

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

| A Fo  | r the 2   | 2008 calen                    | ıdar yeaı         | r, or tax year beginning 07-                       | -01-2008 and ending 06-30-2009  | )                                     |                         |                              |  |  |
|---|-----------|-------------------------------|-------------------|--|---|---------------------------------------|-------------------------|------------------------------|--|--|
| <b>B</b> Che  | eck if ap | pplicable Ple                 | ease              | C Name of organization The Community Foundation of | f Harrisonhum   |                                       | D Employer ic           | lentification number         |  |  |
| ☐ Add   | Iress ch  | ange                          | e IRS<br>bel or   | & Rockingham County                                | - Hamsonburg  |                                       | 54-19207                |                              |  |  |
| ┌ Nar   | ne char   | nge <b>pr</b>                 | int or            | Doing Business As                                  |   |                                       | E Telephone r           | iumber                       |  |  |
| ┌ Init  | ıal retur | rn <b>Sp</b>                  | pe. See<br>ecific | Number and street (or P.O. bo                      | ox if mail is not delivered to street addres  | ss) Room/suite                        | (540) 432               |                              |  |  |
| ┌ Ter   | mınatıo   |                               | struc-<br>ons.    | PO Box 1068  |   | , , , , , , , , , , , , , , , , , , , | G Gross recei           | pts \$ 5,818,144             |  |  |
| ┌ Am  | ended i   | return                        |                   | City or town, state or country                     | , and ZIP + 4   |                                       | 1                       |                              |  |  |
| ☐ Apr   | lication  | pending                       |                   | Harrisonburg, VA 22803                             |   |                                       |                         |                              |  |  |
| ,   |           |                               | E Nam             | ne and address of Principal                        | Officer   | 11/->                                 | J                       |                              |  |  |
|   |           |                               |                   | r E Shirkey  | Officer   | H(a) Is the<br>affilia                | s a group retur<br>tes? | n for                        |  |  |
|   |           |                               |                   | uth Main St  |   |                                       |                         |                              |  |  |
| —— та   | x-exem    | not status 🔽                  |                   | nburg, VA 22801<br>(3) ◀ (insert no )              | a)(1) or  | ` *                                   | l affiliates includ     | ·                            |  |  |
|   |           | •                             |                   |  | (II NO, attach a list See list  |                                       |                         |                              |  |  |
| ) W   | eb site   | <b>e: ►</b> nttp //           | tne-com           | nmunity-foundation org                             |   | n(c) Grou                             | p Exemption N           | umber F                      |  |  |
| <b>K</b> Typ  | e of org  | janization 🔽                  | Corporati         | on trust association ot                            | her <b>▶</b>  | <b>L</b> Year of Fo                   | rmation 1998            | ¶ State of legal domicile VA |  |  |
|   |           | 6                             |                   |  |   |                                       |                         |                              |  |  |
| Ра  | rt I      |                               |                   | organization's mission or                          | most significant activities   |                                       |                         |                              |  |  |
| a   |           | •                             |                   | -  | · Harrisonburg and Rockingham Co  | ounty is to er                        | rich the quality        | of life in communities       |  |  |
| Governance  |           | served by                     | developı          | ng and managing permane                            | nt endowments to respond to char  |                                       |                         |                              |  |  |
| Ë   |           |                               |                   |  | rting the needs of our community  |                                       | _                       |                              |  |  |
| 9<br>8  |           |                               | •                 |  | nued its operations or disposed of  |                                       |                         |                              |  |  |
|   |           |                               |                   |  | ody (Part VI, line 1a)  |                                       |                         | <u>17</u>                    |  |  |
| <b>න්</b><br>ගු   |           |                               |                   | _  | e governing body (Part VI, line 1b  | )                                     |                         |                              |  |  |
| Activities  |           |                               |                   | nployees (Part V , line 2a)                        |   |                                       | 5                       | 4                            |  |  |
| Ę   |           |                               |                   | lunteers (estimate if neces                        | Part VIII, line 12, column (C)  |                                       | 72                      | 740,216                      |  |  |
| 4   |           | _                             |                   |  | Form 990-T, line 34   | •                                     | 7a<br>7b                |                              |  |  |
|   |           | Tree differen                 |                   | mess taxable mesme nom                             | , me 31 <b>.</b> .  | Prid                                  | or Year                 | Current Year                 |  |  |
|   | 8         | Contribut                     | ions and          | l arants (Part VIII, line 1h                       | )   |                                       | 3,647,833               | 2,527,852                    |  |  |
