

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

A For the 2022 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. D Employer identification number: 54-1647385. E Telephone number: 540-213-2150. G Gross receipts \$: 22,617,265. F Name and address of principal officer: WILLIAM D LAYMAN. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [] No. If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527. J Website: WWW.CFCBR.ORG. H(c) Group exemption number. K Form of organization: [X] Corporation [] Trust [] Association [] Other. L Year of formation: 1992. M State of legal domicile: VA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO ENRICH THE QUALITY OF LIFE BY RESPONDING TO NEEDS AND INSPIRING PHILANTHROPY... 2 Check this box [] if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 WILLIAM D LAYMAN, PRESIDENT/CEO. Date. Preparer: Print/Type preparer's name CORY A. SMITH, Preparer's signature CORY A. SMITH, Date 11/14/23, Check self-employed [], PTIN P01601618. Firm's name ELMORE, HUPP & COMPANY, P.L.C., Firm's EIN 54-1440048, Firm's address STAUNTON, VA 24402-2607, Phone no. 540-885-7000.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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 \$ 2,365,388 including grants of \$ 2,308,696) (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 \$ 281,889 including grants of \$) (Revenue \$)

4e Total program service expenses 2,647,277

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

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 [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 [X] 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) WILLIAM D LAYMAN PRESIDENT/CEO	40.00 0.00	X		X				115,182	0	0
(2) KELLY M. HYSON DIRECTOR	1.00 0.00	X						0	0	0
(3) THOMAS E. ROBERTS DIRECTOR	1.00 0.00	X						0	0	0
(4) ABBY B AREY DIRECTOR	1.00 0.00	X						0	0	0
(5) DIANA WILLIAMS DIRECTOR	1.00 0.00	X						0	0	0
(6) KIMBERLY SNYDER DIRECTOR	1.00 0.00	X						0	0	0
(7) CHARLES ANDERSEN DIRECTOR	1.00 0.00	X						0	0	0
(8) MARK W. BOTKIN DIRECTOR	1.00 0.00	X						0	0	0
(9) RICK MOYERS CHAIR	1.00 0.00	X		X				0	0	0
(10) SAFIYA M. JARVIS VICE CHAIR	1.00 0.00	X		X				0	0	0
(11) SARA C. BERRY SECRETARY/TREASURER	1.00 0.00	X		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 (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) ANGELA V. WHITESELL DIRECTOR	1.00 0.00	X						0	0	0
(13) A.P. BOXLEY, III DIRECTOR	1.00 0.00	X						0	0	0
(14) TONY DAVENPORT DIRECTOR	1.00 0.00	X						0	0	0
(15) ASHLIE HOWELL DIRECTOR	1.00 0.00	X						0	0	0
(16) ELSA N. KISER DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								115,182		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								115,182		

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,592,980				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,050,452				
	h Total. Add lines 1a-1f		6,592,980				
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		914,443			914,443	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	14,192,722			908,516
			(ii) Other		908,516		
	b Less: cost or other basis and sales exps.	7b	12,947,696	838,115			
	c Gain or (loss)	7c	1,245,026	70,401			
d Net gain or (loss)		1,315,427	1,315,427				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a INVESTMENT MANAGEMENT FEE	Business Code	561000	18,549	18,549		
	b WORKSHOP FEES		561000	2,337	2,337		
	c MISCELLANEOUS INCOME		561000	350	350		
	d All other revenue		531390	-12,632	-12,632		
	e Total. Add lines 11a-11d			8,604			
	12 Total revenue. See instructions			8,831,454	1,336,663	-12,632	914,443

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,946,257	1,946,257		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	362,439	362,439		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,182	38,010	58,743	18,429
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	267,537	182,472	76,461	8,604
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,337		10,337	
9 Other employee benefits	4,424		4,424	
10 Payroll taxes	29,394	16,760	10,589	2,045
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,800		4,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	115,458		115,458	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	34,527		32,241	2,286
12 Advertising and promotion	9,920		202	9,718
13 Office expenses	42,704		29,023	13,681
14 Information technology	1,313		1,313	
15 Royalties				
16 Occupancy	17,250		17,250	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,867		2,867	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,477		1,477	
23 Insurance	6,332		6,332	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT/AWARD EXPENSES	56,692	56,692		
b WORKSHOPS	44,647	44,647		
c SUBSCRIPTIONS	19,204		19,204	
d DEVELOPMENT	17,475		17,475	
e All other expenses	1,530		1,530	
25 Total functional expenses. Add lines 1 through 24e	3,111,766	2,647,277	409,726	54,763
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	75	1	75
	2	Savings and temporary cash investments	1,495,962	2	1,991,676
	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	975	9	1,050
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	68,162		
	10b	Less: accumulated depreciation	62,523	10c	5,639
	11	Investments—publicly traded securities	38,934,878	11	38,599,999
	12	Investments—other securities. See Part IV, line 11	175,539	12	112,907
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	199,371	15	702,061
16	Total assets. Add lines 1 through 15 (must equal line 33)	41,569,424	16	41,413,407	
Liabilities	17	Accounts payable and accrued expenses	29,881	17	43,439
	18	Grants payable	5,655	18	35,615
	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	4,017,312	25	3,689,406
	26	Total liabilities. Add lines 17 through 25	4,052,848	26	3,768,460
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	15,345,762	27	14,081,488
	28	Net assets with donor restrictions	22,170,814	28	23,563,459
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	37,516,576	32	37,644,947	
33	Total liabilities and net assets/fund balances	41,569,424	33	41,413,407	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,831,454
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,111,766
3	Revenue less expenses. Subtract line 2 from line 1	3	5,719,688
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,516,576
5	Net unrealized gains (losses) on investments	5	-5,591,509
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	192
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,644,947

