL SUPPORT
(8) BEVERLEY STREET STUDIO SCHOOL 217 WEST BEVERLEY STREET STAUNTON VA 24401	54-1785021	3	11,750				GENERAL SUPPORT
(9) BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL ROAD VERONA VA 24482-0937	52-1202644	3	27,000				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**u Attach to Form 990.****u Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BLUE RIDGE CASA FOR CHILDREN 119 WEST FREDERICK STREET STAUNTON VA 24401	54-1721227	3	29,042				GENERAL SUPPORT
(2)	BLUE RIDGE LEGAL SERVICES 204 NORTH HIGH STREET HARRISONBURG VA 22803	54-1048944	3	5,500				GENERAL SUPPORT
(3)	BLUE RIDGE MEDICAL CENTER 4038 THOMAS NELSON HWY ARRINGTON VA 22922	54-1222147	3	6,000				GENERAL SUPPORT
(4)	BOYS & GIRLS CLUB OF WAYNESBORO, 302 E. MAIN STREET WAYNESBORO VA 22980	54-1848714	3	61,250				GENERAL SUPPORT
(5)	BRCC EDUCATIONAL FOUNDATION INC P.O. BOX 80 WEYERS CAVE VA 24486	54-1328809	3	17,100				GENERAL SUPPORT
(6)	CENTRAL SHENANDOAH PLANNING 112 MAC TANLY PLACE STAUNTON VA 24401	54-0857625	3	152,750				FLOOD RELIEF
(7)	CITY OF STAUNTON 116 W. BEVERLEY STREET STAUNTON VA 24402-0058	54-6001631	3	51,149				GENERAL SUPPORT
(8)	COMMUNITY CHILD CARE INC 32 PARK BOULEVARD STAUNTON VA 24401	54-0894024	3	9,550				GENERAL SUPPORT
(9)	DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE VA 24019	54-1108079	3	5,380				GENERAL SUPPORT

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE** Employer identification number **54-1647385**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ELK HILL FARM P.O. BOX 99 GOOCHLAND VA 23063	23-7071154	3	15,701				GENERAL SUPPORT
(2)	FAYETTEVILLE STATE UNIVERSITY 1200 MURCHISON ROAD FAYETTEVILLE NC 28301	23-7029901	3	33,000				GENERAL SUPPORT
(3)	FRIENDS OF THE JEFFERSON-MADISON P.O. BOX 321 LOVINGSTON VA 22949	54-0834830	3	7,500				GENERAL SUPPORT
(4)	HAMPTON UNIVERSITY OFFICE OF DEVELOPMENT HAMPTON VA 23668	54-0505990	3	33,000				GENERAL SUPPORT
(5)	HEADWATERS SOIL & WATER 70 DICK HUFF LANE VERONA VA 24482	54-0990544	3	9,750				GENERAL SUPPORT
(6)	HEALTH EQUIPMENT LOAN PROGRAM C/O GLOSSBRENNER UMC CHURCHVILLE VA 24421	54-1905840	3	18,454				GENERAL SUPPORT
(7)	HEIFETZ INTERNATIONAL MUSIC P.O. BOX 2447 STAUNTON VA 24402	52-1959289	3	25,500				GENERAL SUPPORT
(8)	HIGHLAND CHILDREN'S HOUSE P.O. BOX 527 MONTEREY VA 24465	83-3645078	3	14,000				GENERAL SUPPORT
(9)	HIGHLAND COUNTY ARTS COUNCIL P.O. BOX 175 MONTEREY VA 24465	54-1632439	3	7,500				GENERAL SUPPORT

