** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 **and ending** JUN 30, 2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1068

City or town, state or province, country, and ZIP or foreign postal code
HARRISONBURG, VA 22803

F Name and address of principal officer: REVLAN HILL
P.O. BOX 1068, HARRISONBURG, VA 22803

D Employer identification number
54-1920746

E Telephone number
540-432-3863

G Gross receipts $ 42,753,719.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.TCFHR.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1998 **M** State of legal domicile: VA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WE MAKE IT EASY TO GIVE BACK TO THE COMMUNITY WE LOVE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	132
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,393,748.	11,544,052.
9	Program service revenue (Part VIII, line 2g)	52,345.	54,588.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,985,993.	4,236,975.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,538.	17,441.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,457,624.	15,853,056.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,427,691.	7,135,263.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	547,999.	498,649.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 101,691.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	550,475.	729,089.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,526,165.	8,363,001.
19	Revenue less expenses. Subtract line 18 from line 12	4,931,459.	7,490,055.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	75,456,740.	87,943,878.
21	Total liabilities (Part X, line 26)	7,955,127.	8,128,104.
22	Net assets or fund balances. Subtract line 21 from line 20	67,501,613.	79,815,774.

Part II Signature Block

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

Sign Here

Signature of officer Date

REVLAN HILL, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JAMES R. FRIES	JAMES R. FRIES	03/17/25	☐	P01320612

Firm's name BROWN, EDWARDS & COMPANY, LLP Firm's EIN 54-0504608

Firm's address 1909 FINANCIAL DRIVE
HARRISONBURG, VA 22801 Phone no. 540-434-6736

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WE MAKE IT EASY TO GIVE BACK TO THE COMMUNITY WE LOVE.

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 $ 5,838,844. including grants of $ 5,728,443.) (Revenue $)
GRANTS TO STRENGTHEN OUR COMMUNITY:
THE COMMUNITY FOUNDATION (TCF) GRANTS CONTINUE TO FLOURISH, PROVIDING FINANCIAL SUPPORT THROUGH OVER 1,200 GRANTS PRIMARILY MADE TO LOCAL ORGANIZATIONS. OVER $5.7 MILLION IN GRANTS WERE AWARDED TO MORE THAN 500 NONPROFIT ORGANIZATIONS SERVING IN THE AREAS OF HUMAN SERVICES, EDUCATION, HEALTH, ARTS, ANIMAL WELFARE, ENVIRONMENT, HISTORIC PRESERVATION, RECREATION, AND FAITH-BASED PROGRAMS. ADDITIONALLY, TCF ADMINISTERS AN ANNUAL COMPETITIVE GRANT PROCESS FOR NONPROFITS WITHIN THE REGION. COMPETITIVE GRANTS AWARDED THROUGH THE ANNUAL CYCLE TOTALED $538,124 AND WERE FUNDED THROUGH ENDOWMENTS DESIGNATED FOR SPECIFIC AREAS OF INTEREST.

4b (Code:) (Expenses $ 1,022,986. including grants of $ 947,792.) (Revenue $)
SCHOLARSHIPS AND EDUCATION:
TCF ADMINISTERS SCHOLARSHIPS FOR LOCAL STUDENTS PRIMARILY LOCATED IN HARRISONBURG AND ROCKINGHAM COUNTY. SCHOLARSHIP AWARDS ARE BASED ON CRITERIA ESTABLISHED IN PARTNERSHIP WITH THE DONOR, SUCH AS FINANCIAL NEED, ACADEMIC SUCCESS, OR A SPECIFIC COURSE OF STUDY. SCHOLARSHIP AWARDS OF OVER $275,000 SUPPORTED MORE THAN 75 STUDENTS THROUGH RENEWABLE AND ONE-TIME SCHOLARSHIPS. TCF IS ALSO AN APPROVED VIRGINIA SCHOLARSHIP FOUNDATION AND DISTRIBUTED MORE THAN $660,000 TO LOCAL PRIVATE SCHOOLS THROUGH VIRGINIA'S TAX CREDIT PROGRAM. THE PROGRAM HELPS MAKE PRIVATE EDUCATION MORE AFFORDABLE FOR ELIGIBLE FAMILIES THROUGH THE SUPPORT OF GENEROUS DONORS.

4c (Code:) (Expenses $ 356,507. including grants of $ 80,200.) (Revenue $ 9,018.)
PROGRAM INITIATIVES:
TCF HOSTS THE GREAT COMMUNITY GIVE, A COMMUNITY-WIDE GIVING DAY FOR AREA NONPROFITS. THE 2024 EVENT ENGAGED MORE THAN 7,700 DONORS AND RAISED OVER $2.1 MILLION FOR 157 NONPROFITS. TCF IS THE LOCAL PARTNER OF DOLLY PARTON'S IMAGINATION LIBRARY PROGRAM WHICH MAILS MONTHLY FREE, AGE-APPROPRIATE BOOKS TO CHILDREN FROM BIRTH TO 5 YEARS OLD. OVER 32,000 BOOKS WERE MAILED THIS YEAR TO CHILDREN IN THE COMMUNITY. THE ANNUAL GIVING BACK GUIDE PUBLISHED BY TCF HIGHLIGHTS THE NEEDS OF LOCAL NONPROFITS AND HELPS INFORM DONORS ABOUT HOW THEY CAN EASILY GIVE BACK TO THE COMMUNITY WE LOVE. TCF PROVIDES EDUCATIONAL OPPORTUNITIES FOR STAFF AND BOARDS OF NONPROFITS THROUGH EXCELLENCE IN NONPROFIT LEADERSHIP WORKSHOPS AND THE BI-ANNUAL ROCCO FORUM ON PHILANTHROPY.

4d Other program services (Describe on Schedule O.)
(Expenses $ 427,561. including grants of $ 378,828.) (Revenue $ 92,952.)

