

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 2023 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 \$: 11,466,713. 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: CORY A. SMITH, self-employed, PTIN P01601618. Firm: ELMORE, HUPP & COMPANY, P.L.C., STAUNTON, VA 24402-2607. Firm's EIN: 54-1440048. 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 [X]

1 Briefly describe the organization's mission: TO ENRICH THE QUALITY OF LIFE BY RESPONDING TO NEEDS AND INSPIRING PHILANTHROPY, PRIMARILY BY PROVIDING LEADERSHIP TO COMMUNITY PARTNERS, BUILDING ENDOWMENT FUNDS, AND MAKING GRANTS TO CHARITABLE ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

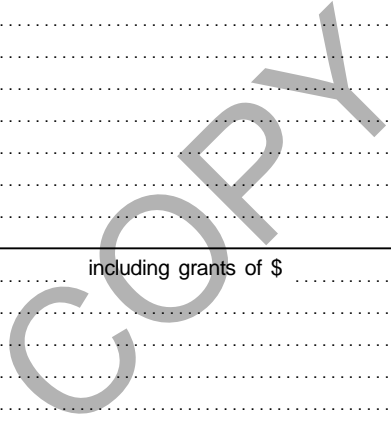
4a (Code: ) (Expenses \$ 3,269,150 including grants of \$ 3,050,920 ) (Revenue \$ ) SEE SCHEDULE O

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 \$ 316,018 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,585,168



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational 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, W-2G forms, and backup withholding.

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [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)<br>Name and title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>PRESIDENT/CEO    | 40.00<br>0.00  | X   |                       | X       |              |                              |        | 120,877   | 0  | 0   |
| (2) SAFIYA M. JARVIS<br>CHAIR            | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) DIANA WILLIAMS<br>VICE CHAIR         | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) SARA C. BERRY<br>SECRETARY/TREASURER | 1.00<br>0.00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) CHARLES ANDERSEN<br>DIRECTOR         | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) ABBY B AREY<br>DIRECTOR              | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) BOYCE E. BRANNOCK<br>DIRECTOR        | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) TONY DAVENPORT<br>DIRECTOR           | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) ASHLIE HOWELL<br>DIRECTOR            | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) KELLY M. HYSON<br>DIRECTOR          | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) PRISCILLA P. JENKINS<br>DIRECTOR    | 1.00<br>0.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) ELSA N. KISER   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| DIRECTOR   | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (13) RICK MOYERS   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| CHAIR  | 0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (14) THOMAS E. ROBERTS   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| DIRECTOR   | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (15) KIMBERLY SNYDER   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| DIRECTOR   | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (16) LINNEA SPRADLIN   | 1.00   |   |                       |         |              |                              |         |   |  |   |
| DIRECTOR   | 0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (17)   |  |   |                       |         |              |                              |         |   |  |   |
| (18)   |  |   |                       |         |              |                              |         |   |  |   |
| (19)   |  |   |                       |         |              |                              |         |   |  |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              | 120,877 |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |         |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 120,877 |   |  |   |

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|-------------------------|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a  | Federated campaigns   | 1a                      |                      |  |                                      |   |  |
|   | b   | Membership dues   | 1b                      |                      |  |                                      |   |  |
|   | c   | Fundraising events  | 1c                      |                      |  |                                      |   |  |
|   | d   | Related organizations   | 1d                      |                      |  |                                      |   |  |
|   | e   | Government grants (contributions)   | 1e                      |                      |  |                                      |   |  |
|   | f   | All other contributions, gifts, grants,<br>and similar amounts not included above | 1f                      | 1,673,467            |  |                                      |   |  |
|   | g   | Noncash contributions included in<br>lines 1a-1f                                  | 1g                      | \$ 177,687           |  |                                      |   |  |
|   | h   | <b>Total.</b> Add lines 1a-1f   |                         | 1,673,467            |  |                                      |   |  |
|   | <b>Program Service<br/>Revenue</b>  | 2a  |                         | Business Code        |  |                                      |   |  |
| b   |   |   |                         |                      |  |                                      |   |  |
| c   |   |   |                         |                      |  |                                      |   |  |
| d   |   |   |                         |                      |  |                                      |   |  |
| e   |   |   |                         |                      |  |                                      |   |  |
| f   |   | All other program service revenue   |                         |                      |  |                                      |   |  |
| g   |   | <b>Total.</b> Add lines 2a-2f   |                         |                      |  |                                      |   |  |
| <b>Other Revenue</b>  | 3   | Investment income (including dividends, interest, and<br>other similar amounts)   |                         | 1,180,776            |  |                                      | 1,180,776   |  |
|   | 4   | Income from investment of tax-exempt bond proceeds                                |                         |                      |  |                                      |   |  |
|   | 5   | Royalties   |                         |                      |  |                                      |   |  |
|   | 6a  | Gross rents   | 6a                      | (i) Real             |  |                                      |   |  |
|   |   |   | 6b                      | (ii) Personal        |  |                                      |   |  |
|   |   |   | 6c                      |                      |  |                                      |   |  |
|   | d   | Less: rental expenses   | 6b                      |                      |  |                                      |   |  |
|   | e   | Rental inc. or (loss)   | 6c                      |                      |  |                                      |   |  |
|   | d   | Net rental income or (loss)   |                         |                      |  |                                      |   |  |
|   | 7a  | Gross amount from<br>sales of assets<br>other than inventory                      | 7a                      | (i) Securities       | 8,603,056                                    | (ii) Other                           | 4,082   |  |
|   |   |   |                         | 7b                   | Less: cost or other<br>basis and sales exps. | 8,096,860                            |   |  |
|   |   |   |                         | 7c                   | Gain or (loss)                               | 506,196                              | 4,082   |  |
|   | d   | Net gain or (loss)  |                         | 510,278              | 510,278                                      |                                      |   |  |
| 8a  | Gross income from fundraising events<br>(not including \$<br>of contributions reported on line<br>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<br>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<br>returns and allowances  | 10a   |                         |                      |  |                                      |   |  |
| b   | Less: cost of goods sold  | 10b   |                         |                      |  |                                      |   |  |
| c   | Net income or (loss) from sales of inventory  |   |                         |                      |  |                                      |   |  |
| <b>Miscellaneous<br/>Revenue</b>                                  | 11a   | INVESTMENT MANAGEMENT FEE   | Business Code<br>561000 | 21,474               | 21,474                                       |                                      |   |  |
|   | b   | WORKSHOP FEES   | 561000                  | 13,210               | 13,210                                       |                                      |   |  |
|   | c   | MISCELLANEOUS INCOME  | 561000                  | 531                  | 531  |                                      |   |  |
|   | d   | All other revenue   |                         | -29,883              |  | -29,883                              |   |  |
|   | e   | <b>Total.</b> Add lines 11a-11d   |                         | 5,332                |  |                                      |   |  |
|   | 12  | <b>Total revenue.</b> See instructions  |                         | 3,369,853            | 545,493                                      | -29,883                              | 1,180,776   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,616,708             | 2,616,708                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 434,212               | 434,212                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 120,877               | 53,186                          | 51,977                                 | 15,714                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 284,198               | 195,395                         | 87,306                                 | 1,497                       |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 12,220                |                                 | 12,220                                 |                             |
| <b>9</b> Other employee benefits   | 4,932                 |                                 | 4,932                                  |                             |
| <b>10</b> Payroll taxes  | 31,437                | 18,773                          | 11,359                                 | 1,305                       |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  | 9,622                 |                                 | 9,622                                  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 135,051               |                                 | 135,051                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 92,390                |                                 | 59,353                                 | 33,037                      |
| <b>12</b> Advertising and promotion  | 25,014                |                                 | 536                                    | 24,478                      |
| <b>13</b> Office expenses  | 33,618                |                                 | 21,832                                 | 11,786                      |
| <b>14</b> Information technology   | 19,304                |                                 | 19,304                                 |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 17,885                |                                 | 17,885                                 |                             |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 4,398                 |                                 | 4,398                                  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 1,249                 |                                 | 1,249                                  |                             |
| <b>23</b> Insurance  | 5,946                 |                                 | 5,946                                  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                     |                       |                                 |  |                             |
| <b>a</b> EVENT/AWARD EXPENSES  | 218,230               | 218,230                         |  |                             |
| <b>b</b> WORKSHOPS   | 48,664                | 48,664                          |  |                             |
| <b>c</b> SUBSCRIPTIONS   | 19,456                |                                 | 19,456                                 |                             |
| <b>d</b> DEVELOPMENT   | 6,131                 |                                 | 6,131                                  |                             |
| <b>e</b> All other expenses  | 2,175                 |                                 | 2,175                                  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 4,143,717             | 3,585,168                       | 470,732                                | 87,817                      |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |  | (A)<br>Beginning of year  |            | (B)<br>End of year |            |
|------------------------------------|--|---|------------|--------------------|------------|
| <b>Assets</b>                      | 1  | Cash—non-interest-bearing   | 75         | 1                  | 75         |
|                                    | 2  | Savings and temporary cash investments  | 1,991,676  | 2                  | 1,945,824  |
|                                    | 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   | 1,050      | 9                  | 1,050      |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 68,162     |                    |            |
|                                    | 10b  | Less: accumulated depreciation  | 63,717     | 10c                | 4,445      |
|                                    | 11   | Investments—publicly traded securities  | 38,599,999 | 11                 | 43,658,801 |
|                                    | 12   | Investments—other securities. See Part IV, line 11  | 112,907    | 12                 | 58,024     |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |            | 13                 |            |
|                                    | 14   | Intangible assets   |            | 14                 |            |
|                                    | 15   | Other assets. See Part IV, line 11  | 702,061    | 15                 | 177,859    |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)   | 41,413,407  | 16         | 45,846,078         |            |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 43,439     | 17                 | 34,986     |
|                                    | 18   | Grants payable  | 35,615     | 18                 | 16,565     |
|                                    | 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   | 3,689,406  | 25                 | 5,987,539  |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 3,768,460  | 26                 | 6,039,090  |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |   |            |                    |            |
|                                    | 27   | Net assets without donor restrictions   | 14,081,488 | 27                 | 13,831,553 |
|                                    | 28   | Net assets with donor restrictions  | 23,563,459 | 28                 | 25,975,435 |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |   |            |                    |            |
|                                    | 29   | Capital stock or trust principal, or current funds  |            | 29                 |            |
|                                    | 30   | Paid-in or capital surplus, or land, building, or equipment fund  |            | 30                 |            |
|                                    | 31   | Retained earnings, endowment, accumulated income, or other funds  |            | 31                 |            |
| 32                                 | <b>Total net assets or fund balances</b>   | 37,644,947  | 32         | 39,806,988         |            |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>  | 41,413,407  | 33         | 45,846,078         |            |