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HIGHLAND COUNTY CHAMBER OF P.O. BOX 223 MONTEREY VA 24465	54-1009297	3	25,000				GENERAL SUPPORT
(2)	HIGHLAND COUNTY DEPARTMENT OF P.O. BOX 247 MONTEREY VA 24465	54-6001350	3	5,881				GENERAL SUPPORT
(3)	HIGHLAND COUNTY PUBLIC LIBRARY 31 N. WATER STREET MONTEREY VA 24465	54-1240048	3	6,413				GENERAL SUPPORT
(4)	MARY BALDWIN UNIVERSITY P.O. BOX 1500 STAUNTON VA 24402	54-0506319	3	7,200				GENERAL SUPPORT
(5)	MENTAL HEALTH AMERICA OF AUGUSTA 101 W. FREDERICK STREET, SUITE 206 STAUNTON VA 24401	54-0797196	3	6,386				GENERAL SUPPORT
(6)	NATHAN YIP FOUNDATION 6295 GREENWOOD PLAZA BLVD GREENWOOD VILLAGE CO 80111	82-0549095	3	7,000				GENERAL SUPPORT
(7)	NEW DIRECTIONS CENTER, INC 110 WEST JOHNSON STREET, SUITE 102 STAUNTON VA 24401	54-1186253	3	21,013				GENERAL SUPPORT
(8)	NORFOLK STATE UNIVERSITY FOUNDATION 700 PARK AVENUE, SUITE 410 NORFOLK VA 23504	23-7235954	3	28,000				GENERAL SUPPORT
(9)	PROJECT GROWS P.O. BOX 781 STAUNTON VA 24402	46-1070735	3	16,229				GENERAL SUPPORT

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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2020**Open to Public
Inspection**Name of the organization
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BLUE RIDGE**Employer identification number
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RENEWING HOMES OF GREATER AUGUSTA P.O. BOX 3152 STAUNTON VA 24402	54-1738514	3	10,365				GENERAL SUPPORT
(2)	RIDE WITH PRIDE P.O. BOX 1203 STAUNTON VA 24402	54-1583440	3	11,261				GENERAL SUPPORT
(3)	ROCKFISH WILDLIFE SANCTUARY P.O. BOX 3 CHARLOTTESVILLE VA 22902	51-0498181	3	6,500				GENERAL SUPPORT
(4)	SAFEHOME SYSTEMS, INC P.O. BOX 748 COVINGTON VA 24426	54-1607489	3	9,500				GENERAL SUPPORT
(5)	SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVENUE RALEIGH NC 27610	56-0547478	3	28,000				GENERAL SUPPORT
(6)	SALEM EVANGELICAL LUTHERAN CHURCH P.O. BOX 38 MT. SIDNEY VA 24467	54-0616481	3	6,000				GENERAL SUPPORT
(7)	SCIENCE DELIVERED 980 KINZLEY CT. STAUNTON VA 24401	47-1889014	3	6,647				GENERAL SUPPORT
(8)	SHENANARTS 300 CHURCHVILLE AVENUE STAUNTON VA 24401	52-1243592	3	9,112				GENERAL SUPPORT
(9)	SHENANDOAH LGBTQ CENTER 13 W. BEVERLEY ST., 5TH FLOOR STAUNTON VA 24401	83-4120858	3	9,530				GENERAL SUPPORT

