

Form **990**

**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

**2021**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_ **, and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P. O. BOX 815**  
 City or town, state or province, country, and ZIP or foreign postal code  
**STAUNTON VA 24402-0815**

**D** Employer identification number: **54-1647385**

**E** Telephone number: **540-213-2150**

**G** Gross receipts\$ **11,480,066**

**F** Name and address of principal officer:  
**WILLIAM D LAYMAN**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: ▶ **WWW.CFCBR.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1992** **M** State of legal domicile: **VA**

**H(c)** Group exemption number ▶ \_\_\_\_\_

Part I Summary		Prior Year	Current Year
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)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	157
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,684
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,176,458	2,353,331
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	890,787	2,499,552
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,482	44,075
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,118,727	4,896,958
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,875,827	1,704,590
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	313,946	288,398
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,122		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	214,651	232,687
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,404,424	2,225,675
19 Revenue less expenses. Subtract line 18 from line 12	1,714,303	2,671,283	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 34,755,256	End of Year 41,569,424
	21 Total liabilities (Part X, line 26)	2,117,884	4,052,848
	22 Net assets or fund balances. Subtract line 21 from line 20	32,637,372	37,516,576

**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** PRESIDENT/CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JONATHAN D. JENCKS Preparer's signature: JONATHAN D. JENCKS Date: 09/28/22 Check  if self-employed PTIN: P00500778

Firm's name ▶ **ELMORE, HUPP & COMPANY, P.L.C.** Firm's EIN ▶ **54-1440048**  
 Firm's address ▶ **PO BOX 2607 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

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  No

If "Yes," describe these new services on Schedule O.

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

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,715,090 including grants of \$ 1,704,590 ) (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 \$ 127,513 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,842,603

**Part IV Checklist of Required Schedules**

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

**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 <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		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 line 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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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		
1b Enter the number of Forms W-2G included on 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?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	4		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	16		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

**Section C. Disclosure**

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

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORA F HAMP ..... DIRECTOR	1.00 0.00	X						0	0	0
(2) WILLIAM D LAYMAN ..... PRESIDENT/CEO	40.00 0.00	X		X				109,830	0	0
(3) KELLY M. HYSON ..... DIRECTOR	1.00 0.00	X						0	0	0
(4) THOMAS E. ROBERTS ..... DIRECTOR	1.00 0.00	X						0	0	0
(5) ABBY B AREY ..... DIRECTOR	1.00 0.00	X						0	0	0
(6) DIANA WILLIAMS ..... DIRECTOR	1.00 0.00	X						0	0	0
(7) KIMBERLY SNYDER ..... DIRECTOR	1.00 0.00	X						0	0	0
(8) CHARLES ANDERSEN ..... DIRECTOR	1.00 0.00	X						0	0	0
(9) MARK W BOTKIN ..... CHAIR	1.00 0.00	X		X				0	0	0
(10) RICK MOYERS ..... VICE CHAIR	1.00 0.00	X		X				0	0	0
(11) SAFIYA M. JARVIS ..... DIRECTOR	1.00 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SARA C. BERRY	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) ANGELA V. WHITESELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) SUSAN M. PERELES	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(15) A. P. BOXLEY, III	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) STEPHEN W. CLAFFEY	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							109,830			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							109,830			

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	2,353,331				
	g Noncash contributions included in lines 1a-1f	1g	\$ 586,628				
	<b>h Total.</b> Add lines 1a-1f		2,353,331				
<b>Program Service Revenue</b>	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		773,454			773,454	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	1,700			
		(ii) Personal	6b				
			6c	1,700			
	d Net rental income or (loss)		1,700	1,700			
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	8,077,968	231,238		
		(ii) Other	7b	6,583,108			
			7c	1,494,860	231,238		
	d Net gain or (loss)		1,726,098	1,726,098			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
			8b				
	c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		9a					
		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
		10b					
	c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a HIGH COUNTRY ASSOC - K-1	Business Code	531390	31,684		31,684	
	b INVESTMENT MANAGEMENT FEE		561000	9,575	9,575		
	c MISCELLANEOUS INCOME		561000	1,116	1,116		
	d All other revenue						
	<b>e Total.</b> Add lines 11a-11d			42,375			
<b>12 Total revenue.</b> See instructions			4,896,958	1,738,489	31,684	773,454	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,432,238	1,432,238		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	272,352	272,352		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	109,830	34,047	54,915	20,868
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	147,680	84,972	51,568	11,140
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,033		8,033	
<b>9</b> Other employee benefits	3,249		3,249	
<b>10</b> Payroll taxes	19,606	8,494	8,715	2,397
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	5,600		5,600	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees	120,251		120,251	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,125		11,125	
<b>12</b> Advertising and promotion	5,717			5,717
<b>13</b> Office expenses	12,652		12,652	
<b>14</b> Information technology	2,161		2,161	
<b>15</b> Royalties				
<b>16</b> Occupancy	15,790		15,790	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,607		1,607	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	685		685	
<b>23</b> Insurance	5,959		5,959	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBSCRIPTIONS	16,218		16,218	
<b>b</b> DEVELOPMENT	13,681		13,681	
<b>c</b> TAXES AND LICENSES	10,741		10,741	
<b>d</b> EVENT/AWARD EXPENSES	10,500	10,500		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,225,675	1,842,603	342,950	40,122
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
<b>Assets</b>	1	Cash—non-interest-bearing	75	1	75
	2	Savings and temporary cash investments	1,924,945	2	1,495,962
	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	950	9	975
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 823,862		
	b	Less: accumulated depreciation	10b 61,238	10c	762,624
	11	Investments—publicly traded securities	29,934,024	11	38,934,878
	12	Investments—other securities. See Part IV, line 11	143,856	12	175,539
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,991,605	15	199,371
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	34,755,256	16	41,569,424	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	27,818	17	29,881
	18	Grants payable	315,195	18	5,655
	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	1,774,871	25	4,017,312
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,117,884	26	4,052,848
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	13,233,393	27	15,345,762
	28	Net assets with donor restrictions	19,403,979	28	22,170,814
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	32,637,372	32	37,516,576	
33	<b>Total liabilities and net assets/fund balances</b>	34,755,256	33	41,569,424	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,896,958
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,225,675
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,671,283
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	32,637,372
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,208,082
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-161
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	37,516,576

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

Schedule A (Form 990) 2021

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.