| ≗   | 9         |                               |                   | revenue (Part VIII, line 2g                        |   | 0                                     | 31,943                  |                              |  |  |
| Reven   | 10        |                               |                   |  | /<br>lines 3, 4, and 7d)  |                                       | 867,227                 | -25,842                      |  |  |
| æ   | 11        |                               |                   |  | 5, 6d, 8c, 9c, 10c, and 11e)  |                                       | ·                       | 17,354                       |  |  |
|   | 12        | Total reve                    | enue—ac           | dd lines 8 through 11 (mus                         | t equal Part VIII, column (A), line   | •                                     | 1 = 1 = 0.50            | 2.554.222                    |  |  |
|   | 45        | 12)                           |                   |  |   |                                       | 4,515,060               | 2,551,307                    |  |  |
|   | 13        |                               |                   | r amounts paid (Part IX, co                        | , ,,  |                                       | 1,106,301               | 1,011,874                    |  |  |
|   | 14        |                               |                   | r for members (Part IX, col                        | iumn (A), iine 4)<br>nefits (Part IX, column (A), lines 5                           |                                       |                         |                              |  |  |
| \$  | 15        | 10)                           | other co          | impensation, employee ber                          | ients (Part IX, Column (A), illies 5  | -                                     | 105,672                 | 120,698                      |  |  |
| Expenses  | 16a       | Professio                     | nal fund          | raising fees (Part IX, colur                       | nn (A), line 11e)   |                                       | 0                       | 0                            |  |  |
| ੜੇ  | ь         | (Total fundr                  | raising exp       | penses, Part IX, column (D), line                  | 25 38,143   |                                       |                         |                              |  |  |
|   | 17        | Otherexp                      | oenses (          | Part IX, column (A), lines                         | 11a-11d, 11f-24f)   |                                       | 161,124                 | 66,479                       |  |  |
|   | 18        | Total exp                     | enses—            | add lines 13–17 (must eqi                          | ual Part IX, line 25, column (A))   |                                       | 1,373,097               | 1,199,051                    |  |  |
|   | 19        | Revenue I                     | less exp          | enses Subtract line 18 fro                         | om line 12  |                                       | 3,141,963               | 1,352,256                    |  |  |
| % &<br>% &<br>% &   |           |                               |                   |  |   | Beginn                                | ing of Year             | End of Year                  |  |  |
| 95.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>19.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00<br>10.00 | 20        | Total ass                     | ets (Par          | t X, line 16)                                      |   |                                       | 12,866,236              | 12,666,123                   |  |  |
| Not Assets or<br>Fund Balances  | 21        | Total liab                    | ılıtıes (P        | art X, line 26)                                    |   |                                       | 3,053,335               | 3,212,658                    |  |  |
| <u> 22</u>  | 22        | Net asset                     | ts or fun         | d balances Subtract line 2                         | 1 from line 20  |                                       | 9,812,901               | 9,453,465                    |  |  |
| Pai   | t II      | Signati                       |                   |  |   |                                       |                         |                              |  |  |
|   |           |                               |                   |  | nned this return, including accompanying nof preparer (other than officer) is based |                                       |                         |                              |  |  |
| Plea  | se        | *****                         |                   |  |   | 1                                     | -03-25                  |                              |  |  |
| Sign  | 1         | I B                           | e of office       | r  |   | Date                                  |                         |                              |  |  |
| Here  | 2         | Michael I                     | E Fiore Ex        | ecutive Director                                   |   |                                       |                         |                              |  |  |
|   |           | Type or                       | print name        | e and title  |   |                                       |                         |                              |  |  |
|   |           | Preparer's                    | - برا             |  |   | Check If                              | Preparer's PTIN         | (See Gen Inst )              |  |  |
| Paid  |           | signature                     | r Kevin I         | Humphries  | elf-<br>empolyed 🕨 🦵  |                                       |                         |                              |  |  |
| •   | arer's    | Firm's name                   |                   | PBGH LLP   | <u> </u>  | FIN •                                 |                         |                              |  |  |
| Use (   | Only      | ıf self-emplo<br>address, and |                   | 558 South Main Street                              |   | - EIN F                               |                         |                              |  |  |
|   |           |                               |                   | Harrisonburg, VA 22801                             |   |                                       | Phone no 🕨 (            | 540) 434-5975                |  |  |
| Mayt  | he IR:    | S discuss t                   | hıs retur         |  | above? (See instructions)   |                                       |                         | ✓ Yes  No                    |  |  |