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

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SIN BARRERAS/ WITHOUT BARRIERS P.O. BOX 6433 CHARLOTTESVILLE VA 22906	46-1040727	3	25,000				GENERAL SUPPORT
(2)	STAUNTON AUGUSTA ART CENTER 20 SOUTH NEW STREET STAUNTON VA 24401	54-0792962	3	15,000				GENERAL SUPPORT
(3)	STAUNTON AUGUSTA CHURCH RELIEF 118 N. NEW STREET STAUNTON VA 24401	52-1389617	3	6,097				GENERAL SUPPORT
(4)	STAUNTON AUGUSTA COUNTY RESCUE 1601 N. COALTER STREET STAUNTON VA 24401	23-7088092	3	21,500				GENERAL SUPPORT
(5)	STAUNTON AUGUSTA FAMILY YMCA 708 N. COALTER STREET STAUNTON VA 24401	54-0506438	3	226,329				GENERAL SUPPORT
(6)	STAUNTON AUGUSTA WAYNESBORO P.O. BOX 3188 STAUNTON VA 24402-3188	54-1648901	3	20,500				GENERAL SUPPORT
(7)	SHENANDOAH COMMUNITY CAPITAL FUND 32 N. AUGUSTA STREET, SUITE D STAUNTON VA 24401	26-1798076	3	34,391				GENERAL SUPPORT
(8)	STAUNTON MUSIC FESTIVAL P.O. BOX 3111 STAUNTON VA 24402	02-0464351	3	19,564				GENERAL SUPPORT
(9)	STUART HALL SCHOOL P.O. BOX 210 STAUNTON VA 24402	84-1648803	3	43,758				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.**u Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE ARC OF AUGUSTA 1025 FAIRFAX AVENUE WAYNESBORO VA 22980	54-0884080	3	9,450				GENERAL SUPPORT
(2)	THE HIGHLAND CENTER P.O. BOX 556 MONTEREY VA 24465	54-1882137	3	15,500				GENERAL SUPPORT
(3)	THE JAMIN FUND 3247 COUNTRY CLUB PARKWAY CASTLE ROCK CO 80108	84-1989807	3	25,000				GENERAL SUPPORT
(4)	THE SALVATION ARMY P.O. BOX 2412 STAUNTON VA 24402	58-0660607	3	82,350				GENERAL SUPPORT
(5)	TRINITY EPISCOPAL CHURCH P.O. BOX 208 STAUNTON VA 24402	54-0506420	3	11,800				GENERAL SUPPORT
(6)	UNITED WAY OF STAUNTON, AUGUSTA, 24 IDLEWOOD BLVD., SUITES 106-112 STAUNTON VA 24401	59-0955100	3	313,307				GENERAL SUPPORT
(7)	UNITY IN COMMUNITY P.O. BOX 55 ROSELAND VA 22967	41-2260416	3	8,000				GENERAL SUPPORT
(8)	VALLEY ALLIANCE FOR EDUCATION P.O. BOX 515 FISHERSVILLE VA 22939	62-1398778	3	12,573				GENERAL SUPPORT
(9)	VALLEY CHILDREN'S ADVOCACY CENTER 1105 GREENVILLE AVENUE STAUNTON VA 24401	20-0831874	3	22,250				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**u Attach to Form 990.****u Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VALLEY COMMUNITY SERVICES BOARD 85 SANGER'S LANE STAUNTON VA 24401	54-1049477	3	24,533				GENERAL SUPPORT
(2)	VALLEY CONSERVATION COUNCIL P.O. BOX 988 STAUNTON VA 24402	54-1548245	3	9,928				GENERAL SUPPORT
(3)	VALLEY HOPE COUNSELING CENTER 20 STONERIDGE DRIVE, SUITE 202 WAYNEBORO VA 22980	54-1956722	3	20,318				GENERAL SUPPORT
(4)	VALLEY MISSION 1513 WEST BEVERLEY STREET STAUNTON VA 24401	54-0930419	3	39,250				GENERAL SUPPORT
(5)	VALLEY PROGRAM FOR AGING SERVICES 325 PINE AVENUE WAYNEBORO VA 22980	54-0958526	3	10,550				GENERAL SUPPORT
(6)	VALLEY SUPPORTIVE HOUSING P.O. BOX 1907 STAUNTON VA 24402	27-0132429	3	19,000				GENERAL SUPPORT
(7)	VECTOR INDUSTRIES, INC 1300 HOPEMAN PARKWAY WAYNEBORO VA 22980	54-0853760	3	6,950				GENERAL SUPPORT
(8)	VERONA COMMUNITY CENTER P.O. BOX 47 VERONA VA 24482	54-0928300	3	10,000				GENERAL SUPPORT
(9)	VERONA COMMUNITY FOOD PANTRY P.O. BOX 187 VERONA VA 24482	20-5258949	3	6,000				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990.

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

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer identification number 54-1647385
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Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WAYNE THEATRE ALLIANCE P.O. BOX 1821 WAYNESBORO VA 22980	54-1993924	3	15,000				GENERAL SUPPORT
(2) WAYNESBORO AREA REFUGE MINISTRY 1035 FAIRFAX AVENUE WAYNESBORO VA 22980	47-1937790	3	38,443				GENERAL SUPPORT
(3) WAYNESBORO FAMILY YMCA 648 S. WAYNE AVENUE WAYNESBORO VA 22980	54-0633243	3	21,600				GENERAL SUPPORT
(4) WELL OF HOPE AMERICA 5225 W. MYERS ROAD COVINGTON OH 45318	46-0608625	3	24,917				GENERAL SUPPORT
(5) WESTMINSTER PRESBYTERIAN CHURCH 1904 MT. VERNON STREET WAYNESBORO VA 22980	54-0784799	3	19,390				GENERAL SUPPORT
(6) WOODROW WILSON PRESIDENTIAL P.O. BOX 24 STAUNTON VA 24402	54-0505980	3	24,500				GENERAL SUPPORT
(7)							
(8)							
(9)							