12 Gross receipts from related activities, etc. (see instructions) 12 12,391
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

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 54.40%. Row 15: Public support percentage from 2020 Schedule A, Part II, line 14 15 49.25%.

- 16a 33 1/3% support test—2021. 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 [X]
b 33 1/3% support test—2020. 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—2021. 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—2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; 16 Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

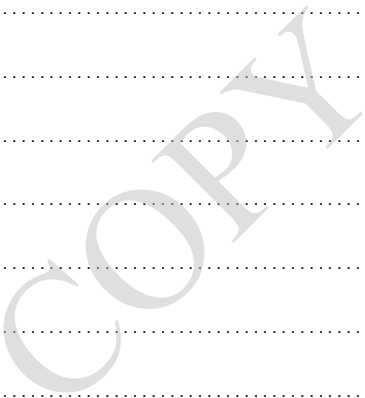
- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>			
<b>Section D – Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
<b>6</b>	Other distributions (describe in Part VI). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
<b>9</b>	Distributable amount for 2021 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		
<b>Section E – Distribution Allocations</b> (see instructions)			
	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b>	Distributable amount for 2021 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
<b>3</b>	Excess distributions carryover, if any, to 2021		
<b>a</b>	From 2016 .....		
<b>b</b>	From 2017 .....		
<b>c</b>	From 2018 .....		
<b>d</b>	From 2019 .....		
<b>e</b>	From 2020 .....		
<b>f</b>	<b>Total</b> of lines 3a through 3e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2021 distributable amount		
<b>i</b>	Carryover from 2016 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
<b>4</b>	Distributions for 2021 from Section D, line 7: \$		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2021 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b>	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
<b>6</b>	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		
<b>a</b>	Excess from 2017 .....		
<b>b</b>	Excess from 2018 .....		
<b>c</b>	Excess from 2019 .....		
<b>d</b>	Excess from 2020 .....		
<b>e</b>	Excess from 2021 .....		

**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.)

[Dotted lines for supplemental information]



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE

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: 1 Total number at end of year (30), 2 Aggregate value of contributions to (during year) (769,247), 3 Aggregate value of grants from (during year) (518,225), 4 Aggregate value at end of year (11,689,371), 5 Did the organization inform all donors... (Yes), 6 Did the organization inform all grantees... (Yes).

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: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet.

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

**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	4,018,158	3,961,216	3,936,170	3,316,622
b Contributions			56,942	25,046	619,548
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,018,158	4,018,158	4,018,158	3,961,216	3,936,170

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.00 %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 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	66,797		61,238	5,559
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				762,624

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY HELD FUNDS	4,017,312
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... ▶	4,017,312

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	7,011,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,208,082	
b	Donated services and use of facilities	2b	27,127	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,235,209	
3	Subtract line 2e from line 1	3	4,776,707	
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	120,251	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	120,251	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,896,958	

**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	2,132,712
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	27,127	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	161	
e	Add lines 2a through 2d	2e	27,288	
3	Subtract line 2e from line 1	3	2,105,424	
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	120,251	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	120,251	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,225,675	

**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 \$ 161



**Part XIII Supplemental Information** *(continued)*

COPY

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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 noncash 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	30,293				GENERAL SUPPORT
(2)	ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON VA 24402-1203	46-5717620	3	11,675				GENERAL SUPPORT
(3)	AMERICAN FRONTIER CULTURE P.O. BOX 629 STAUNTON VA 24402-0629	54-1204572	3	5,900				GENERAL SUPPORT
(4)	AMERICAN SHAKESPEARE CENTER 10 S MARKET ST STAUNTON VA 24401	54-1487955	3	13,000				GENERAL SUPPORT
(5)	ANSWER RELIEF P.O. BOX 68401 GRAND RAPIDS MI 49516	38-3639777	3	8,000				GENERAL SUPPORT
(6)	ARROW PROJECT 1011 SPRINGHILL ROAD STAUNTON VA 24401	83-3396084	3	69,063				GENERAL SUPPORT
(7)	AUGUSTA COUNTY HISTORICAL SOCIETY P.O. BOX 686 STAUNTON VA 24402	54-6064945	3	6,900				GENERAL SUPPORT
(8)	AUGUSTA COUNTY PUBLIC SCHOOLS 18 GOVERNMENT CENTER LANE VERONA VA 24482	54-6001133	3	6,250				GENERAL PURPOSE
(9)	AUGUSTA DOG ADOPTIONS 4224 WAKEFIELD ROAD RICHMOND VA 23235	45-1878094	3	10,000				GENERAL SUPPORT

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AUGUSTA EXPO 277 EXPO ROAD FISHERSVILLE VA 22939	54-0894240	3	7,500				GENERAL SUPPORT
(2)	AUGUSTA REGIONAL DENTAL CLINIC 342 MULE ACADEMY ROAD FISHERSVILLE VA 22939	54-1651896	3	18,331				GENERAL SUPPORT
(3)	AUGUSTA REGIONAL S.P.C.A. P.O. BOX 2014 STAUNTON VA 24402	23-7089566	3	18,380				GENERAL SUPPORT
(4)	BESSIE WELLER ELEMENTARY SCHOOL 600 GREENVILLE AVE STAUNTON VA 24401	46-1004168	3	10,500				GENERAL SUPPORT
(5)	BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL ROAD VERONA VA 24482-0937	52-1202644	3	16,400				GENERAL SUPPORT
(6)	BLUE RIDGE CASA FOR CHILDREN 119 WEST FREDERICK STREET STAUNTON VA 24401	54-1721227	3	10,500				GENERAL SUPPORT
(7)	BLUE RIDGE LEGAL SERVICES 204 NORTH HIGH STREET HARRISONBURG VA 22803	54-1048944	3	10,000				GENERAL SUPPORT
(8)	BOYS & GIRLS CLUB OF WAYNESBORO, 302 E. MAIN STREET WAYNESBORO VA 22980	54-1848714	3	11,115				GENERAL SUPPORT
(9)	BRAIN INJURY CONNECTIONS OF THE BLUE RIDGE HALL, MSC 9020 HARRISONBURG VA 22807	20-4795567	3	7,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2021)