4e Total program service expenses 7,645,898.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
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?	2			X
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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

X 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

REVLAN HILL - THE COMMUNITY FOUNDATION - 540-432-3863
PO BOX 1068, HARRISONBURG, VA 22803

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REVLAN S. HILL	40.00									
EXECUTIVE DIRECTOR				X				132,708.	0.	0.
(2) ANN SICILIANO	24.00									
DIRECTOR OF PROGRAM SERVIC				X				58,500.	0.	0.
(3) KEVIN FLINT	2.00									
CHAIR		X		X				0.	0.	0.
(4) DONNA HARPER	1.00									
PAST CHAIR		X		X				0.	0.	0.
(5) CYNTHIA PRIETO	1.00									
VICE CHAIR		X		X				0.	0.	0.
(6) LINDSAY BRUBAKER	1.00									
SECRETARY		X		X				0.	0.	0.
(7) ANDE BANKS	1.00									
DIRECTOR		X						0.	0.	0.
(8) TED BYRD	1.00									
DIRECTOR		X						0.	0.	0.
(9) TRISH DAVIDSON	1.00									
DIRECTOR		X						0.	0.	0.
(10) BETH DRIVER	1.00									
DIRECTOR		X						0.	0.	0.
(11) LESLIE DUTT	1.00									
DIRECTOR		X						0.	0.	0.
(12) CARY HEVENER	1.00									
DIRECTOR		X						0.	0.	0.
(13) KRISTIAN HORNEBER	1.00									
DIRECTOR		X						0.	0.	0.
(14) GANNON IRONS	1.00									
DIRECTOR		X						0.	0.	0.
(15) CHARLES MARTORANA	1.00									
DIRECTOR		X						0.	0.	0.
(16) MIKE MEHLING	1.00									
DIRECTOR		X						0.	0.	0.
(17) ALAN SHELTON	1.00									
DIRECTOR		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HUI HE SONO DIRECTOR	1.00	X						0.	0.	0.
(19) MATTHEW C. SUNDERLIN DIRECTOR	1.00	X						0.	0.	0.
(20) ELLEN BRODERSEN TREASURER	0.50			X				0.	0.	0.
1b Subtotal								191,208.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								191,208.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GRAVES LIGHT LENHART PRIVATE WEALTH MANAGEM 100 SOUTH MASON STREET, SUITE C, HARRISONBU	INVESTMENT ADVISORY SERVICES	116,272.

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 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,544,052.				
	g Noncash contributions included in lines 1a-1f	1g	$ 4,036,220.				
	h **Total.** Add lines 1a-1f			11,544,052.			
Program Service Revenue		**Business Code**					
	2a ADMINISTRATIVE AND MANAGEMENT FEE	561000		54,588.	54,588.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			54,588.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,105,153.			2105153.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	38,364.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	38,364.				
	d Net rental income or (loss)			38,364.	38,364.		
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	28,314,320.	718,165.			
	b Less: cost or other basis and sales expenses	7b	26,052,932.	847,731.			
	c Gain or (loss)	7c	2,261,388.	-129,566.			
	d Net gain or (loss)			2,131,822.			2131822.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		**Business Code**					
	11a CHANGE IN PRESENT VALUE DISCOUNT	900099		139,511.			139,511.
	b OTHER	900099		9,450.			9,450.
	c CHANGE IN VALUE OF CHARITABLE REM	900099		-169,884.			-169,884.
	d All other revenue						
	e **Total.** Add lines 11a-11d			-20,923.			
	12 **Total revenue.** See instructions			15,853,056.	92,952.	0.	4216052.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,135,263.	7,135,263.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	191,208.	109,444.	52,298.	29,466.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	241,616.	113,893.	103,952.	23,771.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	32,686.	16,866.	11,800.	4,020.
10 Payroll taxes	33,139.	17,100.	11,963.	4,076.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,528.	21,528.		
c Accounting	30,550.		30,550.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	222,797.		222,797.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	89,154.	17,836.	67,066.	4,252.
12 Advertising and promotion	16,716.		1,672.	15,044.
13 Office expenses	18,296.	2,864.	13,410.	2,022.
14 Information technology	42,156.	6,358.	34,162.	1,636.
15 Royalties				
16 Occupancy	38,110.	21,075.	15,370.	1,665.
17 Travel	546.	164.	382.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	762.	393.	275.	94.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,027.	21,686.	15,172.	5,169.
23 Insurance	21,495.		21,495.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMMUNITY INITIATIVES	160,958.	150,482.		10,476.
b OTHER	15,604.	10,016.	5,588.	
c DUES & MEMBERSHIPS	5,460.		5,460.	
d BAD DEBTS	2,930.	930.	2,000.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,363,001.	7,645,898.	615,412.	101,691.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		2,256,519.	1	116,305.
	2	Savings and temporary cash investments		1,615,067.	2	3,920,013.
	3	Pledges and grants receivable, net		1,964,726.	3	748,532.
	4	Accounts receivable, net		304.	4	450.
	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		191,875.	7	93,241.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		84,403.	9	56,864.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,266,668.			
	b	Less: accumulated depreciation	10b 257,712.	1,032,737.	10c	1,008,956.
	11	Investments - publicly traded securities		66,878,904.	11	79,784,076.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		5,023.	14	4,816.
	15	Other assets. See Part IV, line 11		1,427,182.	15	2,210,625.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		75,456,740.	16	87,943,878.
Liabilities	17	Accounts payable and accrued expenses		13,216.	17	17,441.
	18	Grants payable		592,300.	18	322,375.
	19	Deferred revenue		44.	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		7,349,567.	25	7,788,288.
	26	**Total liabilities.** Add lines 17 through 25		7,955,127.	26	8,128,104.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		64,581,344.	27	78,133,690.
	28	Net assets with donor restrictions		2,920,269.	28	1,682,084.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		67,501,613.	32	79,815,774.
	33	Total liabilities and net assets/fund balances		75,456,740.	33	87,943,878.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,853,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,363,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,490,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	67,501,613.
5	Net unrealized gains (losses) on investments	5	5,234,268.
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	-410,162.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	79,815,774.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5839828.	14939391.	16569247.	11393748.	11544052.	60286266.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5839828.	14939391.	16569247.	11393748.	11544052.	60286266.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16083246.
6 **Public support.** Subtract line 5 from line 4.						44203020.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5839828.	14939391.	16569247.	11393748.	11544052.	60286266.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1383936.	1436170.	2905350.	2248803.	2143518.	10117777.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						70404043.

12 Gross receipts from related activities, etc. (see instructions) 12 290,758.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 62.78 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 60.49 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	Other distributions (*describe in* **Part VI**). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9	Distributable amount for 2023 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable 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	**Total** 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	**Excess distributions carryover to 2024.** 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.)