#### Part III Statement of Program Service Accomplishments (See the instructions.)

| 1          | Briefly describe the organization's mission TO PROMOTE PHILANTHROPY AND ESTABLISH A  | ND MANAGE CHARITABLE                                  | E FUNDS SUPPORTING TH                                   | IE NEEDS OF OUR COMMUNITY  |  |
|------------|--|---|---|--|--|
|            | D.d.th.  |   |   |  |  |
| 2          | Did the organization undertake any sittle prior Form 990 or 990-EZ?  |   | rvices during the yea                                   | er which were not listed on  | ┌ Yes ┌ No   |
| 3          | If "Yes," describe these new services  Did the organization cease conducting   |   | changes in how it co                                    | onducts any program  |  |
|            | services?  | chedule O   |   |  | ✓ Yes │ No   |
| 4          | Describe the exempt purpose achieve<br>Section 501(c)(3) and (4) organizatio<br>others, the total expenses, and reven  | ns and 4947(a)(1) t                                   | rusts are required to                                   | report the amount of grants a  | •  |
| <b>4a</b>  | (Code ) (Expenses \$ City of Harrisonburg - the Community Found 2002, an endowed fund was established by assistance has been provided for the city's F planned handicapped children's playground parties | a donor for the upkeep a<br>Irst Tee program, constru | nd cleanup of Black's Rur<br>ction of a public pavilion | n that runs through the city and area<br>that houses the Downtown Farmers' | parks In addition, fundraising<br>Market two days a week and a |
| 4b         | (Code ) (Expenses \$ Rockingham Memorial Hospital - The Comminospital continue its regular services and prowill eventually cost over \$500 million to com  | unity Foundation continue                             | unds needed for a new lo                                | ocation and building project the hos                                       |  |
| <b>4</b> c | (Code ) (Expenses \$ Due to significant grant recommendations fro operations and certain special projects. The o   |   |   | 84,200 ) (Revenue \$<br>ion granted \$84,200 in funds for Hai              | )<br>rnsonburg Mennonite Church for                            |
|            | (Code ) (Expenses \$   | 604,296   | ıncludıng grants of \$                                  | 604,296 ) (Revenue \$  | )  |
|            |  |   |   |  |  |
| 4d         | Other program services (Describe i   |   |   | ) (Daul  | `  |
| 4e         | (Expenses \$  Total program service expenses \$  | including grants of                                   | ·   | ) (Revenue \$<br>X, Line 25, column (B).                                   | )  |
|            | . star program service expenses \$   | 1,070,01.   | - ,,ast equal fail 1                                    | ., 25, column (D).   |  |

| 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   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏  | 2   | Yes |    |
| 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   |     | Νο |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where 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   | Yes |    |
| 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   |     | Νο |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | Νο |
| 9   | Did the organization report an amount in Part X, line 21, 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   |     | No |
| 10  | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$  | 10  | Yes |    |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | 11  | Yes |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.  | 12  | Yes |    |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$  | 14b |     | Νο |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>  | 15  |     | Νο |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III  | 16  |     | Νο |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17  |     | Νο |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | Νο |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19  |     | Νο |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20  |     | Νο |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23  |     | No |
| 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a |     | No |
| 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 $501(c)(3)$ and $501(c)(4)$ 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 |     | No |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  | 26  |     | Νο |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III  | 27  |     | No |