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

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

Schedule I (Form 990) (2020)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EDUCATIONAL AWARDS	20	110,000			
2 SCHOLARSHIP/WILSON MEMORI	7	8,500			
3 SCHOLARSHIP RENEWALS	15	32,800			
4 SCHOLARSHIP/ADULT & COLLE	7	6,234			
5 SCHOLARSHIP/AFRICAN AMERI	1	2,000			
6 SCHOLARSHIP/BUFFALO GAP	4	4,500			
7 SCHOLARSHIP/DEAF-HEARING	1	2,500			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

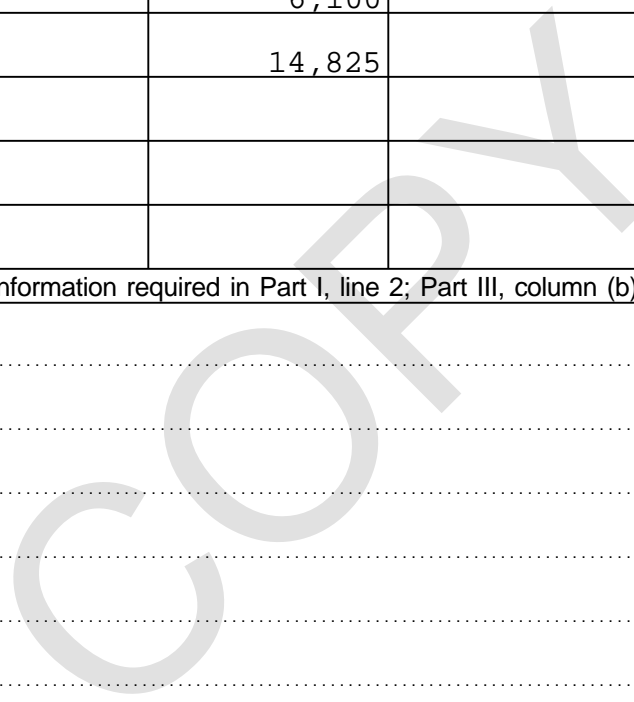
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 AS PART OF THE AWARD, THE GRANTS MANAGER REQUIRES AN ANNUAL UPDATE AFTER
 THE GRANT YEAR (JULY TO JUNE) INDICATING THE DOLLARS SPENT, THE PROGRAM
 ACHIEVEMENTS, NUMBERS SERVED, ETC. ANY MONIES NOT SPENT ARE REQUESTED BACK
 BY THE GRANTS MANAGER.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIP/STAUNTON HS	8	22,900			
2 SCHOLARSHIP/COSMETOLOGY	1	5,940			
3 SCHOLARSHIP/STUARTS DRAFT	4	6,100			
4 SCHOLARSHIP/WAYNESBORO HS	8	14,825			
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer identification number 54-1647385
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	12	374,075	FMV AT DATE OF GIFT
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer identification number 54-1647385
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

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 BY REQUESTING NOMINATION FOR AND PROVIDING CASH AWARDS TO SELECT INDIVIDUALS FOR THEIR SIGNIFICANT IMPACT UPON THE EDUCATION OF YOUTH IN STAUNTON, WAYNESBORO, AUGUSTA COUNTY AND NELSON COUNTY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OTHER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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.

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

CONFLICT OF INTEREST REQUIREMENTS

A. DUTY TO DISCLOSE

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN 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 DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION 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 LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.

○ 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.

○ AFTER EXERCISING DUE DILLIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

○ IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESRED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND RESONABLE. 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 GOVERENING BOARD OR COMMITTEE HAS REASONABLE 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.

O IF, AFTER HEARING THE MEMEBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRUMSTANCES, 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, LINE 15A - 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.