**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.  
▶ Attach to Form 990.

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**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BRCC EDUCATIONAL FOUNDATION INC P.O. BOX 80 WEYERS CAVE VA 24486	54-1328809	3	84,760				GENERAL SUPPORT
(2)	CAT'S CRADLE P.O. BOX 2128 HARRISONBURG VA 22801	20-3269224	3	5,325				GENERAL SUPPORT
(3)	CITY OF STAUNTON 116 W. BEVERLEY STREET STAUNTON VA 24402-0058	54-6001631	3	33,350				GENERAL SUPPORT
(4)	EVACE INTERNATIONAL, INC. 515 PLEASANT GROVE ROAD STAUNTON VA 24401	81-3624785	3	8,800				GENERAL PURPOSE
(5)	G3 INC. 141 CARPENTER LANE HARRISONBURG VA 22801	87-3522773	3	5,363				GENERAL PURPOSE
(6)	HEALTH EQUIPMENT LOAN PROGRAM C/O GLOSSBRENNER UMC CHURCHVILLE VA 24421	54-1905840	3	6,880				GENERAL SUPPORT
(7)	HEIFETZ INTERNATIONAL MUSIC P.O. BOX 2447 STAUNTON VA 24402	52-1959289	3	7,500				GENERAL SUPPORT
(8)	HIGHLAND CHILDREN'S HOUSE P.O. BOX 527 MONTEREY VA 24465	83-3645078	3	15,000				GENERAL SUPPORT
(9)	HIGHLAND COUNTY DEPARTMENT OF P.O. BOX 247 MONTEREY VA 24465	54-6001350	3	7,616				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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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.

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(1)	HIGHLAND COUNTY PUBLIC LIBRARY 31 N. WATER STREET MONTEREY VA 24465	54-1240048	3	5,961				GENERAL SUPPORT
(2)	HISTORIC STAUNTON FOUNDATION 20 SOUTH NEW STREET STAUNTON VA 24401	23-7222127	3	5,400				GENERAL SUPPORT
(3)	INSTITUTE FOR REFORM AND SOLUTIONS P.O. BOX 1909 STAUNTON VA 24402	46-0976212	3	5,600				GENERAL SUPPORT
(4)	JONES GARDENS 800 WEST BEVERLEY STREET STAUNTON VA 24401	87-1707304	3	9,836				GENERAL PURPOSE
(5)	LAKE SUMMIT COMMUNITY FOUNDATION 402 CONNECTICUT AVENUE SPARTANBURG SC 29032	57-0351398		6,500				GENERAL SUPPORT
(6)	MARY BALDWIN UNIVERSITY P.O. BOX 1500 STAUNTON VA 24402	54-0506319	3	9,661				GENERAL SUPPORT
(7)	MENTAL HEALTH AMERICA OF AUGUSTA 101 W. FREDERICK STREET, SUITE 206 STAUNTON VA 24401	54-0797196	3	5,450				GENERAL SUPPORT
(8)	NEW COVENANT COMMUNITY CHURCH 78 SOMMERSET DRIVE WEYERS CAVE VA 24486	54-1778190	3	5,800				GENERAL SUPPORT
(9)	NEW DIRECTIONS CENTER, INC 110 WEST JOHNSON STREET, SUITE 102 STAUNTON VA 24401	54-1186253	3	9,375				GENERAL SUPPORT

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Schedule I (Form 990) (2021)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEW HOPE VOLUNTEER FIRE DEPARTMENT P.O. BOX 38 NEW HOPE VA 24469	54-1429120	3	5,760				GENERAL SUPPORT
(2)	PROJECT GROWS P.O. BOX 781 STAUNTON VA 24402	46-1070735	3	8,000				GENERAL SUPPORT
(3)	RENEWING HOMES OF GREATER AUGUSTA P.O. BOX 3152 STAUNTON VA 24402	54-1738514	3	11,575				GENERAL SUPPORT
(4)	SAFEHOME SYSTEMS, INC P.O. BOX 748 COVINGTON VA 24426	54-1607489	3	5,500				GENERAL SUPPORT
(5)	SCIENCE DELIVERED 980 KINZLEY CT. STAUNTON VA 24401	47-1889014	3	5,500				GENERAL SUPPORT
(6)	SHENANDOAH COMMUNITY CAPITAL FUND 32 N. AUGUSTA STREET, SUITE D STAUNTON VA 24401	26-1798076	3	5,500				GENERAL SUPPORT
(7)	SHENANDOAH GREEN C/O SUNSPOTS STUDIOS STAUNTON VA 24401	84-2554390	3	12,623				GENERAL SUPPORT
(8)	SHENANDOAH VALLEY ART CENTER 126 S. WAYNE AVENUE WAYNESBORO VA 22980	53-1335637	3	5,600				GENERAL SUPPORT
(9)	SHENANDOAH VALLEY COMMUNITY FOCUS 413 PORT REPUBLIC ROAD WAYNESBORO VA 22980	26-2111079	3	9,100				GENERAL SUPPORT

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Schedule I (Form 990) (2021)