**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  | 3,369,853  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,143,717  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -773,864   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 37,644,947 |
| 5  | Net unrealized gains (losses) on investments   | 5  | 2,935,850  |
| 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  | 55         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 39,806,988 |

**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<br>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?<br>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.<br><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?<br>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.<br><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?<br>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.

**2023**

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

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

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 1,037,771 | 1,610,906 | 2,353,331 | 2,417,370 | 1,673,467 | 9,092,845 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 1,037,771 | 1,610,906 | 2,353,331 | 2,417,370 | 1,673,467 | 9,092,845 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |           |           | 1,117,693 |
| <b>6</b> Public support. Subtract line 5 from line 4   |           |           |           |           |           | 7,975,152 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019  | (b) 2020  | (c) 2021  | (d) 2022  | (e) 2023  | (f) Total  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4   | 1,037,771 | 1,610,906 | 2,353,331 | 2,417,370 | 1,673,467 | 9,092,845  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 698,920   | 682,850   | 1,102,704 | 914,443   | 1,180,776 | 4,579,693  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                              |           |           | 31,684    |           |           | 31,684     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                |           |           |           |           |           |            |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 13,704,222 |

**12** Gross receipts from related activities, etc. (see instructions) **12** 68,842

**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**

|   |           |        |
|---|-----------|--------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> | 58.19% |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14  | <b>15</b> | 59.32% |
| <b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>  |           |        |
| <b>b 33 1/3% support test — 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test — 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |        |
| <b>b 10%-facts-and-circumstances test — 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |           |        |

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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests — 2023. 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 — 2022. 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

**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 <b>Total annual distributions.</b> 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2023   |                             |  |   |
| a From 2018 .....   |                             |  |   |
| b From 2019 .....   |                             |  |   |
| c From 2020 .....   |                             |  |   |
| d From 2021 .....   |                             |  |   |
| e From 2022 .....   |                             |  |   |
| f <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2023 distributable amount  |                             |  |   |
| i Carryover from 2018 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4 Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2023 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2019 .....  |                             |  |   |
| b Excess from 2020 .....  |                             |  |   |
| c Excess from 2021 .....  |                             |  |   |
| d Excess from 2022 .....  |                             |  |   |
| e Excess from 2023 .....  |                             |  |   |

**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

2023

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, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage restricted, and monitoring expenses.

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 and historical treasures for public service and financial gain.

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

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

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     | 4,018,158        | 4,018,158      | 4,018,158          | 4,018,158            | 3,961,216           |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      | 56,942              |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  | 4,018,158      | 4,018,158          | 4,018,158            | 4,018,158           |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....  |                                      |                                 |                              |                |
| <b>b</b> Buildings .....  |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....   |                                      |                                 |                              |                |
| <b>d</b> Equipment .....  | 68,162                               |                                 | 63,717                       | 4,445          |
| <b>e</b> Other .....  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ..... |                                      |                                 |                              | 4,445          |

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) AGENCY HELD FUNDS   | 5,978,249      |
| (3) LEASE LIABILITY   | 9,290          |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 5,987,539      |

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

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

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

|   |   |    |           |           |
|---|---|----|-----------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1         | 6,289,506 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |           |           |
| a | Net unrealized gains (losses) on investments                                    | 2a | 2,935,850 |           |
| b | Donated services and use of facilities  | 2b | 36,562    |           |
| c | Recoveries of prior year grants   | 2c |           |           |
| d | Other (Describe in Part XIII.)  | 2d |           |           |
| e | Add lines 2a through 2d   |    | 2e        | 2,972,412 |
| 3 | Subtract line 2e from line 1  |    | 3         | 3,317,094 |
| 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 | 135,051   |           |
| b | Other (Describe in Part XIII.)  | 4b | -82,292   |           |
| c | Add lines 4a and 4b   |    | 4c        | 52,759    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5         | 3,369,853 |

**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       | 4,045,173 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |           |
| a | Donated services and use of facilities   | 2a | 36,562  |           |
| b | Prior year adjustments   | 2b |         |           |
| c | Other losses   | 2c |         |           |
| d | Other (Describe in Part XIII.)   | 2d |         |           |
| e | Add lines 2a through 2d  |    | 2e      | 36,562    |
| 3 | Subtract line 2e from line 1   |    | 3       | 4,008,611 |
| 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 | 135,051 |           |
| b | Other (Describe in Part XIII.)   | 4b | 55      |           |
| c | Add lines 4a and 4b  |    | 4c      | 135,106   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5       | 4,143,717 |

**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 \$ -82,292

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$ 55



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

COPY

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**

OMB No. 1545-0047

**2023**

**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) | 116TH INFANTRY REGIMENT FOUNDATION<br>P.O. BOX 116<br>STAUNTON VA 24402-0116 | 54-1698197 | 3                               | 30,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) | ALLEGHENY MOUNTAIN INSTITUTE<br>P.O. BOX 542<br>STAUNTON VA 24402-1203       | 46-5717620 | 3                               | 11,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) | ALLEN CHAPEL A.M.E. CHURCH<br>936 SUDBURY STREET<br>STAUNTON VA 24401        | 30-0329307 | 3                               | 15,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) | AMERICAN FRONTIER CULTURE<br>P.O. BOX 629<br>STAUNTON VA 24402-0629          | 54-1204572 | 3                               | 7,625                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) | AMERICAN SHAKESPEARE CENTER<br>20 S NEW STREET<br>STAUNTON VA 24401          | 54-1487955 | 3                               | 10,125                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) | ANSWER RELIEF<br>P.O. BOX 68401<br>GRAND RAPIDS MI 49516                     | 38-3639777 | 3                               | 8,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) | ARROW PROJECT<br>1011 SPRINGHILL ROAD<br>STAUNTON VA 24401                   | 83-3396084 | 3                               | 134,609                  |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) | AUGUSTA COUNTY HISTORICAL SOCIETY<br>P.O. BOX 686<br>STAUNTON VA 24402       | 54-6064945 | 3                               | 5,500                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) | AUGUSTA DOG ADOPTIONS<br>4224 WAKEFIELD ROAD<br>RICHMOND VA 23235            | 45-1878094 | 3                               | 10,200                   |                                  |   |                                       | 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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**