FORM 990, PART VI, LINE 15B - 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, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT CFCBR WEBSITE; OTHER DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK/TAX DEPRECIATION DIFFERENCE \$ -162

COPY

William D. Layman
Comm. Foundation Central Blue Ridge
P. O. Box 815
Staunton, VA 24402-0815

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



COPY

Form **990-T**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	D Employer identification number 54-1647385
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 815	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code STAUNTON VA 24402-0815	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year u 34,755,256	

G Check organization type **u** 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to **u** Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation **u**

J Enter the number of attached Schedules A (Form 990-T) **u** **1**

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

L The books are in care of **u THE FOUNDATION** Telephone number **u 540-213-2150**

Part I Total Unrelated Business Taxable income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-9,022
2 Reserved	2	
3 Add lines 1 and 2	3	-9,022
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-9,022
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-9,022
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
3 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4
6a Payments: A 2019 overpayment credited to 2020
6b 2020 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax u Refunded u

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here u
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$
4a Did the organization change its method of accounting? (see instructions)
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here u Signature of officer Date Title u PRESIDENT/CEO
Print/Type preparer's name Preparer's signature Date Check if PTIN
JONATHAN D. JENCKS JONATHAN D. JENCKS 10/19/21 self-employed P00500778
Firm's name } ELMORE, HUPP & COMPANY, P.L.C. Firm's EIN } 54-1440048
Firm's address } STAUNTON, VA 24402-2607 Phone no. 540-885-7000

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

SCHEDULE A
(Form 990-T)
Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020
Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.Open to Public Inspection for
501(c)(3) Organizations Only

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

A Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL		B Employer identification number 54-1647385	
C Unrelated Business Activity Code (see instructions) u 531390		D Sequence: 1 of 1	

E Describe the unrelated trade or business u HIGH COUNTRY ASSOCIATES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance u	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 1	5	-9,022	-9,022
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	-9,022	-9,022

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

1	Compensation of officers, directors, and trustees (Part X)	1		
2	Salaries and wages	2		
3	Repairs and maintenance	3		
4	Bad debts	4		
5	Interest (attach statement) (see instructions)	5		
6	Taxes and licenses	6		
7	Depreciation (attach Form 4562) (see instructions)	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a		0
9	Depletion	9		
10	Contributions to deferred compensation plans	10		
11	Employee benefit programs	11		
12	Excess exempt expenses (Part VIII)	12		
13	Excess readership costs (Part IX)	13		
14	Other deductions (attach statement)	14		
15	Total deductions. Add lines 1 through 14	15		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-9,022
17	Deduction for net operating loss (see instructions)	17		
18	Unrelated business taxable income. Subtract line 17 from line 16	18		-9,022

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Includes description of property (A-D), columns for rent received (A-D), and total deductions. Rows include: 1 Description of property, 2 Rent received or accrued (a, b, c), 3 Total rents received, 4 Deductions, 5 Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes description of property (A-D), columns for gross income and deductions (A-D), and total gross income. Rows include: 1 Description of property, 2 Gross income, 3 Deductions (a, b, c), 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Division of line 4 by line 5, 7 Gross income reportable, 8 Total gross income, 9 Allocable deductions, 10 Total allocable deductions, 11 Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2. Enter here and on Part I, line 9, column (A)

Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with columns A, B, C, D and checkboxes for reporting multiple periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and rows for advertising income, costs, and gain/loss calculations.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for providing supplemental information.

Federal Statements**High Country Associates****Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
HIGH COUNTRY ASSOC - K-1	\$ <u>-9,022</u>	\$ <u> </u>	\$ <u>-9,022</u>
TOTAL	\$ <u><u>-9,022</u></u>	\$ <u><u> 0</u></u>	\$ <u><u>-9,022</u></u>

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Name(s) shown on return **COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**

Identifying number
54-1647385

Business or activity to which this form relates

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,590,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,040,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	527
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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 instructions	22	527
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 990-T	Business Income Activity Summary	2020
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Name COMMUNITY FOUNDATION OF THE CENTRAL	Taxpayer Identification Number 54-1647385
--	---

Business Activity Income (and allocation of Prior-2018 NOL)