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 THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	132	
2	Aggregate value of contributions to (during year)	4,666,287.	
3	Aggregate value of grants from (during year)	4,416,011.	
4	Aggregate value at end of year	29,637,085.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,689,972.	34,117,711.	35,390,923.	27,128,114.	26,507,841.
b Contributions	5,130,072.	3,375,518.	4,453,965.	1,939,332.	494,450.
c Net investment earnings, gains, and losses	5,725,799.	3,420,383.	-3,813,229.	7,265,025.	1,030,050.
d Grants or scholarships	1,495,712.	1,793,038.	1,341,417.	621,554.	598,661.
e Other expenditures for facilities and programs					
f Administrative expenses	519,722.	430,602.	572,531.	319,994.	305,566.
g End of year balance	47,530,409.	38,689,972.	34,117,711.	35,390,923.	27,128,114.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 100 %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		83,342.		83,342.
b Buildings		1,007,101.	176,375.	830,726.
c Leasehold improvements		19,522.	8,785.	10,737.
d Equipment		118,600.	34,782.	83,818.
e Other		38,103.	37,770.	333.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,008,956.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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)	
Total. *(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 OBLIGATIONS	7,486,215.
(3) LIABILITIES UNDER SPLIT-INTEREST	
(4) AGREEMENTS	302,073.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	7,788,288.

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	20,020,950.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	5,234,268.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	5,234,268.
3	Subtract line **2e** from line **1**			3	14,786,682.
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	222,797.		
b	Other (Describe in Part XIII.)	4b	843,577.		
c	Add lines **4a** and **4b**			4c	1,066,374.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,853,056.

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	7,706,789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	7,706,789.
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	222,797.		
b	Other (Describe in Part XIII.)	4b	433,415.		
c	Add lines **4a** and **4b**			4c	656,212.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	8,363,001.

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 - OTHER ADJUSTMENTS:

AGENCY INVESTMENT INCOME	717,116.
AGENCY CONTRIBUTIONS	126,461.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	843,577.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY GRANTS	378,827.
AGENCY ADMIN FEES	54,588.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	433,415.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

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? ..... [X] 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
ALLIANCE FOR THE SHENANDOAH VALLEY P.O. BOX 674 NEW MARKET, VA 22844	41-2233874	501(C)(3)	5,750.	0.			ENVIRONMENTAL INITIATIVES
AMERICAN RED CROSS - CENTRAL VA CHAPTER - 1105 ROSE HILL DRIVE - CHARLOTTESVILLE, VA 22903	53-0196605	501(C)(3)	182,118.	0.			HUMAN SERVICES
ANICIRA VETERINARY CENTER 1992 MEDICAL AVENUE HARRISONBURG, VA 22801	20-8358468	501(C)(3)	6,237.	0.			ANIMAL RELATED
ARCADIA PROJECT P.O. BOX 571 STAUNTON, VA 24402	54-2003615	501(C)(3)	7,500.	0.			ARTS, CULTURE
ARTS COUNCIL OF THE VALLEY 311 S. MAIN STREET HARRISONBURG, VA 22801	54-2025348	501(C)(3)	42,680.	0.			ARTS, CULTURE
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-0519596	N/A	60,746.	0.			FAITH BASED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 138.

3 Enter total number of other organizations listed in the line 1 table ..... 34.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVA CARE 847 MARTIN LUTHER KING, JR. WAY HARRISONBURG, VA 22801	52-1327965	501(C)(3)	10,750.	0.			HEALTHCARE
BETHANY UNITED METHODIST CHURCH 3700 LEE HIGHWAY WEYERS CAVE, VA 24486	54-1244180	N/A	18,500.	0.			FAITH BASED
BIG BROTHERS BIG SISTERS OF HARRISONBURG-ROCKINGHAM COUNTY - 225 N HIGH STREET SUITE1 - HARRISONBURG, VA 22802	51-0209104	501(C)(3)	57,398.	0.			YOUTH HUMAN SERVICES
BIG MAN FOUNDATION, THE P.O. BOX 807 CULPEPER, VA 22701	85-3352292	501(C)(3)	20,250.	0.			HUMAN SERVICES
BLESSED SACRAMENT CATHOLIC CHURCH 154 NORTH MAIN STREET HARRISONBURG, VA 22802	54-0897260	N/A	25,550.	0.			HUMAN SERVICES
BLUE GRASS RESOURCE CENTER P.O. BOX 113 BLUE GRASS, VA 24413	54-1947102	501(C)(3)	50,250.	0.			HISTORICAL PRESERVATION
BLUE RIDGE AREA FOOD BANK P.O. BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	15,335.	0.			HUMAN SERVICES
BLUE RIDGE CASA FOR CHILDREN 317 S. MAIN ST HARRISONBURG, VA 22801	54-1721227	501(C)(3)	7,300.	0.			YOUTH HUMAN SERVICES
BLUE RIDGE CHRISTIAN SCHOOL P.O. BOX 207 BRIDGEWATER, VA 22812	54-1543463	501(C)(3)	122,505.	0.			SCHOLARSHIPS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE FREE CLINIC, INC. 831 MARTIN LUTHER KING JR. WAY HARRISONBURG, VA 22801	86-1418555	501(C)(3)	54,242.	0.			HEALTHCARE
BLUE RIDGE LEGAL SERVICES P.O. BOX 551 HARRISONBURG, VA 22803	54-1048944	501(C)(3)	7,120.	0.			HUMAN SERVICES
BOLAR VOLUNTEER FIRE DEPARTMENT 21271 SAM SNEAD WARM SPRINGS, VA 24484	52-1330416	501(C)(4)	15,100.	0.			CIVIC
BOLAR VOLUNTEER RESCUE SQUAD 39 BOLAR LANE MONTEREY, VA 24465	84-3393836	501(C)(3)	15,208.	0.			CIVIC
BOYS & GIRLS CLUBS OF HARRISONBURG & ROCKINGHAM COUNTY - P.O. BOX 1223 - HARRISONBURG, VA 22803	54-1652418	501(C)(3)	23,583.	0.			YOUTH HUMAN SERVICES
BRCC EDUCATIONAL FOUNDATION P.O. BOX 80 WEYERS CAVE, VA 24486	54-1328809	501(C)(3)	30,250.	0.			EDUCATION
BRETHREN WOODS CAMP AND RETREAT CENTER - P.O. BOX 67 - WEYERS CAVE, VA 24486	54-0834644	501(C)(3)	6,500.	0.			RECREATION
BRIDGEWATER COLLEGE 402 EAST COLLEGE STREET, BOX 33 BRIDGEWATER, VA 22812	54-0506306	501(C)(3)	184,618.	0.			EDUCATION
BRIDGEWATER HEALTHCARE FOUNDATION, INC. - 302 NORTH SECOND STREET - BRIDGEWATER, VA 22812	54-6043653	501(C)(3)	200,893.	0.			ELDERLY