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 33,627
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. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 59.32%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 54.40%; 16a 33 1/3% support test—2022. 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]; 16b 33 1/3% support test—2021. 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—2022. 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; 17b 10%-facts-and-circumstances test—2021. 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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 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; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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; 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. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2022. 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—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2022

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE

Employer identification number

54-1647385

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after July 25, 2006, and various monitoring questions.

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 questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research, and amounts required to be reported under FASB ASC 958.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,018,158	4,018,158	4,018,158	3,961,216	3,936,170
b Contributions				56,942	25,046
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	4,018,158	3,961,216

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	68,162		62,523	5,639
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,639

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, 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	3,668,167
(3) LEASE LIABILITY	21,239
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,689,406

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	3,324,232
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,591,509	
b	Donated services and use of facilities	2b	33,527	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-5,557,982
3	Subtract line 2e from line 1		3	8,882,214
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	115,458	
b	Other (Describe in Part XIII.)	4b	-166,218	
c	Add lines 4a and 4b		4c	-50,760
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,831,454

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	2,764,591
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	33,527	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	33,527
3	Subtract line 2e from line 1		3	2,731,064
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	115,458	
b	Other (Describe in Part XIII.)	4b	265,244	
c	Add lines 4a and 4b		4c	380,702
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,111,766

Part XIII Supplemental Information.

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	
INVESTMENT IN HCA BOOK/TAX DIFFERENCE	\$ -100,000
COYNER PRIOR YEAR CONTRIBUTION ADJUSTMENT	\$ -66,218
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	
GRANT PAID - PRIOR BOOK LIABILITY	\$ 265,052
BOOK / TAX DEPRECIATION DIFFERENCE	\$ 192

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.Name of the organization
COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGEEmployer 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	30,000				GENERAL SUPPORT
(2)	29TH DIVISION ASSOCIATION 1702 MEWS WAY FALLSTON MD 21047	52-6055323	3	5,549				GENERAL SUPPORT
(3)	ALLEGHENY MOUNTAIN INSTITUTE P.O. BOX 542 STAUNTON VA 24402-1203	46-5717620	3	13,300				GENERAL SUPPORT
(4)	AMERICAN FRONTIER CULTURE P.O. BOX 629 STAUNTON VA 24402-0629	54-1204572	3	8,325				GENERAL SUPPORT
(5)	AMERICAN SHAKESPEARE CENTER 10 S MARKET ST STAUNTON VA 24401	54-1487955	3	6,000				GENERAL SUPPORT
(6)	ANICIRA VETERINARY CENTER 1992 MEDICAL AVENUE HARRISONBURG VA 22801	20-8358468	3	6,700				GENERAL SUPPORT
(7)	ANSWER RELIEF P.O. BOX 68401 GRAND RAPIDS MI 49516	38-3639777	3	8,000				GENERAL SUPPORT
(8)	ARROW PROJECT 1011 SPRINGHILL ROAD STAUNTON VA 24401	83-3396084	3	151,099				GENERAL SUPPORT
(9)	ARTIS TRANSITIONS, INC P.O. BOX 2455 STAUNTON VA 24402	81-3856249	3	8,500				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 ▶