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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) | AUGUSTA EXPO<br>277 EXPO ROAD<br>FISHERSVILLE VA 22939                         | 54-0894240 | 3                               | 8,601                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) | AUGUSTA HEALTH FOUNDATION<br>78 MEDICAL CENTER DR<br>FISHERSVILLE VA 22939     | 54-2042365 | 3                               | 159,700                  |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) | AUGUSTA REGIONAL CLINIC<br>342 MULE ACADEMY ROAD<br>FISHERSVILLE VA 22939      | 54-1651896 | 3                               | 15,067                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) | AUGUSTA REGIONAL S.P.C.A.<br>P.O. BOX 2014<br>STAUNTON VA 24402                | 23-7089566 | 3                               | 18,567                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) | BLUE GRASS RESOURCE CENTER<br>P.O. BOX 113<br>BLUE GRASS VA 24413              | 54-1947102 |                                 | 53,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) | BLUE RIDGE AREA FOOD BANK<br>96 LAUREL HILL ROAD<br>VERONA VA 24482-0937       | 52-1202644 | 3                               | 164,350                  |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) | BLUE RIDGE CASA FOR CHILDREN<br>119 WEST FREDERICK STREET<br>STAUNTON VA 24401 | 54-1721227 | 3                               | 9,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) | BLUE RIDGE LEGAL SERVICES<br>204 NORTH HIGH STREET<br>HARRISONBURG VA 22803    | 54-1048944 | 3                               | 5,750                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) | BLUE RIDGE MEDICAL CENTER<br>4038 THOMAS NELSON HWY<br>ARRINGTON VA 22922      | 54-1222147 | 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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**

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|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

**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) BOYS & GIRLS CLUB OF WAYNESBORO,<br>302 E. MAIN STREET<br>WAYNESBORO VA 22980   | 54-1848714 | 3                               | 58,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) BRCC EDUCATIONAL FOUNDATION INC<br>P.O. BOX 80<br>WEYERS CAVE VA 24486          | 54-1328809 | 3                               | 88,635                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) CAT'S CRADLE<br>P.O. BOX 2128<br>HARRISONBURG VA 22801                          | 20-3269224 | 3                               | 5,260                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) CITY OF STAUNTON<br>116 W. BEVERLEY STREET<br>STAUNTON VA 24402-0058            | 54-6001631 | 3                               | 22,750                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) CREATIVE WORKS FARM, INC<br>P.O. BOX 446<br>CRIMORA VA 24431                    | 90-0814949 | 3                               | 9,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) ELK HILL FARM<br>P.O. BOX 99<br>GOOCHLAND VA 23063                              | 23-7071154 | 3                               | 6,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) FIRST BAPTIST WAYNESBORO<br>301 S WAYNE AVE<br>WAYNESBORO VA 22980              | 54-0640776 |                                 | 7,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) FRIENDS OF THE AUGUSTA COUNTY<br>1759 JEFFERSON HIGHWAY<br>FISHERVILLE VA 22939 | 54-1093439 | 3                               | 8,200                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) FRIENDS OF THE MIDDLE RIVER<br>.....  | 80-0961307 |                                 | 5,050                    |                                  |   |                                       | GENERAL SUPPORT                    |

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**

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|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

**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.

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|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> GREAT ASPIRATIONS SCHOLARSHIP<br>2821 EMERYWOOD PARKWAY, SUITE 204<br>RICHMOND VA 23294     | 52-1277427 | 3                               | 5,500                    |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(2)</b> HEIFETZ INTERNATIONAL MUSIC<br>P.O. BOX 2447<br>STAUNTON VA 24402                           | 52-1959289 | 3                               | 8,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(3)</b> HIGHLAND CHILDREN'S HOUSE<br>P.O. BOX 527<br>MONTEREY VA 24465                              | 83-3645078 | 3                               | 13,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(4)</b> HIGHLAND COUNTY ARTS COUNCIL<br>P.O. BOX 175<br>MONTEREY VA 24465                           | 54-1632439 | 3                               | 5,100                    |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(5)</b> HIGHLAND COUNTY PUBLIC LIBRARY<br>31 N. WATER STREET<br>MONTEREY VA 24465                   | 54-1240048 | 3                               | 8,284                    |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(6)</b> JONES GARDENS<br>800 WEST BEVERLEY STREET<br>STAUNTON VA 24401                              | 87-1707304 | 3                               | 13,216                   |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(7)</b> LIFEWORKS PROJECT<br>P.O. BOX 551<br>WAYNEBORO VA 22980                                     | 86-1329739 | 3                               | 65,500                   |                                  |   |                                       | GENERAL PURPOSE                    |
| <b>(8)</b> MARY BALDWIN UNIVERSITY<br>P.O. BOX 1500<br>STAUNTON VA 24402                               | 54-0506319 | 3                               | 168,500                  |                                  |   |                                       | GENERAL SUPPORT                    |
| <b>(9)</b> MENTAL HEALTH AMERICA OF AUGUSTA<br>101 W. FREDERICK STREET, SUITE 206<br>STAUNTON VA 24401 | 54-0797196 | 3                               | 10,200                   |                                  |   |                                       | 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

**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.  
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OMB No. 1545-0047

**2023****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) | MOUNTAIN VALLEY ARCHAEOLOGY<br>285 NEWMAN AVENUE<br>HARRISONBURG VA 22801             | 85-3928014 | 3                               | 12,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) | NEW COVENANT COMMUNITY CHURCH<br>78 SOMMERSET DRIVE<br>WEYERS CAVE VA 24486           | 54-1778190 | 3                               | 5,100                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) | NEW DIRECTIONS CENTER, INC<br>110 WEST JOHNSON STREET, SUITE 102<br>STAUNTON VA 24401 | 54-1186253 | 3                               | 11,750                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) | ON THE ROAD COLLABORATIVE<br>P.O. BOX 1393<br>HARRISONBURG VA 22803                   | 47-1261317 | 3                               | 6,500                    |                                  |   |                                       | GENERAL PURPOSE                    |
| (5) | RENEWING HOMES OF GREATER AUGUSTA<br>P.O. BOX 3152<br>STAUNTON VA 24402               | 54-1738514 | 3                               | 25,100                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) | RISE FOUNDATION<br>1320 OHIO STREET<br>WAYNESBORO VA 22980                            | 85-0522536 |                                 | 9,875                    |                                  |   |                                       | GENERAL PURPOSE                    |
| (7) | SHENANARTS<br>300 CHURCHVILLE AVENUE<br>STAUNTON VA 24401                             | 52-1243592 | 3                               | 40,700                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) | SIN BARRERAS/ WITHOUT BARRIERS<br>P.O. BOX 6433<br>CHARLOTTESVILLE VA 22906           | 46-1040727 | 3                               | 54,250                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) | ST. JOHN'S UNITED METHODIST CHURCH<br>1716 N. AUGUSTA STREET<br>STAUNTON VA 24401     | 54-0655789 | 3                               | 10,000                   |                                  |   |                                       | GENERAL SUPPORT                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) STAUNTON AUGUSTA ART CENTER<br>20 SOUTH NEW STREET<br>STAUNTON VA 24401    | 54-0792962 | 3                               | 6,975                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) STAUNTON AUGUSTA CHURCH RELIEF<br>118 N. NEW STREET<br>STAUNTON VA 24401   | 52-1389617 | 3                               | 6,573                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) STAUNTON AUGUSTA FAMILY YMCA<br>708 N. COALTER STREET<br>STAUNTON VA 24401 | 54-0506438 | 3                               | 52,685                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) STAUNTON CITY SCHOOLS<br>116 WEST BEVERLEY STREET<br>STAUNTON VA 24401     | 54-6001630 | 3                               | 11,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) STAUNTON HIGH SCHOOL<br>1301 NORTH COALTER STREET<br>STAUNTON VA 24401     | 54-6004356 | 3                               | 7,200                    |                                  |   |                                       | GENERAL PURPOSE                    |
| (6) STAUNTON MUSIC FESTIVAL<br>P.O. BOX 3111<br>STAUNTON VA 24402              | 02-0464351 | 3                               | 11,482                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) STUART HALL SCHOOL<br>P.O. BOX 210<br>STAUNTON VA 24402                    | 84-1648803 | 3                               | 35,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) THE ARC OF AUGUSTA<br>11 N CENRAL AVE, STE 8<br>STAUNTON VA 24401          | 54-0884080 | 3                               | 9,642                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) THE ARCADIA PROJECT<br>P.O. BOX 571<br>STAUNTON VA 24402                   | 54-2003615 | 3                               | 21,700                   |                                  |   |                                       | GENERAL SUPPORT                    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of 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<br>P.O. BOX 1068<br>HARRISONBURG VA 22803                         | 54-1920746 | 3                               | 7,500                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) THE HIGHLAND CENTER<br>P.O. BOX 556<br>MONTEREY VA 24465                                   | 54-1882137 | 3                               | 21,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) THE IKIGAI PROJECT<br>1401 BONITA CIRCLE<br>MEDFORD OR 97504                               | 82-3449981 | 3                               | 75,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) THE NATURE FOUNDATION AT<br>ROUTE 1 BOX 770<br>ROSELAND VA 22967-9214                      | 54-1689828 | 3                               | 11,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) THE SALVATION ARMY<br>P.O. BOX 2412<br>STAUNTON VA 24402                                   | 58-0660607 | 3                               | 35,940                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) THE TALKING BOOK CENTER, INC<br>1 CHURCHVILLE AVENUE<br>STAUNTON VA 24401-3229             | 54-1537535 | 3                               | 5,250                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) UNITED WAY OF STAUNTON, AUGUSTA,<br>24 IDLEWOOD BLVD., SUITES 106-112<br>STAUNTON VA 24401 | 59-0955100 | 3                               | 7,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) VALLEY ALLIANCE FOR EDUCATION<br>P.O. BOX 515<br>FISHERSVILLE VA 22939                     | 62-1398778 | 3                               | 16,996                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) VALLEY CAREER AND TECHNICAL CENTER<br>49 HORNET ROAD<br>FISHERSVILLE VA 22939              | 54-0883474 | 3                               | 5,647                    |                                  |   |                                       | 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) 2023