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(1)	SIN BARRERAS/ WITHOUT BARRIERS P.O. BOX 6433 CHARLOTTESVILLE VA 22906	46-1040727	3	63,500				GENERAL SUPPORT
(2)	STAUNTON AUGUSTA CHURCH RELIEF 118 N. NEW STREET STAUNTON VA 24401	52-1389617	3	8,250				GENERAL SUPPORT
(3)	STAUNTON AUGUSTA FAMILY YMCA 708 N. COALTER STREET STAUNTON VA 24401	54-0506438	3	60,680				GENERAL SUPPORT
(4)	STAUNTON MUSIC FESTIVAL P.O. BOX 3111 STAUNTON VA 24402	02-0464351	3	13,480				GENERAL SUPPORT
(5)	STUART HALL SCHOOL P.O. BOX 210 STAUNTON VA 24402	84-1648803	3	66,387				GENERAL SUPPORT
(6)	THE ARC OF AUGUSTA 1025 FAIRFAX AVENUE WAYNESBORO VA 22980	54-0884080	3	9,770				GENERAL SUPPORT
(7)	THE HIGHLAND CENTER P.O. BOX 556 MONTEREY VA 24465	54-1882137	3	20,500				GENERAL SUPPORT
(8)	THE SALVATION ARMY P.O. BOX 2412 STAUNTON VA 24402	58-0660607	3	38,610				GENERAL SUPPORT
(9)	TRINITY EPISCOPAL CHURCH P.O. BOX 208 STAUNTON VA 24402	54-0506420	3	12,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	UNITED WAY OF STAUNTON, AUGUSTA, 24 IDLEWOOD BLVD., SUITES 106-112 STAUNTON VA 24401	59-0955100	3	14,500				GENERAL SUPPORT
(2)	VALLEY ALLIANCE FOR EDUCATION P.O. BOX 515 FISHERSVILLE VA 22939	62-1398778	3	18,495				GENERAL SUPPORT
(3)	VALLEY CAREER AND TECHNICAL CENTER 49 HORNET ROAD FISHERSVILLE VA 22939	54-0883474	3	10,500				GENERAL SUPPORT
(4)	VALLEY CHILDREN'S ADVOCACY CENTER 1105 GREENVILLE AVENUE STAUNTON VA 24401	20-0831874	3	12,367				GENERAL SUPPORT
(5)	VALLEY CONSERVATION COUNCIL P.O. BOX 988 STAUNTON VA 24402	54-1548245	3	7,000				GENERAL SUPPORT
(6)	VALLEY HOPE COUNSELING CENTER 20 STONERIDGE DRIVE, SUITE 202 WAYNESBORO VA 22980	54-1956722	3	7,875				GENERAL SUPPORT
(7)	VALLEY MISSION 1513 WEST BEVERLEY STREET STAUNTON VA 24401	54-0930419	3	12,900				GENERAL SUPPORT
(8)	VALLEY PROGRAM FOR AGING SERVICES 325 PINE AVENUE WAYNESBORO VA 22980	54-0958526	3	14,515				GENERAL SUPPORT
(9)	VALLEY SUPPORTIVE HOUSING P.O. BOX 1907 STAUNTON VA 24402	27-0132429	3	6,700				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	VECTOR INDUSTRIES, INC 1300 HOPEMAN PARKWAY WAYNESBORO VA 22980	54-0853760	3	6,770				GENERAL SUPPORT
(2)	VERONA COMMUNITY FOOD PANTRY P.O. BOX 187 VERONA VA 24482	20-5258949	3	31,000				GENERAL SUPPORT
(3)	VERONA VOLUNTEER FIRE COMPANY, INC. P.O. BOX 348 VERONA VA 24482	51-0152911	3	5,760				GENERAL PURPOSE
(4)	WAYNE THEATRE ALLIANCE P.O. BOX 1821 WAYNESBORO VA 22980	54-1993924	3	56,425				GENERAL SUPPORT
(5)	WAYNESBORO AREA REFUGE MINISTRY 1035 FAIRFAX AVENUE WAYNESBORO VA 22980	47-1937790	3	9,000				GENERAL SUPPORT
(6)	WAYNESBORO FAMILY YMCA 648 S. WAYNE AVENUE WAYNESBORO VA 22980	54-0633243	3	24,100				GENERAL SUPPORT
(7)	WAYNESBORO SYMPHONY ORCHESTRA P.O. BOX 671 WAYNESBORO VA 22980	54-1882091	3	5,526				GENERAL SUPPORT
(8)	WELL OF HOPE AMERICA 5225 W. MYERS ROAD COVINGTON OH 45318	46-0608625	3	23,809				GENERAL SUPPORT
(9)	WEYERS CAVE VOLUNTEER FIRE COMPANY P.O. BOX 69 WEYERS CAVE VA 24486	54-1570439	3	5,760				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	WOODROW WILSON PRESIDENTIAL P.O. BOX 24 STAUNTON VA 24402	54-0505980	3	5,400				GENERAL SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

**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	25	110,000			
2 SCHOLARSHIPS/GRAD HS SEN	51	99,200			
3 SCHOLARSHIPS/NONTRAD STUD	13	43,782			
4 RENEWABLE SCHOLARSHIPS	20	19,370			
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS  
AS PART OF THE AWARD, THE GRANTS MANAGER REQUIRES REQUESTS IN WRITING FOR  
PROPOSED ALTERATIONS TO GRANT EXPENDITURES, WHICH MUST BE REVIEWED AND  
APPROVED BY THE FOUNDATION. THE GRANTS MANAGER ALSO CONDUCTS SITE VISITS,  
THROUGH WHICH THE FOUNDATION MONITORS THE USE OF GRANT FUNDS.  
ADDITIONALLY, THE FOUNDATION REQUIRES THAT ANY GRANT MONIES NOT SPENT ARE  
RETURNED TO THE FOUNDATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BLUE RIDGE

Employer identification number

54-1647385

**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	30	586,628	
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 ▶( .....				
26 Other ▶( .....				
27 Other ▶( .....				
28 Other ▶( .....				

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

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



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization 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 DISINTERESSED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

D. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY

IF THE GOVERNING 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.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OR INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, 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 \$ -161

COPY

Form **990-T**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning ..... and ending .....