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

Schedule I (Form 990) (2022)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.Name of the organization
COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGEEmployer 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)	AUGUSTA COUNTY HISTORICAL SOCIETY P.O. BOX 686 STAUNTON VA 24402	54-6064945	3	5,200				GENERAL SUPPORT
(2)	AUGUSTA COUNTY LIBRARY FOUNDATION 1759 JEFFERSON HIGHWAY FISHERSVILLE VA 22939	27-1070558	3	7,000				GENERAL SUPPORT
(3)	AUGUSTA COUNTY PUBLIC SCHOOLS 18 GOVERNMENT CENTER LANE VERONA VA 24482	54-6001133	3	265,052				GENERAL PURPOSE
(4)	AUGUSTA DOG ADOPTIONS 4224 WAKEFIELD ROAD RICHMOND VA 23235	45-1878094	3	10,000				GENERAL SUPPORT
(5)	AUGUSTA HEALTH FOUNDATION 78 MEDICAL CENTER DR FISHERSVILLE VA 22939	54-2042365	3	9,392				GENERAL SUPPORT
(6)	AUGUSTA REGIONAL DENTAL CLINIC 342 MULE ACADEMY ROAD FISHERSVILLE VA 22939	54-1651896	3	24,463				GENERAL SUPPORT
(7)	AUGUSTA REGIONAL S.P.C.A. P.O. BOX 2014 STAUNTON VA 24402	23-7089566	3	18,486				GENERAL SUPPORT
(8)	BESSIE WELLER ELEMENTARY SCHOOL 600 GREENVILLE AVE STAUNTON VA 24401	46-1004168	3	10,835				GENERAL SUPPORT
(9)	BLUE RIDGE AREA FOOD BANK 96 LAUREL HILL ROAD VERONA VA 24482-0937	52-1202644	3	19,647				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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990 for the latest information.Name of the organization
COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGEEmployer 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)	BLUE RIDGE CASA FOR CHILDREN 119 WEST FREDERICK STREET STAUNTON VA 24401	54-1721227	3	10,500				GENERAL SUPPORT
(2)	BLUE RIDGE CHILDREN'S MUSEUM 201 SHORT STREET WAYNESBORO VA 22980	82-2462320	3	8,170				GENERAL SUPPORT
(3)	BLUE RIDGE LEGAL SERVICES 204 NORTH HIGH STREET HARRISONBURG VA 22803	54-1048944	3	9,400				GENERAL SUPPORT
(4)	BLUE RIDGE MEDICAL CENTER 4038 THOMAS NELSON HWY ARRINGTON VA 22922	54-1222147	3	7,142				GENERAL SUPPORT
(5)	BOTANICAL GARDEN OF THE PIEDMONT P.O. BOX 6224 CHARLOTTESVILLE VA 22906	90-0395190	3	30,000				GENERAL SUPPORT
(6)	BOYS & GIRLS CLUB OF WAYNESBORO, 302 E. MAIN STREET WAYNESBORO VA 22980	54-1848714	3	10,965				GENERAL SUPPORT
(7)	BRCC EDUCATIONAL FOUNDATION INC P.O. BOX 80 WEYERS CAVE VA 24486	54-1328809	3	15,200				GENERAL SUPPORT
(8)	CAT'S CRADLE P.O. BOX 2128 HARRISONBURG VA 22801	20-3269224	3	87,500				GENERAL SUPPORT
(9)	CITY OF STAUNTON 116 W. BEVERLEY STREET STAUNTON VA 24402-0058	54-6001631	3	25,144				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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990 for the latest information.Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**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)	COMMUNITY CHILD CARE INC 32 PARK BOULEVARD STAUNTON VA 24401	54-0894024	3	10,500				GENERAL SUPPORT
(2)	CREATIVE WORKS FARM, INC P.O. BOX 446 CRIMORA VA 24431	90-0814949	3	7,000				GENERAL SUPPORT
(3)	DABNEY S. LANCASER COMMUNITY 1000 DABNEY DRIVE CLIFTON FORGE VA 24422	54-1547596	3	65,000				GENERAL SUPPORT
(4)	DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE VA 24019	54-1108079	3	6,400				GENERAL SUPPORT
(5)	ELK HILL FARM P.O. BOX 99 GOOCHLAND VA 23063	23-7071154	3	6,000				GENERAL SUPPORT
(6)	FRIENDSHIP INDUSTRIES 801 FRIENDSHIP DRIVE HARRISONBURG VA 22802	54-6073412	3	5,347				GENERAL SUPPORT
(7)	GREAT ASPIRATIONS SCHOLARSHIP 2821 EMERYWOOD PARKWAY, SUITE 204 RICHMOND VA 23294	52-1277427	3	7,500				GENERAL SUPPORT
(8)	HEIFETZ INTERNATIONAL MUSIC P.O. BOX 2447 STAUNTON VA 24402	52-1959289	3	8,500				GENERAL SUPPORT
(9)	HIGHLAND CHILDREN'S HOUSE P.O. BOX 527 MONTEREY VA 24465	83-3645078	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 ▶

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

Schedule I (Form 990) (2022)