**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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

**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<br>1105 GREENVILLE AVENUE<br>STAUNTON VA 24401       | 20-0831874 | 3                               | 13,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) VALLEY COMMUNITY SERVICES BOARD<br>85 SANGERS LANE<br>STAUNTON VA 24401                | 54-1049477 | 3                               | 10,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) VALLEY CONSERVATION COUNCIL<br>P.O. BOX 988<br>STAUNTON VA 24402                       | 54-1548245 | 3                               | 9,750                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) VALLEY HOPE COUNSELING CENTER<br>20 STONERIDGE DRIVE, SUITE 202<br>WAYNESBORO VA 22980 | 54-1956722 | 3                               | 10,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) VALLEY MISSION<br>1513 WEST BEVERLEY STREET<br>STAUNTON VA 24401                       | 54-0930419 | 3                               | 161,000                  |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) VALLEY PROGRAM FOR AGING SERVICES<br>325 PINE AVENUE<br>WAYNESBORO VA 22980            | 54-0958526 | 3                               | 17,230                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) VALLEY RIDGE DISTRICT VIRGINIA<br>26 ORR DRIVE<br>FISHERSVILLE VA 22939                | 88-3742007 | 3                               | 45,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) VALLEY SUPPORTIVE HOUSING<br>P.O. BOX 1907<br>STAUNTON VA 24402                        | 27-0132429 | 3                               | 46,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) VECTOR INDUSTRIES, INC<br>1300 HOPEMAN PARKWAY<br>WAYNESBORO VA 22980                  | 54-0853760 | 3                               | 16,142                   |                                  |   |                                       | 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) 2023

**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

**2023**

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

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

|   |   |
|---|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE CENTRAL<br/>BLUE RIDGE</b> | Employer identification number<br><b>54-1647385</b> |
|---|---|

**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) VERONA COMMUNITY CENTER<br>P.O. BOX 47<br>VERONA VA 24482                            | 54-0928300 | 3                               | 6,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) VERONA COMMUNITY FOOD PANTRY<br>P.O. BOX 187<br>VERONA VA 24482                      | 20-5258949 | 3                               | 6,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) VIRGINIA FFA FOUNDATION<br>P.O. BOX 40<br>WEYERS CAVE VA 24486                       | 54-1291124 | 3                               | 10,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) VIRGINIA HIGH SCHOOL LEAGUE<br>1642 STATE FARM BOULEVARD<br>CHARLOTTESVILLE VA 22911 | 31-1585657 | 3                               | 15,000                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) WAYNE THEATRE ALLIANCE<br>P.O. BOX 1821<br>WAYNESBORO VA 22980                       | 54-1993924 | 3                               | 7,000                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) WAYNESBORO AREA REFUGE MINISTRY<br>1035 FAIRFAX AVENUE<br>WAYNESBORO VA 22980        | 47-1937790 | 3                               | 71,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (7) WAYNESBORO FAMILY YMCA<br>648 S. WAYNE AVENUE<br>WAYNESBORO VA 22980                 | 54-0633243 | 3                               | 10,200                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (8) WAYNESBORO FIRST AID CREW<br>201 WEST BOARD STREET<br>WAYNESBORO VA 22980            | 54-6073379 | 3                               | 5,900                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (9) WAYNESBORO SYMPHONY ORCHESTRA<br>P.O. BOX 671<br>WAYNESBORO VA 22980                 | 54-1882091 | 3                               | 57,300                   |                                  |   |                                       | GENERAL SUPPORT                    |

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://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) | WELL OF HOPE AMERICA<br>5225 W. MYERS ROAD<br>COVINGTON OH 45318          | 46-0608625 | 3                               | 10,500                   |                                  |   |                                       | GENERAL SUPPORT                    |
| (2) | WEYERS CAVE VOLUNTEER FIRE COMPANY<br>P.O. BOX 69<br>WEYERS CAVE VA 24486 | 54-1570439 | 3                               | 8,790                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (3) | WINTERGREEN ADAPTIVE SPORTS<br>P.O. BOX 4334<br>CHARLOTTESVILLE VA 22905  | 54-1818204 | 3                               | 8,250                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (4) | WINTERGREEN PERFORMING ARTS<br>P.O. BOX 816<br>WINTERGREEN VA 22958       | 54-1828449 | 3                               | 8,750                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (5) | WOODROW WILSON PRESIDENTIAL<br>P.O. BOX 24<br>STAUNTON VA 24402           | 54-0505980 | 3                               | 5,125                    |                                  |   |                                       | GENERAL SUPPORT                    |
| (6) |   |            |                                 |                          |                                  |   |                                       |                                    |
| (7) |   |            |                                 |                          |                                  |   |                                       |                                    |
| (8) |   |            |                                 |                          |                                  |   |                                       |                                    |
| (9) |   |            |                                 |                          |                                  |   |                                       |                                    |

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 EDUCATIONAL AWARDS            | 20                       | 110,000                  |                                  |   |                                       |
| 2 EDUCATIONAL SCHOLARSHIPS      | 134                      | 270,212                  |                                  |   |                                       |
| 3 CRISIS SUPPORT                | 21                       | 54,000                   |                                  |   |                                       |
| 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

2023

Open To Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

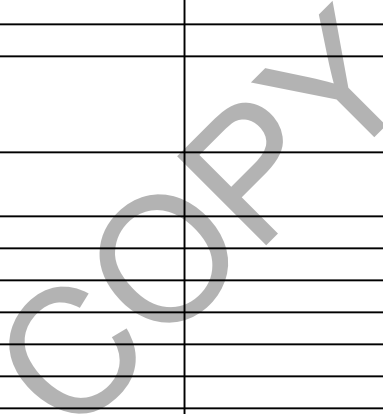
BLUE RIDGE

Employer identification number

54-1647385

Part I Types of Property

Table with 4 columns: (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. Row 9 is filled with 'X', '10', '177,687', and 'FMV AT DATE OF GIFT'.



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

Summary questions 30a, 31, 32a, 33 with Yes/No columns. 30a: No. 31: Yes. 32a: No. 33: No.

**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.

COPY

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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.

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

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

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.

O THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

O AFTER EXERCISING DUE 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.

O IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE



Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

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 FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT CFCBR WEBSITE; OTHER DOCUMENTS

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF THE CENTRAL

54-1647385

AVAILABLE UPON REQUEST.