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( C )( 3 )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p><b>Print</b> or <b>Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 815</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>STAUNTON VA 24402-0815</b></p>	<p><b>D</b> Employer identification number <b>54-1647385</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p>
<p><b>C</b> Book value of all assets at end of year ..... ▶ <b>41,569,424</b></p>			
<p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			
<p><b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/></p>			
<p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>1</b></p>			
<p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ..... ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation</p>			
<p><b>L</b> The books are in care of ▶ <b>THE FOUNDATION</b></p>		<p>Telephone number ▶ <b>540-213-2150</b></p>	

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	15,099
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	15,099
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	15,099
6 Deduction for net operating loss. See instructions .....	6	15,099
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000
11 <b>Unrelated business taxable income.</b> 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 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b> Other credits (see instructions) .....	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
<b>2</b> Subtract line 1e from Part II, line 7 .....		<b>2</b>	
<b>3</b> Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>	
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....		<b>5</b>	
<b>6a</b> Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....		<b>8</b>	
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	0
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> .....		<b>11</b>	

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

		Yes	No
<b>1</b> At any time during the 2021 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 <input type="checkbox"/> .....			X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ .....			
<b>4</b> Enter available pre-2018 NOL carryovers here <input type="checkbox"/> -239,682. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. .....			
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
531390	\$	16,585	
	\$		
	\$		
	\$		
<b>6a</b> Did the organization change its method of accounting? (see instructions) .....			X
<b>b</b> If 6a 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 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	PRESIDENT/CEO	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	JONATHAN D. JENCKS	JONATHAN D. JENCKS	09/28/22		P00500778	
	Firm's name <input type="checkbox"/>	ELMORE, HUPP & COMPANY, P.L.C.		Firm's EIN <input type="checkbox"/>	54-1440048	
	Firm's address <input type="checkbox"/>		STAUNTON, VA 24402-2607		Phone no. <input type="checkbox"/>	540-885-7000

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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).

<b>A</b> Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL	<b>B</b> Employer identification number 54-1647385
<b>C</b> Unrelated business activity code (see instructions) ▶ 531390	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ HIGH COUNTRY ASSOCIATES

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	<b>5</b> 31,684		31,684
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 31,684		31,684

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	1	2	3	4	5	6	9	10	11	12	13	14	15	16	17	18
<b>1</b> Compensation of officers, directors, and trustees (Part X)																		
<b>2</b> Salaries and wages																		
<b>3</b> Repairs and maintenance																		
<b>4</b> Bad debts																		
<b>5</b> Interest (attach statement). See instructions																		
<b>6</b> Taxes and licenses																		
<b>7</b> Depreciation (attach Form 4562). See instructions																		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return																		0
<b>9</b> Depletion																		
<b>10</b> Contributions to deferred compensation plans																		
<b>11</b> Employee benefit programs																		
<b>12</b> Excess exempt expenses (Part VIII)																		
<b>13</b> Excess readership costs (Part IX)																		
<b>14</b> Other deductions (attach statement)																		
<b>15 Total deductions.</b> Add lines 1 through 14																		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)																		31,684
<b>17</b> Deduction for net operating loss. See instructions																		16,585
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16																		15,099

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

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 a Yes/No checkbox for line 9.

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

Table for Rent Income. Line 1: Description of property with checkboxes A, B, C, D. Lines 2-5: Rent received or accrued, deductions, and total deductions. Columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property with checkboxes A, B, C, D. Lines 2-11: Gross income, deductions, average acquisition debt, average adjusted basis, and total gross income/allocable deductions. Columns A, B, C, D.

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

1. Name of controlled organization	2. Employer identification number	Exempt 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.

- A
- B
- C
- D

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

	A	B	C	D
2 Gross advertising income .....				
a Add columns A through D. Enter here and on Part I, line 11, column (A) .....	▶ _____			
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....	▶ _____			
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....	▶ _____			

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			▶ _____

**Part XI Supplemental Information (see instructions)**

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02948 Community Foundation of the Central

54-1647385

## Federal Statements

FYE: 12/31/2021

### Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
HIGH COUNTRY ASSOCIATES	531390	\$ 16,585
TOTAL		\$ 16,585

COPY



## 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	\$ 31,684	\$	\$ 31,684
TOTAL	\$ 31,684	\$ 0	\$ 31,684

COPY

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

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

**OTHER DEPRECIATION**

**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	1,050,000
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	2,620,000
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 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 2022. 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 2021	17	304
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 2021 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		1,169	5.0	MQ	200DB	292
c 7-year property		2,500	7.0	MQ	200DB	89
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 2021 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	<b>Total.</b> 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	685
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.

DAA

Form <b>990-T</b>	<b>Business Income Activity Summary</b>	<b>2021</b>
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Name <b>COMMUNITY FOUNDATION OF THE CENTRAL</b>	Taxpayer Identification Number <b>54-1647385</b>
--	---

**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. <u>15,099</u>
D. Pre-2018 Applied (Sum of B and C) .....	D. <u>15,099</u>
E. Pre-2018 Remaining (Line A minus Line D) .....	E. <u>224,583</u>
F. Pre-2018 Net Operating Losses Expiring this Year .....	F. _____
G. Pre-2018 Net Operating Losses Carried Forward .....	G. <u>224,583</u>

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. <u>HIGH COUNTRY ASSOCIATES</u> .....	<u>531390</u>	1. <u>15,099</u>	_____
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. <u>15,099</u>	_____

**Business Activity Losses**

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. _____		1. _____
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities .....		5. _____
6. Totals .....		6. _____

Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b>	<b>2021</b>
Description <b>HIGH COUNTRY ASSOCIATES</b>		

Name <b>COMMUNITY FOUNDATION OF THE CENTRAL</b>	Taxpayer Identification Number <b>54-1647385</b>
--	---

Unincorporated Business Income Tax Code: **531390** Activity: **OTHER ACTIVITIES RELATED TO REAL**

Each activity may carryforward losses after 2018

1 Activity income .....	<b>1</b>	31,684
2 Activity deductions .....	<b>2</b>	
3 Activities income or loss, after deductions .....	<b>3</b>	31,684
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....	<b>4</b>	16,585
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	<b>5</b>	31,684
6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> .....	<b>6</b>	16,585
7 Remaining losses to be carried forward to 2022 (Subtract Line 6 from line 4) .....	<b>7</b>	
8 If line 3 is less than zero, enter that amount here as a positive number .....	<b>8</b>	0
9 Total loss carried forward to 2022 (Add lines 7 and 8) .....	<b>9</b>	0