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEWATER VOLUNTEER FIRE COMPANY INC - 304 NORTH MAIN STREET - BRIDGEWATER, VA 22812	54-6053426	501(C)(4)	5,900.	0.			CIVIC
BROADWAY HIGH SCHOOL 269 GOBBLER DR BROADWAY, VA 22815	54-6001584	170(C)(1)	12,300.	0.			EDUCATION
BU CHOBANIAN & AVEDISIAN SCHOOL OF MEDICINE - 72 E. CONCORD ST., A-504 - BOSTON, MA 02118	04-2103547	501(C)(3)	20,000.	0.			SCHOLARSHIPS
CAT'S CRADLE OF THE SHENANDOAH VALLEY, INC. - P.O. BOX 2128 - HARRISONBURG, VA 22801	20-3269224	501(C)(3)	6,662.	0.			ANIMAL RELATED
CCAP INC P.O. BOX 2112 WINCHESTER, VA 22604	23-7433688	501(C)(3)	50,000.	0.			HUMAN SERVICES
CENTRAL VALLEY HABITAT FOR HUMANITY - P.O. BOX 245 - BRIDGEWATER, VA 22812	54-1441871	501(C)(3)	159,163.	0.			HUMAN SERVICES
CHRIST EPISCOPAL CHURCH 100 WEST JEFFERSON STREET CHARLOTTESVILLE, VA 22902	54-0585201	N/A	10,000.	0.			FAITH BASED
CHRISTENDOM EDUCATIONAL CORPORATION - 134 CHRISTENDOM DR - FRONT ROYAL, VA 22630	54-1031437	501(C)(3)	60,000.	0.			FAITH BASED
CHRISTIAN BROTHERS RETIREMENT AND CONTINUING CARE TRUST - 800 NEWMAN SPRINGS RD - LINCROFT, NJ 77381	27-0179115	501(C)(3)	10,000.	0.			ELDERLY