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HIGHLAND COUNTY DEPARTMENT OF P.O. BOX 247 MONTEREY VA 24465	54-6001350	3	9,601				GENERAL SUPPORT
(2)	HIGHLAND COUNTY HUMANE SOCIETY P.O. BOX 458 MONTEREY VA 24465	45-5554938	3	6,250				GENERAL SUPPORT
(3)	HIGHLAND COUNTY PUBLIC LIBRARY 31 N. WATER STREET MONTEREY VA 24465	54-1240048	3	8,101				GENERAL SUPPORT
(4)	INSTITUTE FOR REFORM AND SOLUTIONS P.O. BOX 1909 STAUNTON VA 24402	46-0976212	3	6,000				GENERAL SUPPORT
(5)	JACOB'S LADDER, INC P.O. BOX 555 URBANNA VA 23175	54-1717138	3	5,500				GENERAL SUPPORT
(6)	JONES GARDENS 800 WEST BEVERLEY STREET STAUNTON VA 24401	87-1707304	3	25,725				GENERAL SUPPORT
(7)	LIFEWORCS PROJECT P.O. BOX 551 WAYNESBORO VA 22980	86-1329739	3	10,100				GENERAL PURPOSE
(8)	MARY BALDWIN UNIVERSITY P.O. BOX 1500 STAUNTON VA 24402	54-0506319	3	8,650				GENERAL SUPPORT
(9)	MENTAL HEALTH AMERICA OF AUGUSTA 101 W. FREDERICK STREET, SUITE 206 STAUNTON VA 24401	54-0797196	3	10,700				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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL GUARD EDUCATIONAL ONE MASSACHUSETTS AVE., NW WASHINGTON DC 20001	52-1038433	3	10,000				GENERAL SUPPORT
(2) NEW COVENANT COMMUNITY CHURCH 78 SOMMERSET DRIVE WEYERS CAVE VA 24486	54-1778190	3	10,000				GENERAL SUPPORT
(3) NEW DIRECTIONS CENTER, INC 110 WEST JOHNSON STREET, SUITE 102 STAUNTON VA 24401	54-1186253	3	18,769				GENERAL SUPPORT
(4) NEW HOPE VOLUNTEER FIRE DEPARTMENT P.O. BOX 38 NEW HOPE VA 24469	54-1429120	3	7,300				GENERAL SUPPORT
(5) RENEWING HOMES OF GREATER AUGUSTA P.O. BOX 3152 STAUNTON VA 24402	54-1738514	3	15,025				GENERAL SUPPORT
(6) SHENANARTS 300 CHURCHVILLE AVENUE STAUNTON VA 24401	52-1243592	3	7,000				GENERAL SUPPORT
(7) SHENANDOAH GREEN C/O SUNSPOTS STUDIOS STAUNTON VA 24401	84-2554390	3	18,283				GENERAL SUPPORT
(8) SHENANDOAH LGBTQ CENTER 13 W. BEVERLEY ST., 5TH FLOOR STAUNTON VA 24401	83-4120858	3	6,000				GENERAL SUPPORT
(9) SHENANDOAH VALLEY SOCIAL SERVICES 126 S. WAYNE AVENUE WAYNESBORO VA 22980	53-1335637	3	6,000				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 ▶

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

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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)	SIN BARRERAS/ WITHOUT BARRIERS P.O. BOX 6433 CHARLOTTESVILLE VA 22906	46-1040727	3	56,500				GENERAL SUPPORT
(2)	ST. JOHN'S UNITED METHODIST CHURCH 1716 N. AUGUSTA STREET STAUNTON VA 24401	54-0655789	3	8,000				GENERAL SUPPORT
(3)	STAUNTON AUGUSTA FAMILY YMCA 708 N. COALTER STREET STAUNTON VA 24401	54-0506438	3	32,270				GENERAL SUPPORT
(4)	STAUNTON CITY SCHOOLS 116 WEST BEVERLEY STREET STAUNTON VA 24401	54-6001630	3	10,000				GENERAL SUPPORT
(5)	STAUNTON DISTRICT OF THE UNITED 77 HAMSHIRE WAY FISHERSVILLE VA 22939	54-6040295	3	7,700				GENERAL SUPPORT
(6)	STAUNTON HIGH SCHOOL 1301 NORTH COALTER STREET STAUNTON VA 24401	54-6004356	3	7,500				GENERAL PURPOSE
(7)	STAUNTON MUSIC FESTIVAL P.O. BOX 3111 STAUNTON VA 24402	02-0464351	3	10,990				GENERAL SUPPORT
(8)	STUART HALL SCHOOL P.O. BOX 210 STAUNTON VA 24402	84-1648803	3	5,608				GENERAL SUPPORT
(9)	THE ARC OF AUGUSTA 1025 FAIRFAX AVENUE WAYNESBORO VA 22980	54-0884080	3	16,580				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 ▶

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

Schedule I (Form 990) (2022)