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>239,682</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. _____
D. Pre-2018 Applied (Sum of B and C)	D. _____
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>239,682</u>
F. Pre-2018 Net Operating Losses Expiring this Year	F. _____
G. Pre-2018 Net Operating Losses Carried Forward	G. <u>239,682</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <u>HIGH COUNTRY ASSOCIATES</u>	<u>531390</u>	1. <u>-9,022</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. <u>-9,022</u>

Form 990-T	Schedule A Loss Carryover Calculation Description HIGH COUNTRY ASSOCIATES	2020
Name COMMUNITY FOUNDATION OF THE CENTRAL		Taxpayer Identification Number 54-1647385
Unincorporated Business Income Tax Code: 531390 Activity: OTHER ACTIVITIES RELATED TO REAL		

Each activity may carryforward losses after 2018

1 Activity income	1	-9,022
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	-9,022
4 Losses carried over to this year (do not include amounts prior to 2018)	4	7,563
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4)	7	7,563
8 If line 3 is less than zero, enter that amount here as a positive number	8	9,022
9 Total loss carried forward to 2021 (Add lines 7 and 8)	9	16,585

Electronic Filing includes the report of additional amounts for this activity

E1 Activity loss amounts from 2019	E1	7,563
E2 Prior year activity losses included on Schedule A, Line 17	E2	

COPY

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2020**

For calendar year 2020, or tax year beginning _____, ending _____

Name

COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGEEmployer Identification Number
54-1647385

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09	-114,950	12,627	102,323		102,323
8th 12/31/10	-5,909		5,909		5,909
7th 12/31/11	-8,090		8,090		8,090
6th 12/31/12	-6,227		6,227		6,227
5th 12/31/13	-74,601		74,601		74,601
4th 12/31/14	-3,052		3,052		3,052
3rd 12/31/15					
2nd 12/31/16	-19,139		19,139		19,139
1st 12/31/17	-20,341		20,341		20,341
NOL carryover available to current year			239,682		
Current year	0				
NOL carryover available to next year					239,682

Filing Instructions

Community Foundation of the Central Blue Ridge

Form 500 - VA Corporation Income Tax Return

Taxable Year Ended December 31, 2020

- Date Due:** November 15, 2021
- Remittance:** None is required. No amount is due or overpaid.
- Mail To:** Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500
- Signature:** The return should be signed and dated on Page 2 by an authorized officer of the corporation.

COPY

Virginia Form 500 Return Summary

For calendar year 2020 or tax year beginning _____, ending _____
 COMMUNITY FOUNDATION OF THE CENTRAL 54-1647385

Taxable Income

Federal taxable income	-9,022	
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction		
Virginia taxable income		
Apportionment factor	100.00	
Taxable income		

Taxable Computation

Income tax		
Nonrefundable tax credits		
Adjusted corporate tax		

Payments and Penalties

Estimated income tax payments and overpayment credit		
Extension payment		
Refundable tax credits from Schedule 500CR		
Pass-through entity withholding from Schedule 500ADJ		
Penalty		
Interest		
Additional charge Form 500C		
Total payments and penalties		
Total Due		0
Overpayment credited to next year		
Refund		

Next Year's Estimates

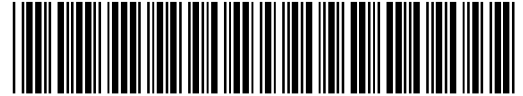
1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
Total	

Annual Registration Information

Gross contributions	4,176,458
Total fees	325
Registration / extended due date	08/16/21

Form 500
 Department of Taxation
 P.O. Box 1500
 Richmond, VA 23218-1500

**2020 Virginia Corporation
 Income Tax Return**



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.

FISCAL or
 SHORT Year Filer: Beginning Date _____; Ending Date _____

Official Use Only

Short Year Return Change in Accounting Period

FEIN 54-1647385	Name COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address P. O. BOX 815		City or Town STAUNTON	State VA
		ZIP Code 24402-0815	
Physical Address (if different from Mailing Address) 117 S. LEWIS STREET		Entity Type Code NP	
Physical City or Town STAUNTON		State VA	NAICS Code 531390
ZIP Code 24401			
Date Incorporated 11/09/1992	State or Country of Incorporation VIRGINIA	Description of Business Activity OWNERSHIP IN LLC	