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE INCARNATION 75 N. MASON ST HARRISONBURG, VA 22802	27-3453966	N/A	46,000.	0.			FAITH BASED
CHURCH OF THE LAMB P.O. BOX 232 PENN LAIRD, VA 22846	47-3863540	N/A	24,000.	0.			FAITH BASED
CITY OF HARRISONBURG 409 S. MAIN ST HARRISONBURG, VA 22801	54-6001343	170(C)(1)	49,456.	0.			CIVIC
CLOVER HILL CHURCH 3169 CLOVER HILL ROAD DAYTON, VA 22821	38-4285122	N/A	11,329.	0.			FAITH BASED
COLLIER COMMUNITY FOUNDATION 1110 PINE RIDGE RD. #200 NAPLES, FL 34108	59-2396243	501(C)(3)	40,000.	0.			EDUCATION
COMMUNITY CHRISTIAN ACADEMY P.O. BOX 6659 CHARLOTTESVILLE, VA 22906	90-0788058	501(C)(3)	16,625.	0.			SCHOLARSHIPS
COMMUNITY FOUNDATION OF THE NEW RIVER VALLEY INC - P.O. BOX 6009 - CHRISTIANSBURG, VA 24068	54-1740455	501(C)(3)	10,000.	0.			CIVIC
COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY - P.O. BOX 2391 - WINCHESTER, VA 22604	26-0008332	501(C)(3)	110,000.	0.			CIVIC
COMMUNITY SCHOOL 7815 WILLIAMSON ROAD ROANOKE, VA 24019	23-7120875	501(C)(3)	5,700.	0.			SCHOLARSHIPS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION OF THE SISTERS, SERVANTS OF THE IMMACULATE HEART OF MARY - 2300 ADAMS AVE - SCRANTON, PA 18509	24-0795454	501(C)(3)	10,000.	0.			FAITH BASED
CORNERSTONE CHRISTIAN SCHOOL 197 CORNERSTONE LANE HARRISONBURG, VA 22802	38-3821029	501(C)(3)	35,450.	0.			SCHOLARSHIPS
COVENANT PRESBYTERIAN CHURCH 32 SOUTHGATE COURT, SUITE 101 HARRISONBURG, VA 22801	54-1270644	N/A	56,531.	0.			FAITH BASED
CROSS KEYS EQUINE THERAPY 6107 HORSE FARM LANE PORT REPUBLIC, VA 24471	27-5014098	501(C)(3)	10,000.	0.			MENTAL HEALTHCARE
DARE TO DREAM THERAPEUTIC HORSEMANSHIP CENTER - 515 WADE WOODS LN - MONTEREY, VA 24465	47-3546999	501(C)(3)	15,475.	0.			MENTAL HEALTHCARE
DAYTON CHURCH OF THE BRETHREN P.O. BOX 236 DAYTON, VA 22821	54-1098380	N/A	25,238.	0.			FAITH BASED
DAYTON UNITED METHODIST CHURCH 215 ASHBY STREET DAYTON, VA 22821	54-1304918	N/A	35,000.	0.			AGENCY FUND DISTRIBUTIONS
DAYTON UNITED METHODIST WOMEN 759 HILLVIEW DRIVE DAYTON, VA 22821	54-1304918	N/A	11,792.	0.			AGENCY FUND DISTRIBUTIONS
DIOCESE OF ARLINGTON 200 N. GLEBE RD, SUITE 811 ARLINGTON, VA 22203	54-0967542	N/A	12,000.	0.			FAITH BASED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST GATE MINISTRIES P.O. BOX 1934 HARRISONBURG, VA 22801	38-3642956	501(C)(3)	10,850.	0.			FAITH BASED
EASTERN MENNONITE SCHOOL 801 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-1194342	501(C)(3)	325,237.	0.			SCHOLARSHIPS
EASTERN MENNONITE UNIVERSITY 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	9,116.	0.			EDUCATION
ELEGIUS MINI EQUINE SANCTUARY 4661 DOE HILL RD MCDOWELL, VA 24458	81-4844371	501(C)(3)	20,000.	0.			ANIMAL RELATED
EMORY & HENRY COLLEGE P.O. BOX 950 EMORY, VA 24327	54-0505892	501(C)(3)	10,500.	0.			EDUCATION
EVERENCE FOUNDATION P.O. BOX 483 GOSHEN, IN 46527	35-6031936	501(C)(3)	210,000.	0.			CIVIC
EXPLORE MORE DISCOVERY MUSEUM P.O. BOX 957 HARRISONBURG, VA 22803	16-1683676	501(C)(3)	105,824.	0.			EDUCATION
FIRST AIR FORCE ONE FOUNDATION 1402 AIRPORT RD BRIDGEWATER, VA 22812	88-2383115	501(C)(3)	12,200.	0.			EDUCATION
FIRST CHURCH OF THE BRETHREN, HARRISONBURG - 315 SOUTH DOGWOOD DRIVE - HARRISONBURG, VA 22801	54-6054984	N/A	5,027.	0.			FAITH BASED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH 17 COURT SQUARE HARRISONBURG, VA 22802	54-0576303	501(C)(3)	12,500.	0.			FAITH BASED
FIRST STEP: A RESPONSE TO DOMESTIC VIOLENCE, INC. - 129 FRANKLIN STREET - HARRISONBURG, VA 22801	51-0243177	501(C)(3)	72,280.	0.			HUMAN SERVICES
FRIENDSHIP INDUSTRIES, INC. 801 FRIENDSHIP DRIVE HARRISONBURG, VA 22802	54-6073412	501(C)(3)	14,500.	0.			HUMAN SERVICES
GENERATIONS CROSSING 3765 TAYLOR SPRING LANE HARRISONBURG, VA 22801	54-2061192	501(C)(3)	5,400.	0.			HUMAN SERVICES
GOODWIN MEISSNER FAMILY FOUNDATION 1508 CANTERBURY RD RALEIGH, NC 27608	47-2352603	501(C)(3)	14,000.	0.			EDUCATION
GOSHEN COLLEGE 1700 S. MAIN STREET GOSHEN, IN 46526	35-2158366	501(C)(3)	6,300.	0.			EDUCATION
HABITAT FOR HUMANITY LEE AND HENDRY COUNTIES - 12751 NEW BRITTANY BLVD, STE 100 - FORT MYERS, FL 33907	59-2236174	501(C)(3)	25,000.	0.			HUMAN SERVICES
HARRISONBURG DANCE COOPERATIVE P.O. BOX 902 HARRISONBURG, VA 22803	81-2864342	501(C)(3)	17,814.	0.			ARTS, CULTURE
HARRISONBURG EDUCATION FOUNDATION 1 COURT SQUARE HARRISONBURG, VA 22801	54-1746901	501(C)(3)	8,226.	0.			EDUCATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISONBURG FIRST CHURCH OF THE NAZARENE - 1871 BOYERS ROAD - ROCKINGHAM, VA 22801	54-6134186	501(C)(3)	18,370.	0.			FAITH BASED
HARRISONBURG MENNONITE CHURCH 1552 S. HIGH STREET HARRISONBURG, VA 22801	54-1001338	N/A	27,900.	0.			FAITH BASED
HARRISONBURG RESCUE SQUAD P.O. BOX 1477 HARRISONBURG, VA 22803	23-7061809	501(C)(4)	8,100.	0.			CIVIC
HARRISONBURG ROTARY CLUB FOUNDATION - P.O. BOX 683 - HARRISONBURG, VA 22803	54-1651493	501(C)(3)	16,670.	0.			AGENCY FUND DISTRIBUTIONS
HARRISONBURG UNITARIAN UNIVERSALISTS - P.O. BOX 96 - HARRISONBURG, VA 22803	04-2103733	501(C)(3)	11,800.	0.			FAITH BASED
HARRISONBURG-ROCKINGHAM CHILD DAY CARE CENTER - P.O. BOX 344 - HARRISONBURG, VA 22803	23-7073271	501(C)(3)	74,054.	0.			YOUTH HUMAN SERVICES
HIGHLAND CHILDREN'S HOUSE 61 HIGHLAND CENTER DR MONTEREY, VA 24465	83-3645078	501(C)(3)	40,000.	0.			YOUTH HUMAN SERVICES
HIGHLAND COUNTY ARTS COUNCIL P.O. BOX 175 MONTEREY, VA 24465	54-1632439	501(C)(3)	23,500.	0.			ARTS, CULTURE
HIGHLAND COUNTY FAIR ASSOCIATION P.O. BOX 366 MONTEREY, VA 24465	54-0887209	501(C)(3)	52,300.	0.			RECREATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND COUNTY HUMANE SOCIETY, INC. - P.O. BOX 458 - MONTEREY, VA 24465	45-5554938	501(C)(3)	25,250.	0.			ANIMAL RELATED
HIGHLAND COUNTY VOLUNTEER FIRE DEPARTMENT - P.O. BOX 267 - MONTEREY, VA 24465	23-7166711	501(C)(3)	27,943.	0.			CIVIC
HIGHLAND HISTORICAL SOCIETY P.O. BOX 63 MCDOWELL, VA 24458	54-1778354	501(C)(3)	12,000.	0.			HISTORICAL PRESERVATION
HIGHLAND RETREAT 14783 UPPER HIGHLAND DR BERGTON, VA 22811	54-0808741	501(C)(3)	11,900.	0.			RECREATION
HORIZON CHRISTIAN FELLOWSHIP, VA P.O. BOX 2038 HARRISONBURG, VA 22801	45-3322487	N/A	5,750.	0.			FAITH BASED
INDUSTRIAL AND COMMERCIAL MINISTRIES - 57 S MAIN STREET, SUITE 606 - HARRISONBURG, VA 22801	54-0995038	501(C)(3)	25,776.	0.			FAITH BASED
JMU FOUNDATION 1031 HARRISON STREET MSC 3603 HARRISONBURG, VA 22807	23-7156305	501(C)(3)	135,859.	0.			EDUCATION
JUDGES ATHLETIC ASSOCIATION P.O. BOX 2213 WINCHESTER, VA 22604	54-6060341	501(C)(3)	151,000.	0.			RECREATION
KERUS GLOBAL EDUCATION 245 NEWMAN AVE, SUITE B HARRISONBURG, VA 22801	84-1123082	501(C)(3)	9,000.	0.			EDUCATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LCC INTERNATIONAL FUND, INC P.O. BOX 101787 PASADENA, CA 91189	23-3015092	501(C)(3)	10,000.	0.			EDUCATION
LEADER DOGS FOR THE BLIND 1039 S. ROCHESTER RD ROCHESTER HILLS, MI 48307	38-1366931	501(C)(3)	7,500.	0.			ANIMAL RELATED
LIONS CLUBS INTERNATIONAL FOUNDATION - 300 W 22ND ST - OAK BROOK, IL 60523	23-7030455	501(C)(3)	10,000.	0.			CIVIC
MASSANUTTEN REGIONAL LIBRARY 174 S. MAIN STREET HARRISONBURG, VA 22801	54-0548703	501(C)(3)	41,107.	0.			EDUCATION
MCDOWELL VOLUNTEER FIRE DEPARTMENT 102 BULLPASTURE RIVER ROAD MCDOWELL, VA 24458	54-1100488	501(C)(4)	54,778.	0.			CIVIC
MCINTIRE SCHOOL FOUNDATION (UVA) P.O. BOX 37963 BOONE, IA 50037	51-0159775	501(C)(3)	10,000.	0.			EDUCATION
MENNONITE CENTRAL COMMITTEE - SWAP 21 SOUTH 12 STREET AKRON, PA 17501	23-6002702	501(C)(3)	11,000.	0.			FAITH BASED
MENNONITE DISASTER SERVICE 583 AIRPORT RD LITITZ, PA 17543	23-2713127	501(C)(3)	10,750.	0.			DISASTER RELIEF
MILL CREEK CHURCH OF THE BRETHREN 7600 PORT REPUBLIC ROAD PORT REPUBLIC, VA 24471	54-0578800	N/A	6,375.	0.			FAITH BASED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION CENTRAL - DBA CHILDREN'S CLOTHES CLOSET & EQUIPMENT FOR CARING - P.O. BOX 2026 - HARRISONBURG, VA 22801	83-4082123	501(C)(3)	5,950.	0.			HUMAN SERVICES
MOSAIC OF GRACE CHURCH P.O. BOX 202 WEYERS CAVE, VA 24486	84-3642049	N/A	18,000.	0.			FAITH BASED
MT CARMEL UNITED BRETHREN IN CHRIST - 11466 BROCKS GAP RD - FULKS RUN, VA 22830	54-1197047	N/A	11,000.	0.			FAITH BASED
MUSEUM OF THE SHENANDOAH VALLEY 901 AMHERST ST WINCHESTER, VA 22601	54-1857973	501(C)(3)	10,000.	0.			ARTS, CULTURE
NAPLES COMMUNITY CHURCH INC 849 7TH AVE S NAPLES, FL 34102	20-5956100	N/A	12,000.	0.			FAITH BASED
NEW BEGINNINGS CHURCH 101 PIKE CHURCH RD HARRISONBURG, VA 22801	31-1681273	N/A	29,625.	0.			FAITH BASED
NEW CREATION VA 3051 S MAIN STREET HARRISONBURG, VA 22801	84-1862249	501(C)(3)	27,250.	0.			HUMAN SERVICES
NEWBRIDGES IMMIGRANT RESOURCE CENTER - 41 COURT SQUARE, SUITE B - HARRISONBURG, VA 22801	45-5532648	501(C)(3)	6,250.	0.			HUMAN SERVICES
OASIS FINE ART & CRAFT 103 S. MAIN STREET HARRISONBURG, VA 22801	54-1973610	501(C)(3)	6,385.	0.			ARTS, CULTURE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOORS P.O. BOX 1804 HARRISONBURG, VA 22803	11-3835381	501(C)(3)	20,450.	0.			HUMAN SERVICES
OPPORTUNITY SCHOLARS P.O. BOX 1823 WINCHESTER, VA 22604	84-3571746	501(C)(3)	50,000.	0.			EDUCATION
OTTERBEIN UNITED METHODIST CHURCH 176 W. MARKET STREET HARRISONBURG, VA 22801	36-2167731	501(C)(3)	27,914.	0.			FAITH BASED
OUR COMMUNITY PLACE 17 EAST JOHNSON STREET HARRISONBURG, VA 22802	54-1835664	501(C)(3)	6,834.	0.			HUMAN SERVICES
PAX DEI FOR NUBA 1210 HILLCREST DR HARRISONBURG, VA 22801	85-1808012	501(C)(3)	10,000.	0.			FAITH BASED
PEOPLE HELPING PEOPLE 281 E. MARKET STREET HARRISONBURG, VA 22801	54-1695798	501(C)(3)	30,130.	0.			HUMAN SERVICES
PLEASANT VIEW HOMES P.O. BOX 426 BROADWAY, VA 22815	54-0887738	501(C)(3)	6,302.	0.			HUMAN SERVICES
REDEEMER CLASSICAL SCHOOL 1688 INDIAN TRAIL RD KEEZLETOWN, VA 22832	74-3071696	501(C)(3)	296,921.	0.			SCHOLARSHIPS
RMH FOUNDATION 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	54-0506331	501(C)(3)	253,868.	0.			HEALTHCARE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKINGHAM COUNTY FAIR ASSOCIATION 4808 SOUTH VALLEY PIKE HARRISONBURG, VA 22801	54-0580300	501(C)(3)	65,000.	0.			EDUCATION
ROCKINGHAM-HARRISONBURG SPCA 2170 OLD FURNACE ROAD HARRISONBURG, VA 22803	54-0935739	501(C)(3)	10,900.	0.			ANIMAL RELATED
ROCKTOWN HISTORY HRHS P.O. BOX 716 DAYTON, VA 22821	54-1017712	501(C)(3)	6,922.	0.			HISTORICAL PRESERVATION
SACRED HEART OF JESUS CATHOLIC CHURCH - 130 KEATING DRIVE - WINCHESTER, VA 22601	54-0547102	N/A	46,000.	0.			FAITH BASED
SALVATION ARMY - HARRISONBURG P.O. BOX 468 HARRISONBURG, VA 22803	58-0660607	501(C)(3)	209,573.	0.			HUMAN SERVICES
SHENANDOAH AREA COUNCIL, BOY SCOUTS OF AMERICA - 107 YOUTH DEVELOPMENT COURT - WINCHESTER, VA 22602	54-0505874	501(C)(3)	50,000.	0.			YOUTH HUMAN SERVICES
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DRIVE WINCHESTER, VA 22601	54-0525605	501(C)(3)	15,000.	0.			EDUCATION
SHENANDOAH VALLEY CHILDREN'S CHOIR 1200 PARK ROAD HARRISONBURG, VA 22802	54-0575812	501(C)(3)	7,317.	0.			ARTS, CULTURE
SHENANDOAH VALLEY DISCOVERY MUSEUM 19 W. CORK STREET WINCHESTER, VA 22601	54-1692942	501(C)(3)	15,000.	0.			EDUCATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHENANDOAH VALLEY SCHOLARS LATINO INITIATIVE - P.O. BOX 1245 - HARRISONBURG, VA 22803	45-5560300	501(C)(3)	26,000.	0.			EDUCATION
ST. WILLIAM CATHOLIC CHURCH 2300 FREDERICA ROAD ST. SIMONS ISLAND, GA 31522	58-0566171	N/A	9,500.	0.			FAITH BASED
STAUNTON ORTHODOX PRESBYTERIAN CHURCH - 2408 HICKORY ST - STAUNTON, VA 24401	54-1560507	N/A	6,425.	0.			FAITH BASED
STILL MEADOWS ENRICHMENT CENTER AND CAMP - 11992 HOLLAR SCHOOL ROAD - LINVILLE, VA 22834	54-1857340	501(C)(3)	11,000.	0.			HUMAN SERVICES
STRENGTH IN PEERS 917 N MAIN ST SUITE 1 HARRISONBURG, VA 22802	81-1604006	501(C)(3)	20,000.	0.			HUMAN SERVICES
SUNSET DRIVE UNITED METHODIST CHURCH - P.O. BOX 381 - BROADWAY, VA 22815	45-1143998	N/A	5,600.	0.			FAITH BASED
THE COMMUNITY FOUNDATION FOR A GREATER RICHMOND - P.O. BOX 716495 - PHILADELPHIA, PA 19171	23-7009135	501(C)(3)	10,000.	0.			CIVIC
THE HIGHLAND CENTER P.O. BOX 566 MONTEREY, VA 24465	54-1882137	501(C)(3)	50,000.	0.			CIVIC
THE MONTPELIER COLLECTIVE INC. 3247 CHARLESTON BLVD ROCKINGHAM, VA 22801	92-1310946	501(C)(3)	50,000.	0.			RECREATION