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

BOOK/TAX DEPRECIATION ADJUSTMENT \$ 55

COPY

Form **990-T**

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

|  |  |   |
|--|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( C )( 3 )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | <b>Print or Type</b><br>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P. O. BOX 815</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>STAUNTON VA 24402-0815</b> | <b>D Employer identification number</b><br><b>54-1647385</b>      |
|  |  | <b>E Group exemption number</b><br>(see instructions)             |
| <b>C Book value of all assets at end of year</b> <b>45,846,078</b>   |  | <b>F</b> <input type="checkbox"/> Check box if an amended return. |

**G Check organization type**  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  6417(d)(1)(A) Applicable entity

**H Check if filing only to claim**  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

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

**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?**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**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  | 0     |
| 2  | Reserved   | 2  |       |
| 3  | Add lines 1 and 2  | 3  |       |
| 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  |       |
| 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  | 0     |
| 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  | 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 |

**Part III Tax and Payments**

|    |  |    |   |
|----|--|----|---|
| 1a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 1a |   |
| b  | Other credits (see instructions)   | 1b |   |
| c  | General business credit. Attach Form 3800 (see instructions)   | 1c |   |
| d  | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 1d |   |
| e  | Total credits. Add lines 1a through 1d   | 1e |   |
| 2  | Subtract line 1e from Part II, line 7  | 2  |   |
| 3a | Amount due from Form 4255  | 3a |   |
| b  | Amount due from Form 8611  | 3b |   |
| c  | Amount due from Form 8697  | 3c |   |
| d  | Amount due from Form 8866  | 3d |   |
| e  | Other amounts due (see instructions)   | 3e |   |
| f  | Total amounts due. Add lines 3a through 3e   | 3f |   |
| 4  | Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4  | 0 |
| 5  | Current net 965 tax liability paid from Form 965-A, Part II, column (k)  | 5  |   |

Part III Tax and Payments (continued)

Table with 11 rows (6a-6j, 7-11) and 3 columns. Rows include: 6a Payments: Preceding year's overpayment credited to the current year; 6b Current year's estimated tax payments; 6c Tax deposited with Form 8868; 6d Foreign organizations: Tax paid or withheld at source; 6e Backup withholding; 6f Credit for small employer health insurance premiums; 6g Elective payment election amount from Form 3800; 6h Payment from Form 2439; 6i Credit from Form 4136; 6j Other; 7 Total payments; 8 Estimated tax penalty; 9 Tax due; 10 Overpayment; 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax, Refunded.

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

Table with 5 main rows and 2 columns (Yes, No). Rows include: 1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account...; 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 3 Enter the amount of tax-exempt interest received or accrued during the tax year; 4 Enter available pre-2018 NOL carryovers here; 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Includes sub-table for Business Activity Code (531390) and Available post-2017 NOL carryover (12,632).

Part V Supplemental Information

Provide any additional information. See instructions.

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. Sign Here: Signature of officer: CORY A. SMITH, Date: 11/13/24, Title: PRESIDENT/CEO.

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

Table with 4 columns: Print/Type preparer's name (CORY A. SMITH), Preparer's signature (CORY A. SMITH), Date (11/13/24), Check self-employed if (checked), 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.

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

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

| Part I Unrelated Trade or Business Income   | (A) Income        | (B) Expenses | (C) Net |
|---|-------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales   |                   |              |         |
| <b>b</b> Less returns and allowances <b>c</b> Balance                                       | <b>1c</b>         |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)  | <b>2</b>          |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>3</b>          |              |         |
| <b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | <b>4a</b>         |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions                   | <b>4b</b>         |              |         |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>         |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1 | <b>5</b> -29,883  |              | -29,883 |
| <b>6</b> Rent income (Part IV)  | <b>6</b>          |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)  | <b>7</b>          |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) | <b>8</b>          |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)      | <b>9</b>          |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)                                      | <b>10</b>         |              |         |
| <b>11</b> Advertising income (Part IX)  | <b>11</b>         |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                 | <b>12</b>         |              |         |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> -29,883 |              | -29,883 |

| Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income |           |  |             |
|---|-----------|--|-------------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)   | <b>1</b>  |  |             |
| <b>2</b> Salaries and wages   | <b>2</b>  |  |             |
| <b>3</b> Repairs and maintenance  | <b>3</b>  |  |             |
| <b>4</b> Bad debts  | <b>4</b>  |  |             |
| <b>5</b> Interest (attach statement). See instructions  | <b>5</b>  |  |             |
| <b>6</b> Taxes and licenses   | <b>6</b>  |  |             |
| <b>7</b> Depreciation (attach Form 4562). See instructions  | <b>7</b>  |  |             |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return  | <b>8a</b> |  | <b>8b</b> 0 |
| <b>9</b> Depletion  | <b>9</b>  |  |             |
| <b>10</b> Contributions to deferred compensation plans  | <b>10</b> |  |             |
| <b>11</b> Employee benefit programs   | <b>11</b> |  |             |
| <b>12</b> Excess exempt expenses (Part VIII)  | <b>12</b> |  |             |
| <b>13</b> Excess readership costs (Part IX)   | <b>13</b> |  |             |
| <b>14</b> Other deductions (attach statement)   | <b>14</b> |  |             |
| <b>15 Total deductions.</b> Add lines 1 through 14  | <b>15</b> |  |             |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)                                      | <b>16</b> |  | -29,883     |
| <b>17</b> Deduction for net operating loss. See instructions  | <b>17</b> |  |             |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16  | <b>18</b> |  | -29,883     |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

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, 9 Do the rules of section 263A apply to the organization?

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

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-7: Gross income from or allocable to debt-financed property, deductions, and average adjusted basis. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends — received deductions.

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

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

**Nonexempt Controlled Organizations**

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

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

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

**Totals**

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

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

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

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

**Totals**

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

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

Part IX Advertising Income

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

Form with columns A, B, C, D for listing periodicals.

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

Table with 4 columns (A, B, C, D) 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 -0- 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

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

| <u>Activity Description</u> | <u>UBIT Num</u> | <u>Available Carryover</u> |
|-----------------------------|-----------------|----------------------------|
| HIGH COUNTRY ASSOCIATES     | 531390          | \$ 12,632                  |
| TOTAL                       |                 | \$ <u>12,632</u>           |

COPY

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

| <u>Name of Partnership or S-Corp</u> | <u>Gross<br/>Income</u>  | <u>Direct<br/>Deductions (Part. only)</u> | <u>Net<br/>Income</u>    |
|--------------------------------------|--------------------------|---|--------------------------|
| HIGH COUNTRY ASSOC - K-1             | \$ <u>-29,883</u>        | \$ <u>          </u>                      | \$ <u>-29,883</u>        |
| TOTAL                                | \$ <u><u>-29,883</u></u> | \$ <u><u>          0</u></u>              | \$ <u><u>-29,883</u></u> |

COPY

|                   |   |             |
|-------------------|---|-------------|
| Form <b>990-T</b> | <b>Business Income Activity Summary</b> | <b>2023</b> |
|-------------------|---|-------------|

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

**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>-29,883</u> |
| 2. _____                                       |               | 2. _____          |
| 3. _____                                       |               | 3. _____          |
| 4. _____                                       |               | 4. _____          |
| 5. All other activities .....                  |               | 5. _____          |
| 6. Totals .....                                |               | 6. <u>-29,883</u> |

|  |  |   |
|--|--|---|
| Form <b>990-T</b>  | <b>Schedule A Loss Carryover Calculation</b><br>Description <b>HIGH COUNTRY ASSOCIATES</b> | <b>2023</b>   |
| Name<br><b>COMMUNITY FOUNDATION OF THE CENTRAL</b>   |  | Taxpayer Identification Number<br><b>54-1647385</b> |
| Unincorporated Business Income Tax Code: <b>531390</b> Activity: <b>OTHER ACTIVITIES RELATED TO REAL</b> |  |   |

Each activity may carryforward losses after 2018

|   |          |         |
|---|----------|---------|
| 1 Activity income .....   | <b>1</b> | -29,883 |
| 2 Activity deductions .....   | <b>2</b> |         |
| 3 Activities income or loss, after deductions .....   | <b>3</b> | -29,883 |
| 4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts .....     | <b>4</b> | 12,632  |
| 5 Enter 80% of the amount on Line 3, if both lines 3 and 4 are positive. ....                               | <b>5</b> |         |
| 6 Take the lesser of Line 4 or Line 5. <b>Enter here and on Line 17 of Form 990-T, Sch A, Part II</b> ..... | <b>6</b> |         |
| 7 Remaining losses to be carried forward to 2024 (Subtract Line 6 from line 4) .....                        | <b>7</b> | 12,632  |
| 8 If line 3 is less than zero, enter that amount here as a positive number .....                            | <b>8</b> | 29,883  |
| 9 Total loss carried forward to 2024 (Add lines 7 and 8) .....  | <b>9</b> | 42,515  |

Electronic Filing includes the report of additional amounts for this activity

|   |           |        |
|---|-----------|--------|
| E1 Post-2017 loss amounts from 2022, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code) ... | <b>E1</b> | 12,632 |
| E2 Prior year activity losses included on Schedule A, Line 17 .....   | <b>E2</b> |        |

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## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2023**