Electronic Filing includes the report of additional amounts for this activity

<b>E1</b> Post-2017 loss amounts from 2020, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) .....	<b>E1</b>	16,585
<b>E2</b> Prior year activity losses included on Schedule A, Line 17 .....	<b>E2</b>	16,585

COPY

Form <b>990-T</b>		<b>Net Operating Loss Carryover Worksheet for Pre-2018 Losses</b>			<b>2021</b>
		For calendar year 2021, or tax year beginning _____, ending _____			
Name COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE				Employer 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	
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	15,099	87,224
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	15,099			15,099	
NOL carryover available to next year					224,583

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name: **COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE** Taxpayer Identification Number: **54-1647385**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	4,176,458	2,353,331	-1,823,127
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....			
	5. Investment income .....	623,011	773,454	150,443
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	267,776	1,726,098	1,458,322
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	51,482	44,075	-7,407
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>5,118,727</b>	<b>4,896,958</b>	<b>-221,769</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	2,875,827	1,704,590	-1,171,237
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....	103,758	109,830	6,072
	16. Salaries, other compensation, and employee benefits .....	210,188	178,568	-31,620
	17. Professional fundraising fees .....			
	18. Other professional fees .....	134,488	136,976	2,488
	19. Occupancy, rent, utilities, and maintenance .....	23,325	15,790	-7,535
	20. Depreciation and Depletion .....	527	685	158
	21. Other expenses .....	56,311	79,236	22,925
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>3,404,424</b>	<b>2,225,675</b>	<b>-1,178,749</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>1,714,303</b>	<b>2,671,283</b>	<b>956,980</b>
<b>Other Information</b>	24. Total exempt revenue .....	5,118,727	4,896,958	-221,769
	25. Total unrelated revenue .....	-9,022	31,684	40,706
	26. Total excludable revenue .....	951,291	2,511,943	1,560,652
	27. Total assets .....	34,755,256	41,569,424	6,814,168
	28. Total liabilities .....	2,117,884	4,052,848	1,934,964
	29. Retained earnings .....	32,637,372	37,516,576	4,879,204
	30. Number of voting members of governing body	16	16	
	31. Number of independent voting members of governing body	16	16	
	32. Number of employees .....	4	4	
	33. Number of volunteers .....	168	157	

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name: COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE  
 Taxpayer Identification Number: 54-1647385

		2020	2021	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades		15,099	15,099
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	<b>5. Taxable income before NOL loss</b>		15,099	15,099
	6. Net operating loss (pre-2018)		15,099	15,099
	7. Specific deduction		1,000	1,000
	<b>8. Unrelated business taxable income.</b>			
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	<b>12. Total taxes</b>			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	<b>16. Total credits</b>			
	<b>17. Net tax after credits</b>			
	18. Recapture taxes and 965 tax			
	<b>19. Total Taxes</b>			
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	<b>24. Total payments</b>			
	<b>25. Balance due/(Overpayment)</b>			
	26. Overpayment applied to next year			
	27. Penalties			
	<b>28. Total due/(Refund)</b>			
<b>29. Activity Losses NOL (Post-2017)</b>		-9,022	9,022	

Form <b>SchA</b> (990T)	<b>Two Year Comparison for Unrelated Business Activity</b> For calendar year 2021, or tax year beginning _____, ending _____	<b>2020 &amp; 2021</b>
Organization Name <b>COMMUNITY FOUNDATION OF THE CENTRAL</b>		Taxpayer Identification Number <b>54-1647385</b>

Activity: **HIGH COUNTRY ASSOCIATES**Unincorporated Business Income Tax Code: **531390**

		2020	2021	Differences	
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	1. Gross profit/loss on business activities .....	1.			
	2. Capital gains/losses .....	2.			
	3. Income/loss from partnerships and S corporations .....	3.	-9,022	31,684	40,706
	4. Rental income (net of expense) .....	4.			
	5. Unrelated debt-financed income (net of expense) .....	5.			
	6. Interest, and other income from controlled organizations (net of expense) .....	6.			
	7. Investment income of specific organizations (net of expense) .....	7.			
	8. Exploited exempt activity income (net of expense) .....	8.			
	9. Advertising income (net of expense) .....	9.			
	10. Other income .....	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	-9,022	31,684	40,706
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	12. Compensation of officers, directors, and trustees .....	12.			
	13. Other salaries and wages .....	13.			
	14. Repairs and maintenance .....	14.			
	15. Bad debts .....	15.			
	16. Interest .....	16.			
	17. Taxes and licenses .....	17.			
	18. Depreciation and Depletion .....	18.			
	19. Contributions to deferred compensation plans .....	19.			
	20. Employee benefit programs .....	20.			
	21. Other deductions .....	21.			
	<b>22. Total deductions.</b> Add lines 12 through 22	<b>22.</b>			
	<b>23. Taxable income before deductions.</b> Subtract line 23 from 11	<b>23.</b>	-9,022	31,684	40,706
	24. Deductible losses .....	24.		16,585	16,585
	<b>25. Unrelated business taxable income (loss)</b>	<b>25.</b>	-9,022	15,099	24,121



Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b>		Employer Identification Number <b>54-1647385</b>