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SADIE ROSE FOUNDATION P.O. BOX 382 DAYTON, VA 22821	26-1662289	501(C)(3)	10,000.	0.			HUMAN SERVICES
TOWN OF BROADWAY P.O. BOX 156 BROADWAY, VA 22815	54-0720147	170(C)(1)	11,000.	0.			CIVIC
TRUSTEES OF TUFTS COLLEGE P.O. BOX 3306 BOSTON, MA 02241	04-2103634	501(C)(3)	10,000.	0.			SCHOLARSHIPS
UNITED WAY OF HARRISONBURG ROCKINGHAM - P.O. BOX 326 - HARRISONBURG, VA 22803	54-0632716	501(C)(3)	264,050.	0.			HUMAN SERVICES
UNIVERSITY OF RICHMOND 110 UR DRIVE, BOSTWICK HOUSE #3 UNIVERSITY OF RICHMOND, VA 23173	54-0505965	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA FINANCIAL AID - P.O. BOX 400204 - CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	7,000.	0.			SCHOLARSHIPS
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION - P.O. BOX 400314 - CHARLOTTESVILLE, VA 22904	41-2097394	501(C)(3)	10,000.	0.			HEALTHCARE
VALLEY PROGRAM FOR AGING SERVICES 975 SOUTH HIGH STREET HARRISONBURG, VA 22801	54-0958526	501(C)(3)	29,023.	0.			ELDERLY
VICTORY CHURCH, INC. 2870 MIDDLE ROAD WINCHESTER, VA 22601	54-0621709	501(C)(3)	10,000.	0.			FAITH BASED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA HISTORICAL SOCIETY P.O. BOX 7311 RICHMOND, VA 23221	54-0419452	501(C)(3)	240,000.	0.			HISTORICAL PRESERVATION
VIRGINIA MENNONITE MISSIONS 601 PARKWOOD DRIVE HARRISONBURG, VA 22802	54-0793291	N/A	22,150.	0.			FAITH BASED
VIRGINIA QUILT MUSEUM 301 SOUTH MAIN STREET HARRISONBURG, VA 22801	54-1637667	501(C)(3)	17,905.	0.			ARTS, CULTURE
VMRC FOUNDATION 1491 VIRGINIA AVENUE HARRISONBURG, VA 22802	51-0249313	501(C)(3)	20,316.	0.			ELDERLY
WAKE FOREST UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT BO WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	400,000.	0.			EDUCATION
WAY TO GO, INC P.O. BOX 946 HARRISONBURG, VA 22803	61-1487268	501(C)(3)	10,550.	0.			HUMAN SERVICES
WEAVERS MENNONITE CHURCH 2501 RAWLEY PIKE HARRISONBURG, VA 22801	54-0604900	N/A	48,000.	0.			FAITH BASED
WELL OF HOPE AMERICA 5225 W MYERS RD COVINGTON, OH 45318	46-0608625	501(C)(3)	32,500.	0.			FAITH BASED
WEST ROCKINGHAM FOOD PANTRY 4222 MT. CLINTON PIKE HARRISONBURG, VA 22802	94-3472757	501(C)(3)	5,250.	0.			HUMAN SERVICES