For calendar year 2023, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

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

| Preceding<br>Taxable Year               | Adj. To NOL<br>Inc/(Loss) After Adj. | Prior Year                      |                               | Current Year                        | Next Year<br>Carryover |
|---|--------------------------------------|---------------------------------|-------------------------------|-------------------------------------|------------------------|
|   |                                      | NOL Utilized<br>(Income Offset) | Carryovers to<br>Current Year | Income Offset By<br>Prior Carryover |                        |
| 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 <b>990</b>   | <b>Two Year Comparison Report</b> | <b>2022 &amp; 2023</b> |
| For calendar year 2023, or tax year beginning _____, ending _____ |                                   |                        |

Name

COMMUNITY FOUNDATION OF THE CENTRAL  
BLUE RIDGE

Taxpayer Identification Number

54-1647385

|  |  | 2022             | 2023             | Differences       |
|--|--|------------------|------------------|-------------------|
| <b>R</b><br><b>e</b><br><b>v</b><br><b>e</b><br><b>n</b><br><b>u</b><br><b>e</b>   | 1. Contributions, gifts, grants                                | 6,592,980        | 1,673,467        | -4,919,513        |
|  | 2. Membership dues and assessments                             |                  |                  |                   |
|  | 3. Government contributions and grants                         |                  |                  |                   |
|  | 4. Program service revenue                                     |                  |                  |                   |
|  | 5. Investment income   | 914,443          | 1,180,776        | 266,333           |
|  | 6. Proceeds from tax exempt bonds                              |                  |                  |                   |
|  | 7. Net gain or (loss) from sale of assets other than inventory | 1,315,427        | 510,278          | -805,149          |
|  | 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  | 8,604            | 5,332            | -3,272            |
|  | <b>12. Total revenue.</b> Add lines 1 through 11               | <b>8,831,454</b> | <b>3,369,853</b> | <b>-5,461,601</b> |
| <b>E</b><br><b>x</b><br><b>p</b><br><b>e</b><br><b>n</b><br><b>s</b><br><b>e</b><br><b>s</b>   | 13. Grants and similar amounts paid                            | 2,308,696        | 3,050,920        | 742,224           |
|  | 14. Benefits paid to or for members                            |                  |                  |                   |
|  | 15. Compensation of officers, directors, trustees, etc.        | 115,182          | 120,877          | 5,695             |
|  | 16. Salaries, other compensation, and employee benefits        | 311,692          | 332,787          | 21,095            |
|  | 17. Professional fundraising fees                              |                  |                  |                   |
|  | 18. Other professional fees                                    | 154,785          | 237,063          | 82,278            |
|  | 19. Occupancy, rent, utilities, and maintenance                | 17,250           | 17,885           | 635               |
|  | 20. Depreciation and Depletion                                 | 1,477            | 1,249            | -228              |
|  | 21. Other expenses   | 202,684          | 382,936          | 180,252           |
|  | <b>22. Total expenses.</b> Add lines 13 through 21             | <b>3,111,766</b> | <b>4,143,717</b> | <b>1,031,951</b>  |
|  | <b>23. Excess or (Deficit).</b> Subtract line 22 from line 12  | <b>5,719,688</b> | <b>-773,864</b>  | <b>-6,493,552</b> |
| <b>O</b><br><b>t</b><br><b>h</b><br><b>e</b><br><b>r</b><br><b>I</b><br><b>n</b><br><b>f</b><br><b>o</b><br><b>r</b><br><b>M</b><br><b>a</b><br><b>t</b><br><b>e</b><br><b>r</b><br><b>i</b><br><b>a</b><br><b>t</b><br><b>i</b><br><b>o</b><br><b>n</b> | 24. Total exempt revenue                                       | 8,831,454        | 3,369,853        | -5,461,601        |
|  | 25. Total unrelated revenue                                    | -12,632          | -29,883          | -17,251           |
|  | 26. Total excludable revenue                                   | 2,251,106        | 1,726,269        | -524,837          |
|  | 27. Total assets   | 41,413,407       | 45,846,078       | 4,432,671         |
|  | 28. Total liabilities  | 3,768,460        | 6,039,090        | 2,270,630         |
|  | 29. Retained earnings  | 37,644,947       | 39,806,988       | 2,162,041         |
|  | 30. Number of voting members of governing body                 | 16               | 15               |                   |
| 31. Number of independent voting members of governing body   | 16   | 15               |                  |                   |
| 32. Number of employees  | 5  | 5                |                  |                   |
| 33. Number of volunteers   | 141  | 129              |                  |                   |

|   |                                   |                        |
|---|-----------------------------------|------------------------|
| Form <b>990T</b>  | <b>Two Year Comparison Report</b> | <b>2022 &amp; 2023</b> |
| For calendar year 2023, or tax year beginning _____, ending _____ |                                   |                        |

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

|                                     |  | 2022    | 2023    | Differences |
|-------------------------------------|--|---------|---------|-------------|
| <b>Business Taxable Income</b>      | 1. Number of unrelated business activities for this return | 1       | 1       |             |
|                                     | 2. Unrelated business taxable income from all trades       |         |         |             |
|                                     | 3. Charitable contributions                                |         |         |             |
|                                     | 4. Section 199A deduction (trusts only)                    |         |         |             |
|                                     | 5. <b>Taxable income before NOL loss</b>                   |         |         |             |
|                                     | 6. Net operating loss (pre-2018)                           |         |         |             |
|                                     | 7. Specific deduction                                      | 1,000   | 1,000   |             |
|                                     | 8. <b>Unrelated business taxable income.</b>               |         |         |             |
| <b>Tax &amp; Credits</b>            | 9. Income tax (corporate or trust)                         |         |         |             |
|                                     | 10. Proxy tax  |         |         |             |
|                                     | 11. Other taxes  |         |         |             |
|                                     | 12. <b>Total taxes</b>                                     |         |         |             |
|                                     | 13. Other credits  |         |         |             |
|                                     | 14. General business credit                                |         |         |             |
|                                     | 15. Credit for prior year minimum tax                      |         |         |             |
|                                     | 16. <b>Total credits</b>                                   |         |         |             |
|                                     | 17. <b>Net tax after credits</b>                           |         |         |             |
|                                     | 18. Recapture taxes and 965 tax                            |         |         |             |
|                                     | 19. <b>Total Taxes</b>                                     |         |         |             |
| <b>Due/Refund</b>                   | 20. Prior year overpayment and estimated tax payments      |         |         |             |
|                                     | 21. Payment made with extension                            |         |         |             |
|                                     | 22. Backup withholding and foreign withholding             |         |         |             |
|                                     | 23. Other payments   |         |         |             |
|                                     | 24. <b>Total payments</b>                                  |         |         |             |
|                                     | 25. <b>Balance due/(Overpayment)</b>                       |         |         |             |
|                                     | 26. Overpayment applied to next year                       |         |         |             |
|                                     | 27. Penalties  |         |         |             |
|                                     | 28. <b>Total due/(Refund)</b>                              |         |         |             |
| 29. Activity Losses NOL (Post-2017) | -12,632  | -29,883 | -17,251 |             |

Form **SchA**(990T)**Two Year Comparison for Unrelated Business Activity****2022 & 2023**