#### Part IV Checklist of Required Schedules (Continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee   |     |     |    |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part |     |     |    |
|    |  | 28a |     | Νo |
| b  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV  | 28b |     | Νo |
| С  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.   | 28c |     | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏   | 29  | Yes |    |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  |     | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | 34  |     | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35  |     | No |
| 36 | 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  |     | No |
| 37 | Did the organization conduct more than 5 percent 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  |     | No |

| Pa     | rt V Statements Regarding Other IRS Filings and Tax Compliance   |          |     |           |
|--------|--|----------|-----|-----------|
|        |  |          | Yes | No        |
| 1a     | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal  |          |     |           |
|        | of U.S. Information Returns. Enter -0- if not applicable   |          |     |           |
|        | <b>1a</b> 5  |          |     |           |
| b      | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b   |          |     |           |
|        |  |          |     |           |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c       | Yes |           |
| 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   |          |     |           |
| b      | If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.   | 2b       | Yes |           |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this   |          |     |           |
|        | return?  | 3a       | Yes |           |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b       | Yes |           |
| 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       |     | No        |
| ь      | , and the second |          |     |           |
|        | If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>   |          |     |           |
|        | Financial Accounts.  |          |     |           |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | Νο        |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | Νο        |
| c      | If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited   |          |     |           |
|        | Tax Shelter Transaction?   | 5с       |     |           |
| 6a     | Did the organization solicit any contributions that were not tax deductible?   | 6a       |     | No        |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | c h      |     |           |
| 7      | were not tax deductible?   | 6b       |     |           |
|        | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or  | 7a       |     | N o       |
| u      | more?  | 74       |     |           |
| 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       |     | No        |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year  |          |     |           |
| e      | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  |          |     |           |
|        | benefit contract?  | 7e       |     | Νο        |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     | Νο        |
| g      | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     | No        |
| h      | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as  | 7h       |     | N.a       |
| 8      | required?  | /11      |     | No        |
| 5      | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have   |          |     |           |
|        | excess business holdings at any time during the  | 8        |     | No        |
| 9      | year?  |          |     | _ <b></b> |
|        | Did the organization make any taxable distributions under section 4966?  | 9a       |     | No        |
| a<br>b | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9a<br>9b |     | No        |
| 10     | Section 501(c)(7) organizations. Enter   |          |     |           |
|        | Initiation fees and capital contributions included on Part VIII, line 12   10a   |          |     |           |
|        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   |          |     |           |
| _      | facilities   |          |     |           |
| 11     | Section 501(c)(12) organizations Enter   |          |     |           |
|        | Gross income from members or shareholders  |          |     |           |
| u      | 11a  |          |     |           |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources   |          |     |           |
|        | against amounts due or received from them)............ <mark>11b</mark>  |          |     |           |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     | <u> </u>  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the   |          |     |           |
|        | year   12b   | Ì        |     | l         |

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Section A. | Governing | Body | and | Management |
|------------|-----------|------|-----|------------|
|            |           |      |     |            |

|    |   |        |             |           |     |    | Yes | No |
|----|---|--------|-------------|-----------|-----|----|-----|----|
|    | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.   | , desc | rıbe the cı | rcumstand | es, |    |     |    |
| 1a | Enter the number of voting members of the governing body  | 1a     |             |           | 17  |    |     |    |
| b  | Enter the number of voting members that are independent   | 1b     |             |           | 17  |    |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?  |        |             | •         |     | 2  |     | Νο |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . |        |             |           |     |    |     | Νo |
| 4  | Did the organization make any significant changes to its organizational documents sfiled?   | ince   | the prior F | orm 990   | was | 4  |     | Νo |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets?   |        |             |           |     | 5  |     | Νo |
| 6  | Does the organization have members or stockholders?   |        |             |           |     |    |     | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |        |             |           |     | 7a |     | Νο |
| b  | Are any decisions of the governing body subject to approval by members, stockhold   | ers, o | r other pe  | rsons? .  | . [ | 7b |     | Νo |
| 8  | Did the organization contemporaneously document the meetings held or written active year by the following   | ons u  | ndertaken   | during th | e   |    |     |    |
| а  | the governing body?   |        |             |           |     | 8a | Yes |    |
| b  | each committee with authority to act on behalf of the governing body?   |        |             |           | •   | 8b | Yes |    |
| 9a | Does the organization have local chapters, branches, or affiliates?   |        |             |           |     | 9a |     | Νo |
| b  | If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.                               |        |             | •         | ,   | 9b |     |    |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the  |        |             | -         |     | 10 | Yes |    |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc   |        |             |           |     | 11 |     | Νo |
|    |   |        |             |           |     |    |     |    |