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDLIFE CENTER OF VIRGINIA P.O. BOX 1557 WAYNESBORO, VA 22980	54-1215402	501(C)(3)	26,225.	0.			ANIMAL RELATED
WINCHESTER MODEL RAILROAD CLUB P.O. BOX 4236 WINCHESTER, VA 22604	81-4768975	501(C)(3)	25,000.	0.			RECREATION
WINDMARK SAILING FOUNDATION INC P.O. BOX 638 OYSTER BAY, NY 11771	46-3234147	501(C)(3)	10,000.	0.			RECREATION
WINGFIELD MINISTRIES 4153 QUARLES CT HARRISONBURG, VA 22801	54-1437764	501(C)(3)	7,500.	0.			FAITH BASED
WORLD RESOURCES GROUP, INC. 456 MYERS AVENUE HARRISONBURG, VA 22801	65-0970260	501(C)(3)	56,000.	0.			YOUTH HUMAN SERVICES
WYCLIFFE ASSOCIATES P.O. BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	7,700.	0.			FAITH BASED
YES - YOUR ECONOMIC SUCCESS 3000 CLAYBROOK COURT ROCKINGHAM, VA 22801	54-1168566	501(C)(3)	123,022.	0.			AGENCY FUND DISTRIBUTIONS
YOUNG LIFE - HARRISONBURG-ROCKINGHAM COUNTY - P.O. BOX 1433 - HARRISONBURG, VA 22803	84-0385934	501(C)(3)	74,320.	0.			FAITH BASED
YOUNG LIFE - VALLEY P.O. BOX 492 STAUNTON, VA 24402	84-0385934	501(C)(3)	17,000.	0.			FAITH BASED

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE NATIONAL P.O. BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	5,625.	0.			FAITH BASED

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

GRANTS ARE ISSUED PRIMARILY TO LOCAL 501(C)(3) ORGANIZATIONS WITH A DETAILED LIST OF RESTRICTIONS ON THE USE OF THE FUNDS AND WITH A CLEAR LANGUAGE RESTRICTING THE PROVISION OF BENEFITS, GOODS, OR SERVICES TO A DONOR IN CONNECTION WITH A GRANT FROM THE COMMUNITY FOUNDATION. THE FOUNDATION MAINTAINS A CLOSE RELATIONSHIP WITH NONPROFIT ORGANIZATIONS TO ENSURE GRANT FUNDS ARE USED APPROPRIATELY AND IN COMPLIANCE WITH APPLICABLE REGULATIONS AND DONOR RESTRICTIONS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		10,591.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	47	2,367,968.	QUOTED MARKET PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests	X	1	409,605.	QUALIFIED APPRAISAL
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	347,100.	QUALIFIED APPRAISAL
16	Real estate - Commercial	X	1	842,200.	QUALIFIED APPRAISAL
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (ADVERTISING)	X	7	54,767.	FMV
26	Other (PRINTING)	X	1	3,509.	FMV
27	Other (OFFICE EQUIPMEN)	X	1	360.	FMV
28	Other (FOOD)	X	1	120.	FMV