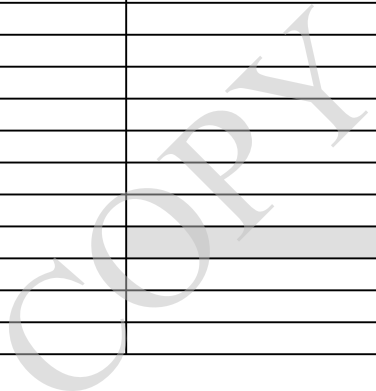
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....				4,176,458	2,353,331	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....				267,776	1,726,098	
Investment income .....				623,011	773,454	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....				51,482	44,075	
<b>Total revenue</b> .....				<b>5,118,727</b>	<b>4,896,958</b>	
Grants and similar amounts paid .....				2,875,827	1,704,590	
Benefits paid to or for members .....						
Compensation of officers, etc. ....				103,758	109,830	
Other compensation .....				210,188	178,568	
Professional fees .....				134,488	136,976	
Occupancy costs .....				23,325	15,790	
Depreciation and depletion .....				527	685	
Other expenses .....				56,311	79,236	
<b>Total expenses</b> .....				<b>3,404,424</b>	<b>2,225,675</b>	
<b>Excess or (Deficit)</b> .....				<b>1,714,303</b>	<b>2,671,283</b>	
Total exempt revenue .....				5,118,727	4,896,958	
Total unrelated revenue .....				-9,022	31,684	
Total excludable revenue .....				951,291	2,511,943	
Total Assets .....				34,755,256	41,569,424	
Total Liabilities .....				2,117,884	4,052,848	
Net Fund Balances .....				32,637,372	37,516,576	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b>	Employer Identification Number <b>54-1647385</b>
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\* Income shown net of expenses

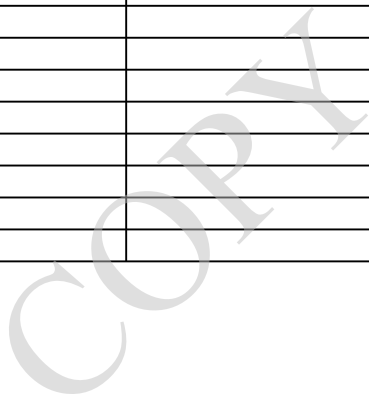
	2017	2018	2019	2020	2021	2022
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....					15,099	
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer Identification Number 54-1647385
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	2017	2018	2019	2020	2021	2022
Other deductions .....						
Net income (first activity, year 2019 & prior)					15,099	
UBTI from all trades .....	0	0	0	0	15,099	
Charitable contributions .....						
Net operating loss deduction .....					15,099	
Specific deduction .....					1,000	
Section 199A deduction (trusts) .....						
Income after deductions .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						



Form **8868****Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2022)

Department of the Treasury  
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Taxpayer identification number (TIN) 54-1647385
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 815	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAUNTON VA 24402-0815	

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

01

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

THE FOUNDATION  
117 SOUTH LEWIS ST

• The books are in the care of ► STAUNTON VA 24401

Telephone No. ► 540-213-2150 Fax No. ► 540-242-3387

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

1 I request an automatic 6-month extension of time until 11/15/22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2021 or  
 ►  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

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

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

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

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

Form **8868** (Rev. 1-2022)

02948 Community Foundation of the Central

54-1647385

FYE: 12/31/2021

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

Community Foundation of the Central  
P. O. Box 815  
Staunton, VA 24402-0815

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2021 is being filed electronically with the IRS by the services of Elmore, Hupp & Company, P.L.C..
- [X] Your extension was accepted by the IRS on 04/21/22 and the Submission Identification Number assigned to your extension is 54301020221110005432.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

COPY

Client ID: 02948

Name: Community Foundation of the Central

TIN: 54-1647385

SubID/AckId/RIN: 54301020221110005432

Return Type: 990 US EXT

Elf Event	Date/Time	User ID	Comment
ELF extension file created	04/21/22 09:36AM	apence_ELMO20E	
ELF extension file selected for transmission	04/21/22 09:43AM	apence_ELMO20E	
ELF extension file transmitted to CS	04/21/22 09:43AM	apence_ELMO20E	
ELF extension ACK received, return accepted	04/21/22 10:54AM	apence_ELMO20E	Ack issued by agency:04/21/2022 Postmark 04/21/2022 8:43:44 AM CT ELF filename=02948.990_EXT.2021_0.US.XEF Accepted SubID=54301020221110005432 AltReturn:1
9325 printed	04/21/22 10:56AM	apence_ELMO20E	
9325 printed	04/21/22 11:00AM	apence_ELMO20E	

COPY

Form **8868****Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2022)

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Taxpayer identification number (TIN) 54-1647385
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 815	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAUNTON VA 24402-0815	

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

07

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

THE FOUNDATION  
117 SOUTH LEWIS ST

• The books are in the care of ▶ STAUNTON VA 24401

Telephone No. ▶ 540-213-2150 Fax No. ▶ 540-242-3387

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15/22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2021 or

▶  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

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

Change in accounting period

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

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

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

Form **8868** (Rev. 1-2022)

02948 Community Foundation of the Central  
54-1647385  
FYE: 12/31/2021

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

Community Foundation of the Central  
P. O. Box 815  
Staunton, VA 24402-0815

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2021 is being filed electronically with the IRS by the services of Elmore, Hupp & Company, P.L.C..
- [X] Your extension was accepted by the IRS on 04/21/22 and the Submission Identification Number assigned to your extension is 54301020221110005464.
- [ ] You elected to pay the balance due on the extension using electronic funds withdrawal.
- [ ] The payment request has been received by the IRS. If this is not checked, the balance due must be paid by May 16, 2022.

Since you are filing your extension electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR EXTENSION TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE EXTENSION.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your extension, usually within 48 hours. If your extension was not accepted, IRS will notify your electronic return originator of the reasons for rejection.