For calendar year 2023, 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

|  |  | 2022       | 2023           | Differences    |                |
|--|--|------------|----------------|----------------|----------------|
| <b>R</b><br><b>e</b><br><b>v</b><br><b>e</b><br><b>n</b><br><b>u</b><br><b>e</b>             | 1. Gross profit/loss on business activities                                  | 1.         |                |                |                |
|  | 2. Capital gains/losses  | 2.         |                |                |                |
|  | 3. Income/loss from partnerships and S corporations                          | 3.         | -12,632        | -29,883        | -17,251        |
|  | 4. Rental income (net of expense)  | 4.         |                |                |                |
|  | 5. Unrelated debt-financed income (net of expense)                           | 5.         |                |                |                |
|  | 6. Interest, and other income from controlled organizations (net of expense) | 6.         |                |                |                |
|  | 7. Investment income of specific organizations (net of expense)              | 7.         |                |                |                |
|  | 8. Exploited exempt activity income (net of expense)                         | 8.         |                |                |                |
|  | 9. Advertising income (net of expense)                                       | 9.         |                |                |                |
|  | 10. Other income   | 10.        |                |                |                |
|  | <b>11. Total trade or business income.</b> Combine lines 1 through 10        | <b>11.</b> | <b>-12,632</b> | <b>-29,883</b> | <b>-17,251</b> |
| <b>E</b><br><b>x</b><br><b>p</b><br><b>e</b><br><b>n</b><br><b>s</b><br><b>e</b><br><b>s</b> | 12. Compensation of officers, directors, and trustees                        | 12.        |                |                |                |
|  | 13. Other salaries and wages   | 13.        |                |                |                |
|  | 14. Repairs and maintenance  | 14.        |                |                |                |
|  | 15. Bad debts  | 15.        |                |                |                |
|  | 16. Interest   | 16.        |                |                |                |
|  | 17. Taxes and licenses   | 17.        |                |                |                |
|  | 18. Depreciation and Depletion   | 18.        |                |                |                |
|  | 19. Contributions to deferred compensation plans                             | 19.        |                |                |                |
|  | 20. Employee benefit programs  | 20.        |                |                |                |
|  | 21. Other deductions   | 21.        |                |                |                |
|  | <b>22. Total deductions.</b> Add lines 12 through 22                         | <b>22.</b> |                |                |                |
|  | <b>23. Taxable income before deductions.</b> Subtract line 23 from 11        | <b>23.</b> | <b>-12,632</b> | <b>-29,883</b> | <b>-17,251</b> |
|  | 24. Deductible losses  | 24.        |                | 12,632         | 12,632         |
|  | <b>25. Unrelated business taxable income (loss)</b>                          | <b>25.</b> | <b>-12,632</b> | <b>-42,515</b> | <b>-29,883</b> |



|                 |                           |             |
|-----------------|---------------------------|-------------|
| Form <b>990</b> | <b>Tax Return History</b> | <b>2023</b> |
|-----------------|---------------------------|-------------|

|      |   |  |
|------|---|--|
| Name | COMMUNITY FOUNDATION OF THE CENTRAL<br>BLUE RIDGE | Employer Identification Number<br>54-1647385 |
|------|---|--|

|   | 2019 | 2020             | 2021             | 2022             | 2023             | 2024 |
|---|------|------------------|------------------|------------------|------------------|------|
| Contributions, gifts, grants .....      |      | 4,176,458        | 2,353,331        | 6,592,980        | 1,673,467        |      |
| Membership dues .....                   |      |                  |                  |                  |                  |      |
| Program service revenue .....           |      |                  |                  |                  |                  |      |
| Capital gain or loss .....              |      | 267,776          | 1,726,098        | 1,315,427        | 510,278          |      |
| Investment income .....                 |      | 623,011          | 773,454          | 914,443          | 1,180,776        |      |
| Fundraising revenue (income/loss) ..... |      |                  |                  |                  |                  |      |
| Gaming revenue (income/loss) .....      |      |                  |                  |                  |                  |      |
| Other revenue .....                     |      | 51,482           | 44,075           | 8,604            | 5,332            |      |
| <b>Total revenue</b> .....              |      | <b>5,118,727</b> | <b>4,896,958</b> | <b>8,831,454</b> | <b>3,369,853</b> |      |
| Grants and similar amounts paid .....   |      | 2,875,827        | 1,704,590        | 2,308,696        | 3,050,920        |      |
| Benefits paid to or for members .....   |      |                  |                  |                  |                  |      |
| Compensation of officers, etc. ....     |      | 103,758          | 109,830          | 115,182          | 120,877          |      |
| Other compensation .....                |      | 210,188          | 178,568          | 311,692          | 332,787          |      |
| Professional fees .....                 |      | 134,488          | 136,976          | 154,785          | 237,063          |      |
| Occupancy costs .....                   |      | 23,325           | 15,790           | 17,250           | 17,885           |      |
| Depreciation and depletion .....        |      | 527              | 685              | 1,477            | 1,249            |      |
| Other expenses .....                    |      | 56,311           | 79,236           | 202,684          | 382,936          |      |
| <b>Total expenses</b> .....             |      | <b>3,404,424</b> | <b>2,225,675</b> | <b>3,111,766</b> | <b>4,143,717</b> |      |
| <b>Excess or (Deficit)</b> .....        |      | <b>1,714,303</b> | <b>2,671,283</b> | <b>5,719,688</b> | <b>-773,864</b>  |      |
| <b>Total exempt revenue</b> .....       |      | <b>5,118,727</b> | <b>4,896,958</b> | <b>8,831,454</b> | <b>3,369,853</b> |      |
| Total unrelated revenue .....           |      | -9,022           | 31,684           | -12,632          | -29,883          |      |
| Total excludable revenue .....          |      | 951,291          | 2,511,943        | 2,251,106        | 1,726,269        |      |
| Total Assets .....                      |      | 34,755,256       | 41,569,424       | 41,413,407       | 45,846,078       |      |
| Total Liabilities .....                 |      | 2,117,884        | 4,052,848        | 3,768,460        | 6,039,090        |      |
| Net Fund Balances .....                 |      | 32,637,372       | 37,516,576       | 37,644,947       | 39,806,988       |      |

|                  |                           |             |
|------------------|---------------------------|-------------|
| Form <b>990T</b> | <b>Tax Return History</b> | <b>2023</b> |
|------------------|---------------------------|-------------|

|  |   |
|--|---|
| Name <b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b> | Employer Identification Number<br><b>54-1647385</b> |
|--|---|

\* Income shown net of expenses

|  | 2019 | 2020   | 2021   | 2022 | 2023 | 2024 |
|--|------|--------|--------|------|------|------|
| Business activity profit/loss .....              |      |        |        |      |      |      |
| Capital gains/losses .....                       |      |        |        |      |      |      |
| Partner and S Corp gain/loss .....               |      |        |        |      |      |      |
| Rental income* .....                             |      |        |        |      |      |      |
| Debt-financed income* .....                      |      |        |        |      |      |      |
| Controlled organizations income/interest* .....  |      |        |        |      |      |      |
| Investment income, specific organizations* ..... |      |        |        |      |      |      |
| Exploited exempt activity income* .....          |      |        |        |      |      |      |
| Other income .....                               |      |        |        |      |      |      |
| <b>Total trade or business income.</b> .....     |      | -9,022 | 15,099 |      |      |      |
| Compensation of officers, ect. ....              |      |        |        |      |      |      |
| Other salaries and wages .....                   |      |        |        |      |      |      |
| Repairs and maintenance .....                    |      |        |        |      |      |      |
| Bad debts .....                                  |      |        |        |      |      |      |
| Interest .....                                   |      |        |        |      |      |      |
| Taxes and licenses .....                         |      |        |        |      |      |      |
| Depreciation and Depletion .....                 |      |        |        |      |      |      |
| Deferred compensation plans .....                |      |        |        |      |      |      |
| Employee benefit programs .....                  |      |        |        |      |      |      |

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|                  |                           |             |
|------------------|---------------------------|-------------|
| Form <b>990T</b> | <b>Tax Return History</b> | <b>2023</b> |
|------------------|---------------------------|-------------|

|  |   |
|--|---|
| Name <b>COMMUNITY FOUNDATION OF THE CENTRAL BLUE RIDGE</b> | Employer Identification Number<br><b>54-1647385</b> |
|--|---|

|  | 2019 | 2020   | 2021   | 2022  | 2023  | 2024 |
|--|------|--------|--------|-------|-------|------|
| Other deductions .....                         |      |        |        |       |       |      |
| Net income (first activity, year 2019 & prior) |      | -9,022 | 15,099 |       |       |      |
| UBTI from all trades .....                     | 0    | 0      | 15,099 | 0     | 0     |      |
| Charitable contributions .....                 |      |        |        |       |       |      |
| Net operating loss deduction .....             |      |        | 15,099 |       |       |      |
| Specific deduction .....                       |      |        | 1,000  | 1,000 | 1,000 |      |
| Section 199A deduction (trusts) .....          |      |        |        |       |       |      |
| Income after deductions .....                  |      |        |        |       |       |      |
| Income tax (corporate or trust) .....          |      |        |        |       |       |      |
| Other taxes .....                              |      |        |        |       |       |      |
| <b>Total taxes</b> .....                       |      |        |        |       |       |      |
| General business credit .....                  |      |        |        |       |       |      |
| Other credits .....                            |      |        |        |       |       |      |
| <b>Net tax after credits</b> .....             |      |        |        |       |       |      |
| Estimated tax payments .....                   |      |        |        |       |       |      |
| Other payments .....                           |      |        |        |       |       |      |
| <b>Balance due /-Overpayment</b> .....         |      |        |        |       |       |      |

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## Filing Instructions

### Community Foundation of the Central Blue Ridge

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

#### Taxable Year Ended December 31, 2023

- Date Due:** December 16, 2024
- 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 2023 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
 COMMUNITY FOUNDATION OF THE CENTRAL 54-1647385