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated – Sch. 500AC Enclosed <input type="checkbox"/> Combined – Sch. 500AC Enclosed <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Sch. 500A Enclosed <input type="checkbox"/> Schedule 500AB Enclosed <input checked="" type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Certified Company Apportionment – Sch. 500AP Enclosed Enter number of affiliates: _____ <input type="checkbox"/> Amended Return (See instructions) Enter reason code: _____	<input type="checkbox"/> Final Return – Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved – No longer liable for tax. Dissolved Date: _____ <input type="checkbox"/> Merged Merger Date: _____ Merged FEIN: _____ <input type="checkbox"/> S Corp Effective: _____	Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 Electric Supplier Company Enter amount from Sch. 500EL, Line 7 or 14: _____ .00 Home Service Contract Provider Enter amount from Form 500HS, Line 10. <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00

Questions and Related Information

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

B. Coalfield Employment Enhancement Tax Credit earned from 2020 Form 306, Line 11. B. _____ .00

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

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. D. _____

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

F. Location of corporation's books 117 SOUTH LEWIS ST STAUNTON VA 24401
 Contact for corporation's books THE FOUNDATION Contact Phone Number 540-213-2150

COMMUNITY FOUNDATION OF THE CENTRAL

2020 Virginia

Form 500

Page 2

FEIN

54-1647385



INCOME

1. Federal taxable income (from enclosed federal return)	1.	-9,022	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	-9,022	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.		.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.		.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)	8(a)		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b)		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)		.00
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	0	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	0	.00
12. 2020 estimated Virginia income tax payments including overpayment credit from 2019	12.		.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.		.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.		.00
23. Amount to be credited to 2021 estimated tax	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

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

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	Individual or Firm, Signature of Preparer	Phone Number
WILLIAM D LAYMAN	JONATHAN D. JENCKS	540-213-2150
Print Preparer's Name and Firm Name	Preparer Phone Number	
JONATHAN D. JENCKS	540-885-7000	
Date	Address of Preparer	
10/19/21	ELMORE, HUPP & COMPANY, P.L.C.	
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
P00500778	1022	PO BOX 2607 STAUNTON, VA 24402-2607

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

**2020 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 FEIN 54-1647385

Form 1120 — Deductions and Taxable Income		
1. Federal Taxable Income before NOL and Special Deductions	1.	<u>-9,022.00</u>
2. Net Operating Loss Deduction	2.	<u>.00</u>
3. Special Deductions	3.	<u>1,000.00</u>
4. Federal Taxable Income after NOL and Special Deductions	4.	<u>-9,022.00</u>
Form 1120, Schedule C — Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	<u>.00</u>
6. Gross-Up for Foreign Taxes Deemed Paid	6.	<u>.00</u>
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest	7.	<u>.00</u>
Form 5884 — Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	<u>.00</u>
Form 4562 — Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the taxable year ...	9.	<u>.00</u>
10. Property subject to 168(f)(1) election	10.	<u>.00</u>
11. Other depreciation	11.	<u>.00</u>
Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss		
12. Total: Dividends (Exclude Gross-Up)	12.	<u>.00</u>
13. Total: Dividends (Gross-up)	13.	<u>.00</u>
14. Total: Inclusions (Exclude Gross-up)	14.	<u>.00</u>
15. Total: Inclusions (Gross-up)	15.	<u>.00</u>
16. Total: Interest	16.	<u>.00</u>
17. Total: Gross Rents, Royalties, and License Fees	17.	<u>.00</u>
18. Total: Gross Income from Performance of Services	18.	<u>.00</u>
19. Total: Other	19.	<u>.00</u>
20. Total: Total Gross Income or Loss from Outside the US	20.	<u>.00</u>
Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions		
21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization	21.	<u>.00</u>
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses	22.	<u>.00</u>
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services	23.	<u>.00</u>
24. Total: Allocable – Other Allocable Deductions	24.	<u>.00</u>
25. Total: Total Allocable Deductions	25.	<u>.00</u>
26. Total: Apportioned Share of Deductions	26.	<u>.00</u>
27. Total: Net Operating Loss Deduction	27.	<u>.00</u>
28. Total: Total Deductions	28.	<u>.00</u>
Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments	29.	<u>.00</u>