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE COMMUNITY FOUNDATION P.O. BOX 1068 HARRISONBURG VA 22803	54-1920746	3	10,000				GENERAL SUPPORT
(2)	THE HIGHLAND CENTER P.O. BOX 556 MONTEREY VA 24465	54-1882137	3	17,000				GENERAL SUPPORT
(3)	THE IKIGAI PROJECT 1401 BONITA CIRCLE MEDFORD OR 97504	82-3449981	3	25,000				GENERAL SUPPORT
(4)	THE NATURE FOUNDATION AT ROUTE 1 BOX 770 ROSELAND VA 22967-9214	54-1689828	3	24,000				GENERAL SUPPORT
(5)	THE SALVATION ARMY P.O. BOX 2412 STAUNTON VA 24402	58-0660607	3	35,615				GENERAL SUPPORT
(6)	UNITED WAY OF STAUNTON, AUGUSTA, 24 IDLEWOOD BLVD., SUITES 106-112 STAUNTON VA 24401	59-0955100	3	7,000				GENERAL SUPPORT
(7)	UNIVERSITY OF VIRGINIA ALUMNI ASSOC P.O. BOX 400314 CHARLOTTESVILLE VA 22904	54-0485595	3	7,400				GENERAL SUPPORT
(8)	VALLEY ALLIANCE FOR EDUCATION P.O. BOX 515 FISHERSVILLE VA 22939	62-1398778	3	25,984				GENERAL SUPPORT
(9)	VALLEY CAREER AND TECHNICAL CENTER 49 HORNET ROAD FISHERSVILLE VA 22939	54-0883474	3	5,142				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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALLEY CHILDREN'S ADVOCACY CENTER 1105 GREENVILLE AVENUE STAUNTON VA 24401	20-0831874	3	11,500				GENERAL SUPPORT
(2) VALLEY CONSERVATION COUNCIL P.O. BOX 988 STAUNTON VA 24402	54-1548245	3	9,100				GENERAL SUPPORT
(3) VALLEY HOPE COUNSELING CENTER 20 STONERIDGE DRIVE, SUITE 202 WAYNESBORO VA 22980	54-1956722	3	10,000				GENERAL SUPPORT
(4) VALLEY MISSION 1513 WEST BEVERLEY STREET STAUNTON VA 24401	54-0930419	3	11,000				GENERAL SUPPORT
(5) VALLEY PROGRAM FOR AGING SERVICES 325 PINE AVENUE WAYNESBORO VA 22980	54-0958526	3	14,992				GENERAL SUPPORT
(6) VALLEY SUPPORTIVE HOUSING P.O. BOX 1907 STAUNTON VA 24402	27-0132429	3	51,000				GENERAL SUPPORT
(7) VECTOR INDUSTRIES, INC 1300 HOPEMAN PARKWAY WAYNESBORO VA 22980	54-0853760	3	6,980				GENERAL SUPPORT
(8) VERONA COMMUNITY FOOD PANTRY P.O. BOX 187 VERONA VA 24482	20-5258949	3	6,000				GENERAL SUPPORT
(9) VIRGINIA FUNDERS NETWORK 3322 FRANKLIN STREET RICHMOND VA 23221	85-1911943	3	7,000				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 ▶

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

Schedule I (Form 990) (2022)

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

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
**COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE**Employer identification number
54-1647385**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WAYNE THEATRE ALLIANCE P.O. BOX 1821 WAYNESBORO VA 22980	54-1993924	3	8,600				GENERAL SUPPORT
(2)	WAYNESBORO AREA REFUGE MINISTRY 1035 FAIRFAX AVENUE WAYNESBORO VA 22980	47-1937790	3	21,500				GENERAL SUPPORT
(3)	WAYNESBORO FAMILY YMCA 648 S. WAYNE AVENUE WAYNESBORO VA 22980	54-0633243	3	70,150				GENERAL SUPPORT
(4)	WAYNESBORO FIRST AID CREW 201 WEST BOARD STREET WAYNESBORO VA 22980	54-6073379	3	6,045				GENERAL SUPPORT
(5)	WAYNESBORO SYMPHONY ORCHESTRA P.O. BOX 671 WAYNESBORO VA 22980	54-1882091	3	37,557				GENERAL SUPPORT
(6)	WEYERS CAVE VOLUNTEER FIRE COMPANY P.O. BOX 69 WEYERS CAVE VA 24486	54-1570439	3	7,300				GENERAL SUPPORT
(7)	WINTERGREEN ADAPTIVE SPORTS P.O. BOX 4334 CHARLOTTESVILLE VA 22905	54-1818204	3	16,000				GENERAL SUPPORT
(8)	WINTERGREEN PERFORMING ARTS P.O. BOX 816 WINTERGREEN VA 22958	54-1828449	3	13,500				GENERAL SUPPORT
(9)	WOODROW WILSON PRESIDENTIAL P.O. BOX 24 STAUNTON VA 24402	54-0505980	3	5,200				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 ▶

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

Schedule I (Form 990) (2022)

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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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)	WORLD FOOD PROGRAM USA P.O. BOX 37239 BOONE IA 50037	13-3843435	3	20,000				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 ▶

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 EDUCATIONAL AWARDS	20	110,000			
2 EDUCATIONAL SCHOLARSHIPS	103	214,639			
3 CRISIS SUPPORT	16	37,800			
4					
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. 1545-0047

2022

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

Attach to Form 990.