### Taxable Income

|   |         |         |
|---|---------|---------|
| Federal taxable income                            | -29,883 |         |
| Total additions                                   |         |         |
| Total subtractions                                |         |         |
| Savings and loan association's bad debt deduction |         |         |
| Virginia taxable income                           | -29,883 |         |
| Apportionment factor                              | 100.00  |         |
| <b>Taxable income</b>                             |         | -29,883 |

### Taxable Computation

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

### Payments and Penalties

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

### Next Year's Estimates

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

### Annual Registration Information

|                                  |          |
|----------------------------------|----------|
| Gross contributions              |          |
| Total fees                       |          |
| Registration / extended due date | 11/15/24 |

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

**2023 Virginia Corporation  
 Income Tax Return**



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

FISCAL or  
 SHORT Year Filer: **Beginning Date** \_\_\_\_\_ ; **Ending Date** \_\_\_\_\_

Official Use Only

Short Year Return  Change in Accounting Period

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

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

**QUESTIONS AND RELATED INFORMATION**

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties, or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.  
 Enter exception amount from Schedule 500AB, Line 4. A. \_\_\_\_\_ .00

B. RESERVED FOR FUTURE USE B. \_\_\_\_\_

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

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

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

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

## COMMUNITY FOUNDATION OF THE CENTRAL

**2023 Virginia  
Form 500**

Page 2

FEIN  
54-1647385

| INCOME  |    |             |
|---|----|-------------|
| 1. Federal taxable income (from enclosed federal return) .....                | 1. | -29,883 .00 |
| 2. Total additions from Schedule 500ADJ, Section A, Line 7 .....              | 2. | .00         |
| 3. Total (add Lines 1 and 2) .....  | 3. | -29,883 .00 |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10 .....          | 4. | .00         |
| 5. Balance (subtract Line 4 from Line 3) .....                                | 5. | -29,883 .00 |
| 6. Savings and Loan Association's Bad Debt Deduction (see instructions) ..... | 6. | .00         |
| 7. <b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....         | 7. | -29,883 .00 |

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

| PAYMENTS AND CREDITS  |     |       |
|---|-----|-------|
| 10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B ..... | 10. | .00   |
| 11. Adjusted corporate tax (subtract Line 10 from Line 9) .....                                       | 11. | 0 .00 |
| 12. 2023 estimated Virginia income tax payments including overpayment credit from 2022 .....          | 12. | .00   |
| 13. Extension payment .....   | 13. | .00   |
| 14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A .....                      | 14. | .00   |
| 15. Pass-through entity total withholding from Schedule 500ADJ, Section D .....                       | 15. | .00   |
| 16. <b>Total payments and credits</b> (add Lines 12 through 15) .....                                 | 16. | .00   |

| REFUND OR TAX DUE   |     |     |
|---|-----|-----|
| 17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....    | 17. | .00 |
| 18. Penalty (see instructions) .....  | 18. | .00 |
| 19. Interest (see instructions) .....   | 19. | .00 |
| 20. Additional charge from Form 500C, Line 17 (enclose Form 500C) .....                   | 20. | .00 |
| 21. <b>Total due</b> (add Lines 17 through 20) .....                                      | 21. | .00 |
| 22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) ..... | 22. | .00 |
| 23. Amount to be credited to 2024 estimated tax .....                                     | 23. | .00 |
| 24. <b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....                    | 24. | .00 |

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

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

|                                     |   |  |
|-------------------------------------|---|--|
| Date                                | Signature of Officer                      | Title                                  |
|                                     |   | PRESIDENT/CEO                          |
| Printed Name of Officer             | Individual or Firm, Signature of Preparer | Phone Number                           |
| WILLIAM D LAYMAN                    | CORY A. SMITH                             | 540-213-2150                           |
| Print Preparer's Name and Firm Name | Preparer Phone Number                     |  |
| CORY A. SMITH                       | 540-885-7000                              |  |
| Date                                | Address of Preparer                       |  |
| 11/13/24                            | ELMORE, HUPP & COMPANY, P.L.C.            |  |
| Preparer's FEIN, PTIN, or SSN       | Approved Vendor Code                      |  |
| P01601618                           | 1022                                      | PO BOX 2607<br>STAUNTON, VA 24402-2607 |

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

# Corporation Income Tax Electronic Filing Waiver Request

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

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

## Corporation Information

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

All others provide the information requested below.

Corporation Name: COMMUNITY FOUNDATION OF THE CENTRAL

FEIN: 54-1647385

Mailing Address: P. O. BOX 815

STAUNTON

VA

24402-0815

Contact Name: \_\_\_\_\_

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.

UNTRATAX, FED TAXABLE INCOME OF \$0 ON 990-T

Software will not 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**



**2023 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

| <b>Form 1120 — Deductions and Taxable Income</b>  |     |            |
|---|-----|------------|
| 1. Federal Taxable Income before NOL and Special Deductions   | 1.  | -29,883.00 |
| 2. Net Operating Loss Deduction   | 2.  | .00        |
| 3. Special Deductions   | 3.  | 1,000.00   |
| 4. Federal Taxable Income after NOL and Special Deductions  | 4.  | -29,883.00 |
| <b>Form 1120, Schedule C — Dividends and Special Deductions</b>   |     |            |
| 5. Subpart F Income and/or Global Intangible Low-Taxed Income   | 5.  | .00        |
| 6. Gross-Up for Foreign Taxes Deemed Paid   | 6.  | .00        |
| <b>Form 1120, Schedule K or M-1</b>   |     |            |
| 7. Tax Exempt Interest  | 7.  | .00        |
| <b>Form 5884 — Work Opportunity Credit</b>  |     |            |
| 8. Salaries and Wages not deducted due to the WOTC  | 8.  | .00        |
| <b>Form 4562 — Special Depreciation Allowance and Other Depreciation</b>                                      |     |            |
| 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        |
| <b>Form 1118, Schedule A — Income or Loss Before Adjustments - Gross Income or Loss</b>                       |     |            |
| 12. Total: Dividends  | 12. | .00        |
| 13. Reserved for future use   | 13. |            |
| 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        |
| <b>Form 1118, Schedule A — Income or Loss Before Adjustments - Deductions</b>                                 |     |            |
| 21. Total: Allocable — Rental, Royalty, and Licensing Expenses —<br>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        |
| <b>Form 1118, Schedule A — Income or Loss Before Adjustments - Total Income</b>                               |     |            |
| 29. Total: Total Income or (Loss) Before Adjustments  | 29. | .00        |

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

(Rev. January 2024)

Department of the Treasury  
Internal Revenue Service

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

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

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

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

## Part I — Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....

Plan Number .....

Plan Year Ending (MM/DD/YYYY) .....

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

THE FOUNDATION  
117 SOUTH LEWIS ST

The books are in the care of STAUNTON VA 24401

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

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

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

1 I request an automatic 6-month extension of time until 11/15/24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 2023 or

tax year beginning ....., and ending .....

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

Change in accounting period

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



Form

**8868****Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

(Rev. January 2024)

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

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

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

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

**Part I — Identification**

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

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

07

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....

Plan Number .....

Plan Year Ending (MM/DD/YYYY) .....

**Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)**

THE FOUNDATION

117 SOUTH LEWIS ST

The books are in the care of STAUNTON

VA 24401

Telephone No. 540-213-2150

Fax No. 540-242-3387

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

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach

a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15/24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

 calendar year 2023 or tax year beginning ....., and ending .....

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

 Change in accounting period

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

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

Form **8868** (Rev. 1-2024)



02948 Community Foundation of the Central  
54-1647385  
FYE: 12/31/2023

990

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

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

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

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2023 is being filed electronically with the IRS by the services of Elmore, Hupp & Company, P.L.C..
- [X] Your extension was accepted by the IRS on 05/14/24 and the Submission Identification Number assigned to your extension is 54301020241350052569.

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

### Acknowledgement Process

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

COPY

02948 Community Foundation of the Central  
54-1647385  
FYE: 12/31/2023

990-T

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

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

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

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year ending December 31, 2023 is being filed electronically with the IRS by the services of Elmore, Hupp & Company, P.L.C..
- [X] Your extension was accepted by the IRS on 05/14/24 and the Submission Identification Number assigned to your extension is 54301020241350052604.
- [ ] You elected to pay the balance due on the extension using electronic funds withdrawal.
- [ ] The payment request has been received by the IRS. If this is not checked, the balance due must be paid by May 15, 2024.

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

### Acknowledgement Process

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