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 4

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	2023 Open to Public Inspection

Name of the organization	Employer identification number
THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY	54-1920746

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADMINISTRATIVE SUPPORT:

TCF PARTNERS WITH LOCAL NONPROFITS TO RECEIPT, MANAGE, AND INVEST FUNDS, INCLUDING MANAGEMENT FOR COMPLEX FUNDS SUCH AS ENDOWMENTS, RAINY DAY FUNDS, OR CAPITAL CAMPAIGNS. TCF ALSO PROVIDES OFFICE AND MEETING SPACE AT LOW COST TO LOCAL NONPROFITS. THESE SUPPORTING SERVICES HELP NONPROFITS WITH LIMITED INTERNAL RESOURCES INCREASE THEIR CAPACITY AND FOCUS ON THEIR MISSION-RELATED PROGRAMS TO SUPPORT THE COMMUNITY WE LOVE.

EXPENSES $ 427,561. INCLUDING GRANTS OF $ 378,828. REVENUE $ 92,952.

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

THE FOUNDATION'S AUDIT COMMITTEE REVIEWS ELECTRONIC COPIES OF FORM 990 IN DETAIL. BOARD MEMBERS ARE PROVIDED WITH AN ELECTRONIC COPY OF THE RETURN FOR REVIEW AND COMMENTS PRIOR TO FILING. BOTH REVIEWS ARE COMPLETED WITH THE PUBLIC DISCLOSURE COPY WHICH EXCLUDES THE DETAILS OF SCHEDULE B. THE FOUNDATION BELIEVES THE PRIVACY OF ITS DONORS AS PART OF ITS DONOR BILL OF RIGHTS WARRANTS THE REDACTION OF CONFIDENTIAL DONOR INFORMATION REPORTED ON SCHEDULE B. A PAPER COPY OF THE PRIVATE COPY OF FORM 990 IS AVAILABLE FOR ONSITE REVIEW BY ANY BOARD MEMBER AT THE FOUNDATION'S OFFICE.

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

THE FOUNDATION MONITORS ALL POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. ANNUALLY, ALL COMMITTEE MEMBERS, BOARD MEMBERS AND STAFF ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND PROVIDE A LISTING OF ALL AFFILIATIONS AND CONFLICTS OF INTEREST. IF A POTENTIAL OR ACTUAL CONFLICT

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

OF INTEREST ARISES, THE EXECUTIVE DIRECTOR AND CHAIR OF THE BOARD WILL ADDRESS THE MATTER WITH THE APPROPRIATE INDIVIDUALS. COMMITTEE MEMBERS, BOARD MEMBERS AND STAFF WITH A CONFLICT MUST CONFORM TO THE TERMS OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SALARY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. COMPENSATION REVIEWS FOR OTHER OFFICERS OR KEY EMPLOYEES ARE CONDUCTED BY THE EXECUTIVE DIRECTOR OR A PERSON AT LEAST ONE LEVEL HIGHER THAN THE OFFICER OR KEY EMPLOYEE IN QUESTION. BENCHMARKING AND COMPARATIVE DATA IS OBTAINED FROM THE COUNCIL ON FOUNDATIONS AND OTHER SOURCES AS DEEMED RELEVANT. ALL COMPENSATION PACKAGES ARE CALIBRATED TO LOCAL CONDITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES COPIES OF ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. ANNUAL CONSOLIDATED FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE FOUNDATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT INCOME FROM AGENCY FUNDS	-717,117.
AMOUNTS RECEIVED FOR AGENCY ACCOUNTS	-126,461.
GRANTS MADE FROM AGENCY ACCOUNTS	378,828.
AGENCY ADMIN EXPENSES	54,588.
TOTAL TO FORM 990, PART XI, LINE 9	-410,162.

FORM 990, PART XII, LINE 2C:

NO CHANGES WERE MADE TO THE PROCESS.

Name of the organization THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number 54-1920746

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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: THE COMMUNITY FOUNDATION OF HARRISONBURG & ROCKINGHAM COUNTY

Employer identification number: 54-1920746

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE VALLEY RESPONDS, LLC PO BOX 1068 HARRISONBURG, VA 22803	RELIEF WORK	VIRGINIA			SOLE MEMBER/MANAGER
SHOWAKER MEMORIAL GARDENS, LLC - 20-0726547 PO BOX 1068 HARRISONBURG, VA 22803	MANAGE HISTORIC CEMETERY	VIRGINIA	23,245.	23,644.	SOLE MEMBER/MANAGER
TCF HOLDING, LC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE/PRIVATE STOCK	VIRGINIA		105,323.	SOLE MEMBER/MANAGER
EASTHAM, LLC - 81-7388047 PO BOX 1068 HARRISONBURG, VA 22803	HOLD AND MANAGE HISTORIC OFFICE BUILDING	VIRGINIA	22,350.	1,037,716.	SOLE MEMBER/MANAGER

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

Schedule R (Form 990) 2023

332161 09-28-23 LHA

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCF HOLDING II, LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA		390,000.	SOLE MEMBER/MANAGER
TCF HOLDING III,LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA		585,000.	SOLE MEMBER/MANAGER
TCF HOLDING IV,LLC PO BOX 1068 HARRISONBURG, VA 22803	HOLD REAL ESTATE	VIRGINIA			SOLE MEMBER/MANAGER

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**			
b Gift, grant, or capital contribution to related organization(s)	**1b**			
c Gift, grant, or capital contribution from related organization(s)	**1c**			
d Loans or loan guarantees to or for related organization(s)	**1d**			
e Loans or loan guarantees by related organization(s)	**1e**			
f Dividends from related organization(s)	**1f**			
g Sale of assets to related organization(s)	**1g**			
h Purchase of assets from related organization(s)	**1h**			
i Exchange of assets with related organization(s)	**1i**			
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**			
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			
o Sharing of paid employees with related organization(s)	**1o**			
p Reimbursement paid to related organization(s) for expenses	**1p**			
q Reimbursement paid by related organization(s) for expenses	**1q**			
r Other transfer of cash or property to related organization(s)	**1r**			
s Other transfer of cash or property from related organization(s)	**1s**			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.