**Client ID:** 02948**Name:** Community Foundation of the Central**TIN:** 54-1647385**SubID/AckId/RIN:** 54301020221110005464**Return Type:** 990 US EXT T

<u>Elf Event</u>	<u>Date/Time</u>	<u>User ID</u>	<u>Comment</u>
ELF extension file created	04/21/22 09:36AM	apence_ELMO20E	
ELF extension file selected for transmission	04/21/22 09:43AM	apence_ELMO20E	
ELF extension file transmitted to CS	04/21/22 09:43AM	apence_ELMO20E	
ELF extension ACK received, return accepted	04/21/22 10:54AM	apence_ELMO20E	Ack issued by agency:04/21/2022 Postmark 04/21/2022 8:43:44 AM CT ELF filename=02948.990_EXT_T.2021_0.US.XEF Accepted SubID=54301020221110005464 AltReturn:3

COPY

## Filing Instructions

### Community Foundation of the Central Blue Ridge

#### Form 500 - VA Corporation Income Tax Return

#### Taxable Year Ended December 31, 2021

**Date Due:** December 15, 2022

**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 2021 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
 COMMUNITY FOUNDATION OF THE CENTRAL VA-1647385

### Taxable Income

Federal taxable income		
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction		
Virginia taxable income		
Apportionment factor	100.00	
<b>Taxable income</b>		

### Taxable Computation

Income tax		
Nonrefundable tax credits		
<b>Adjusted corporate tax</b>		

### 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		
<b>Total payments and penalties</b>		
<b>Total Due</b>		0
<b>Overpayment credited to next year</b>		
<b>Refund</b>		

### Next Year's Estimates

1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
<b>Total</b>		

### Annual Registration Information

Gross contributions		
Total fees		
Registration / extended due date		08/15/22

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

2021 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	ZIP Code 24401	NAICS Code 531390
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"/> Final Return – Check here and applicable boxes below.	Enter amount from Form 500T, Line 7: _____ .00
<input type="checkbox"/> Combined – Sch. 500AC Enclosed	<input type="checkbox"/> Withdrawn	Noncorporate Telecommunications Company
<input type="checkbox"/> Change in Filing Status	<input type="checkbox"/> Dissolved – No longer liable for tax.	Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00
<input type="checkbox"/> Sch. 500A Enclosed	Dissolved Date: _____	Electric Supplier Company
<input type="checkbox"/> Schedule 500AB Enclosed	<input type="checkbox"/> Merged	Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
<input checked="" type="checkbox"/> Nonprofit Corporation	Merger Date: _____	Home Service Contract Provider
<input type="checkbox"/> Certified Company Apportionment – Sch. 500AP Enclosed	Merged FEIN: _____	Enter amount from Form 500HS, Line 10. <input type="checkbox"/> Check box if a noncorporate HSCP. _____ .00
Enter number of affiliates: _____	<input type="checkbox"/> S Corp Effective: _____	
<input type="checkbox"/> Amended Return (See instructions)		
Enter reason code: _____		

**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 2021 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.  
 (1) Year of Loss SEE FEDERAL SCH  
 (2) Federal NOL 15,099  
 (3) Percent of federal NOL used this year 6.2996 %  
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

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 \_\_\_\_\_

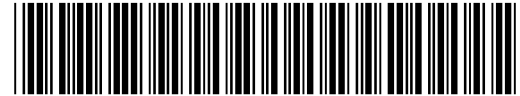
F. Location of corporation's books 117 SOUTH LEWIS ST STAUNTON VA 24401  
 Contact for corporation's books THE FOUNDATION Contact Phone Number 540-213-2150

COMMUNITY FOUNDATION OF THE CENTRAL

**2021 Virginia Form 500**

Page 2

FEIN  
54-1647385



**INCOME**

1. Federal taxable income (from enclosed federal return) .....	1.	0	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7 .....	2.		.00
3. Total (add Lines 1 and 2) .....	3.		.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. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7.		.00

**TAX COMPUTATION**

8. <b>Apportionable Income (Schedule 500A Filers)</b> – 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. <b>Income tax</b> [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. 2021 estimated Virginia income tax payments including overpayment credit from 2020 .....	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. <b>Total payments and credits</b> (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. <b>Total due</b> (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 2022 estimated tax .....	23.		.00
24. <b>Amount to be refunded</b> (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		Phone Number
WILLIAM D LAYMAN		540-213-2150
Print Preparer's Name and Firm Name		Preparer Phone Number
JONATHAN D. JENCKS		540-885-7000
Date	Address of Preparer	
09/28/22	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**

# Corporation Income Tax Electronic Filing Waiver Request

---

Complete this form to request a waiver if you are unable to file and/or pay your Corporation Income Tax electronically, or need more time to do so.

Waivers may be granted for all returns and payments filed for a specific Tax Year. If you need additional time once the waiver period ends, you must submit a new waiver request.

## **Corporation Information**

**Tax Preparers submitting requests for multiple Corporations** - Provide **your** contact information below. Attach a list of all Corporations represented in this request and include the Name and Federal Employer Identification Number (FEIN) of each. The Approval or Denial letter will be sent to the Corporation

All others provide the information requested below.

Corporation Name: COMMUNITY FOUNDATION OF THE CENTRAL

FEIN: 54-1647385

Mailing Address: P. O. BOX 815

STAUNTON

VA

24402-0815

Contact Name: WILLIAM D. LAYMAN

Phone Number: 540-213-2150

Waiver Requested for Tax Year: 12/31/21

## **Reason for Waiver**

Check the reason a waiver is being requested and provide all information requested.

No Computer

Software Doesn't Support Electronic Filing – Provide the name of the software product being used.

ULTRATAX, FED TAXABLE INCOME OF \$0 ON 990-T WON'T GENERATE E-FILE

Need More Time – Provide the specific reason and the date you expect to be ready. \_\_\_\_\_

No Internet Access Available in Area

Business Closed / Closing – Provide the date the business closed or is closing. \_\_\_\_\_

Other – State the specific reason. \_\_\_\_\_

PER SIGNUND THOMAS PRIOR APPROVAL NOT REQUIRED

**Fax to: (804) 367-3015**

**OR**

**Mail to: Virginia Department of Taxation  
Waiver Requests  
P.O. Box 27423  
Richmond, VA 23261**

**2021 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 CENTRALFEIN 54-1647385

**Form 1120 — Deductions and Taxable Income**

1. Federal Taxable Income before NOL and Special Deductions .....	1.	<u>15,099.00</u>
2. Net Operating Loss Deduction .....	2.	<u>15,099.00</u>
3. Special Deductions .....	3.	<u>1,000.00</u>
4. Federal Taxable Income after NOL and Special Deductions .....	4.	<u>.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>
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**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>
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VA Dept. of Taxation 2601002 Rev. 07/21