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

**Open To Public
Inspection**

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	75	4,050,452	FMV AT DATE OF GIFT
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**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

COMMUNITY FOUNDATION OF THE CENTRAL

Employer identification number

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 ADJUSTMENT \$ 192

COPY

Form **990-T**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

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

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

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

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE Number, street, and room or suite no. If a P.O. box, see instructions. 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 Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 41,413,407			

G 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 <input type="checkbox"/> State college/university
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	<input type="checkbox"/>
J Enter the number of attached Schedules A (Form 990-T)	1
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-12,632
2 Reserved	2	
3 Add lines 1 and 2	3	-12,632
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	-12,632
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-12,632
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

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

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
1b Other credits (see instructions)
1c General business credit. Attach Form 3800 (see instructions)
1d Credit for prior year minimum tax (attach Form 8801 or 8827)
1e Total credits. Add lines 1a through 1d
2 Subtract line 1e from Part II, line 7
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)
6a Payments: A 2021 overpayment credited to 2022
6b 2022 estimated tax payments. Check if section 643(g) election applies
6c Tax deposited with Form 8868
6d Foreign organizations: Tax paid or withheld at source (see instructions)
6e Backup withholding (see instructions)
6f Credit for small employer health insurance premiums (attach Form 8941)
6g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total
7 Total payments. Add lines 6a through 6g
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded

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

1 At any time during the 2022 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
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ -224,583. 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.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available 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.
6a Did the organization change its method of accounting? (see instructions)
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.

Sign Here 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.
Signature of officer: CORY A. SMITH Date: 11/14/23 Title: PRESIDENT/CEO
Preparer Use Only Print/Type preparer's name: CORY A. SMITH Preparer's signature: CORY A. SMITH Date: 11/14/23 Check self-employed if PTIN: P01601618
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 below (see instructions)? Yes No

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

OMB No. 1545-0047

2022
Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceGo to 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).

A Name of the organization COMMUNITY FOUNDATION OF THE CENTRAL	B Employer identification number 54-1647385
C Unrelated business activity code (see instructions) 531390	D 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
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	5 -12,632		-12,632
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 -12,632		-12,632

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

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b 0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-12,632
17 Deduction for net operating loss. See instructions	17		
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-12,632

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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 Yes/No checkboxes for section 263A rules.

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

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

Part V Unrelated Debt-Financed Income (see instructions)

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

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

		Exempt Controlled Organization			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	

Totals

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals

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

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

Part IX Advertising Income

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

Form with columns A, B, C, D for periodical names and checkboxes.

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

Table with 4 columns (A, B, C, D) and 1 row for Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (B)

Table with 4 columns (A, B, C, D) for Advertising gain (loss).

Table with 4 columns (A, B, C, D) for Readership costs.

Table with 4 columns (A, B, C, D) for Circulation income.

Table with 4 columns (A, B, C, D) for Excess readership costs.

Table with 4 columns (A, B, C, D) for Excess readership costs allowed as a deduction.

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)

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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Large dotted area for supplemental information.

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

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
HIGH COUNTRY ASSOC - K-1	\$ -12,632	\$	\$ -12,632
TOTAL	\$ -12,632	\$ 0	\$ -12,632

COPY

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022

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	1,080,000
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	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 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 2023. 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 2022	17	1,282
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		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property	1,364	7.0	HY	200DB	195
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 2022 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,477
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.

Year Ended: December 31, 2022

54-1647385

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

**Electing out of Bonus Depreciation Allowance
for 7-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 7-year depreciable property placed in service during the tax year.

COPY

Form 990-T	Business Income Activity Summary	2022
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Name COMMUNITY FOUNDATION OF THE CENTRAL	Taxpayer Identification Number 54-1647385
--	---

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

A. Total Pre-2018 Net Operating Losses Carried Forward	A. <u>224,583</u>
B. Total Pre-2018 Net Operating Loss allocated to Sch A activities	B. _____
C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6	C. _____
D. Pre-2018 Applied (Sum of B and C)	D. _____
E. Pre-2018 Remaining (Line A minus Line D)	E. <u>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. _____		1. _____	_____
2. _____		2. _____	_____
3. _____		3. _____	_____
4. _____		4. _____	_____
5. _____		5. _____	_____
6. _____		6. _____	_____
7. _____		7. _____	_____
8. _____		8. _____	_____
9. _____		9. _____	_____
10. _____		10. _____	_____
11. _____		11. _____	_____
12. _____		12. _____	_____
13. _____		13. _____	_____
14. _____		14. _____	_____
15. All other revenue _____		15. _____	_____
16. Total taxable income		16. _____	_____

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. <u>HIGH COUNTRY ASSOCIATES</u>	<u>531390</u>	1. <u>-12,632</u>
2. _____		2. _____
3. _____		3. _____
4. _____		4. _____
5. All other activities		5. _____
6. Totals		6. <u>-12,632</u>

Form 990-T	Schedule A Loss Carryover Calculation Description HIGH COUNTRY ASSOCIATES	2022
Name COMMUNITY FOUNDATION OF THE CENTRAL		Taxpayer Identification Number 54-1647385
Unincorporated Business Income Tax Code: 531390 Activity: OTHER ACTIVITIES RELATED TO REAL		

Each activity may carryforward losses after 2018

1 Activity income	1	-12,632
2 Activity deductions	2	
3 Activities income or loss, after deductions	3	-12,632
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	4	
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	6	
7 Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	7	
8 If line 3 is less than zero, enter that amount here as a positive number	8	12,632
9 Total loss carried forward to 2023 (Add lines 7 and 8)	9	12,632

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ...	E1	
E2 Prior year activity losses included on Schedule A, Line 17	E2	

COPY

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2022**

For calendar year 2022, or tax year beginning _____, ending _____

Name

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

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year Carryover
		NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
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	27,726	87,224		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			224,583		
Current year	0				
NOL carryover available to next year					224,583

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name

COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE

Taxpayer Identification Number

54-1647385

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	2,353,331	6,592,980	4,239,649
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	773,454	914,443	140,989
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,726,098	1,315,427	-410,671
	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	44,075	8,604	-35,471
	12. Total revenue. Add lines 1 through 11	4,896,958	8,831,454	3,934,496
E x p e n s e s	13. Grants and similar amounts paid	1,704,590	2,308,696	604,106
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	109,830	115,182	5,352
	16. Salaries, other compensation, and employee benefits	178,568	311,692	133,124
	17. Professional fundraising fees			
	18. Other professional fees	136,976	154,785	17,809
	19. Occupancy, rent, utilities, and maintenance	15,790	17,250	1,460
	20. Depreciation and Depletion	685	1,477	792
	21. Other expenses	79,236	202,684	123,448
	22. Total expenses. Add lines 13 through 21	2,225,675	3,111,766	886,091
	23. Excess or (Deficit). Subtract line 22 from line 12	2,671,283	5,719,688	3,048,405
O t h e r I n f o r M a t e r i a t i o n	24. Total exempt revenue	4,896,958	8,831,454	3,934,496
	25. Total unrelated revenue	31,684	-12,632	-44,316
	26. Total excludable revenue	2,511,943	2,251,106	-260,837
	27. Total assets	41,569,424	41,413,407	-156,017
	28. Total liabilities	4,052,848	3,768,460	-284,388
	29. Retained earnings	37,516,576	37,644,947	128,371
	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	5	
	33. Number of volunteers	157	141	

Form **990T****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

COMMUNITY FOUNDATION OF THE CENTRAL
BLUE RIDGE

54-1647385

		2021	2022	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1	1	
	2. Unrelated business taxable income from all trades	15,099	-12,632	-27,731
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss	15,099		-15,099
	6. Net operating loss (pre-2018)	15,099		-15,099
	7. Specific deduction	1,000		-1,000
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
29. Activity Losses NOL (Post-2017)		-12,632	-12,632	

Form **SchA**(990T)**Two Year Comparison for Unrelated Business Activity****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

Organization Name

COMMUNITY FOUNDATION OF THE CENTRAL

Taxpayer Identification Number

54-1647385

Activity: HIGH COUNTRY ASSOCIATES

Unincorporated Business Income Tax Code: 531390

		2021	2022	Differences	
R e v e n u e	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.	31,684	-12,632	-44,316
	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.			
	11. Total trade or business income. Combine lines 1 through 10	11.	31,684	-12,632	-44,316
E x p e n s e s	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.			
	22. Total deductions. Add lines 12 through 22	22.			
	23. Taxable income before deductions. Subtract line 23 from 11	23.	31,684	-12,632	-44,316
	24. Deductible losses	24.	16,585		-16,585
	25. Unrelated business taxable income (loss)	25.	15,099	-12,632	-27,731

Form 990	Tax Return History	2022
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Name COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer Identification Number 54-1647385
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants			4,176,458	2,353,331	6,592,980	
Membership dues						
Program service revenue						
Capital gain or loss			267,776	1,726,098	1,315,427	
Investment income			623,011	773,454	914,443	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			51,482	44,075	8,604	
Total revenue			5,118,727	4,896,958	8,831,454	
Grants and similar amounts paid			2,875,827	1,704,590	2,308,696	
Benefits paid to or for members						
Compensation of officers, etc.			103,758	109,830	115,182	
Other compensation			210,188	178,568	311,692	
Professional fees			134,488	136,976	154,785	
Occupancy costs			23,325	15,790	17,250	
Depreciation and depletion			527	685	1,477	
Other expenses			56,311	79,236	202,684	
Total expenses			3,404,424	2,225,675	3,111,766	
Excess or (Deficit)			1,714,303	2,671,283	5,719,688	
Total exempt revenue			5,118,727	4,896,958	8,831,454	
Total unrelated revenue			-9,022	31,684	-12,632	
Total excludable revenue			951,291	2,511,943	2,251,106	
Total Assets			34,755,256	41,569,424	41,413,407	
Total Liabilities			2,117,884	4,052,848	3,768,460	
Net Fund Balances			32,637,372	37,516,576	37,644,947	

Form 990T	Tax Return History	2022
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Name COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE	Employer Identification Number 54-1647385
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* Income shown net of expenses

	2018	2019	2020	2021	2022	2023
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						
Total trade or business income.			-9,022	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						

COPY

Filing Instructions

Community Foundation of the Central Blue Ridge

Form 500 - VA Corporation Income Tax Return

Taxable Year Ended December 31, 2022

- Date Due:** December 15, 2023
- 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 2022 or tax year beginning _____, ending _____
 COMMUNITY FOUNDATION OF THE CENTRAL 54-1647385

Taxable Income

Federal taxable income	-12,632	
Total additions		
Total subtractions		
Savings and loan association's bad debt deduction		
Virginia taxable income	-12,632	
Apportionment factor	100.00	
Taxable income		-12,632

Taxable Computation

Income tax		
Nonrefundable tax credits		
Adjusted corporate tax		

Payments and Penalties

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

Next Year's Estimates

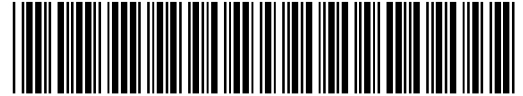
1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
Total	

Annual Registration Information

Gross contributions	
Total fees	
Registration / extended due date	11/15/23

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

2022 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

Form header section containing FEIN (54-1647385), Name (COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE), Mailing Address (P.O. BOX 815, STAUNTON, VA 24402-0815), Physical Address (117 S. LEWIS STREET, STAUNTON, VA 24401), Date Incorporated (11/09/1992), and Description of Business Activity (OWNERSHIP IN LLC).

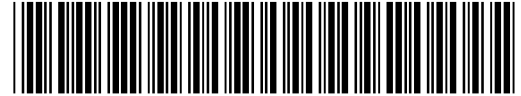
Check Applicable Boxes section with categories: Final Return, Corporate Telecommunications Company, Noncorporate Telecommunications Company, Electric Supplier Company, Home Service Contract Provider. Includes checkboxes for Consolidated, Combined, Nonprofit Corporation, etc.

Questions and Related Information section with questions A through E regarding payments to affiliated corporations, net operating loss deduction, and pass-through entity withholding. Includes a location field for the corporation's books.

COMMUNITY FOUNDATION OF THE CENTRAL

**2022 Virginia
Form 500**

Page 2

FEIN
54-1647385**INCOME**

1. Federal taxable income (from enclosed federal return)	1.	-12,632	.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2)	3.	-12,632	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3)	5.	-12,632	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	-12,632	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) – Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b)		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d)		.00
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	0	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	0	.00
12. 2022 estimated Virginia income tax payments including overpayment credit from 2021	12.		.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.		.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.		.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20)	21.		.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.		.00
23. Amount to be credited to 2023 estimated tax	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

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

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		PRESIDENT/CEO
Printed Name of Officer	Phone Number	
WILLIAM D LAYMAN	540-213-2150	
Print Preparer's Name and Firm Name	Individual or Firm, Signature of Preparer	Preparer Phone Number
CORY A. SMITH	CORY A. SMITH	540-885-7000
Date	Address of Preparer	
11/14/23	ELMORE, HUPP & COMPANY, P.L.C.	
Preparer's FEIN, PTIN, or SSN	Approved Vendor Code	
P01601618	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 BLUE RIDGE

FEIN: 54-1647385

Mailing Address: P. O. BOX 815

STAUNTON VA 24402-0815

Contact Name: _____ Phone Number: _____

Waiver Requested for Tax Year: _____

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. _____

Fax to: (804) 367-3015

OR

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

**2022 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

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

Form 1120 — Deductions and Taxable Income		
1. Federal Taxable Income before NOL and Special Deductions	1.	-12,632 .00
2. Net Operating Loss Deduction	2.	.00
3. Special Deductions	3.	1,000 .00
4. Federal Taxable Income after NOL and Special Deductions	4.	-12,632 .00
Form 1120, Schedule C — Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid	6.	.00
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest	7.	.00
Form 5884 — Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.00
Form 4562 — Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the taxable year	9.	.00
10. Property subject to 168(f)(1) election	10.	.00
11. Other depreciation	11.	.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss		
12. Total: Dividends (Exclude Gross-Up)	12.	.00
13. Total: Dividends (Gross-up)	13.	.00
14. Total: Inclusions (Exclude Gross-up)	14.	.00
15. Total: Inclusions (Gross-up)	15.	.00
16. Total: Interest	16.	.00
17. Total: Gross Rents, Royalties, and License Fees	17.	.00
18. Total: Gross Income from Performance of Services	18.	.00
19. Total: Other	19.	.00
20. Total: Total Gross Income or Loss from Outside the US	20.	.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions		
21. Total: Allocable – Rental, Royalty, and Licensing Expenses – Depreciation, Depletion, and Amortization	21.	.00
22. Total: Allocable – Rental, Royalty, and Licensing Expenses - Other Expenses	22.	.00
23. Total: Allocable – Expenses Related to Gross Income from Performance of Services	23.	.00
24. Total: Allocable – Other Allocable Deductions	24.	.00
25. Total: Total Allocable Deductions	25.	.00
26. Total: Apportioned Share of Deductions	26.	.00
27. Total: Net Operating Loss Deduction	27.	.00
28. Total: Total Deductions	28.	.00
Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments	29.	.00