#### Section B. Policies

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .   | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy?   | 13  |     | Νo |
| 14  | Does the organization have a written document retention and destruction policy?  | 14  |     | No |
| 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  |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official?  | 15a | Yes |    |
| b   | Other officers or key employees of the organization?   | 15b | Yes |    |
|     | Describe the process in Schedule O   |     |     |    |
| 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 | Yes |    |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | Yes |    |

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. value website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Mike Fiore Executive Director 311 South Main St Harrisonburg, VA 22801 (540) 432-3863

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| The check this box in the organization and i | (B)<br>Average<br>hours<br>per<br>week | Posit                             | (C                    | )<br>chec | :k al        |                              |        |   | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F)  |
|--|--|-----------------------------------|-----------------------|-----------|--------------|------------------------------|--------|---|--|--|
| (A)<br>Name and Title                        |  | Individual Trustee<br>or Chrector | Institutional Trustee | Officei   | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) |  | Estimated amount of other compensation from the organization and related organizations |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              | -      |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |
|  |  |                                   |                       |           |              |                              |        |   |  |  |

Part VII Continued

|             |   |   |  | (tion<br>that a                |                     |                     | all                                  |                   |  | (E)  |          | (F)  |                |  |
|-------------|---|---|--|--------------------------------|---------------------|---------------------|--------------------------------------|-------------------|--|--|----------|--|----------------|--|
|             | <b>(A)</b><br>Name and Title  | (B)<br>Average<br>hours<br>per<br>week  | Individual Trustae<br>or Director                                  | Institutional Trustee          | Officei             | Key employee        | Highest compensated                  | Former            | (D) Reportable compensation from the organization (W- 2/1099MISC)  | Reportable compensation from related organizations (W- 2/1099- MISC) | or       | Estimated<br>amount of oth<br>compensatio<br>from the<br>organization a<br>related<br>organization |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
|             |   |   |  |                                |                     |                     |                                      |                   |  |  |          |  |                |  |
| 1b          | Tatal   |   |  |                                |                     |                     |                                      |                   |  | 1  |          |  | 2 200          |  |
|             | Total   |   |  | •                              |                     |                     |                                      |                   | 22,000   | 9  | 이        |  | 3,300          |  |
| 2           | Total number of individuals (includin   | g those ın 1  |  |                                |                     |                     |                                      |                   |  | <u> </u>   | <u> </u> |  | 3,300          |  |
| 2           |   | g those ın 1  |  |                                |                     |                     |                                      |                   |  | <u> </u>   | <u> </u> |  |                |  |
| 3           | Total number of individuals (includin   | g those in 1<br>►0  | a) who   | recei                          | ved                 | mor                 | e than                               | n \$1             | 00,000 in reportab   | le   | <u>°</u> | Yes  | No             |  |
|             | Total number of individuals (includin compensation from the organization  | g those in 1<br>►0<br>officer, direc  | a) who   | recei                          | ved<br>e, k         | mor<br>ey e         | e than                               | n \$1             | 00,000 in reportable or highest compens  | le   | 3        | Yes  |                |  |
|             | Total number of individuals (includin compensation from the organization)  Did the organization list any former   | g those in 1  O  officer, direct  le J for such  the sum of   | a) who   | recei<br>ruste<br><i>ual</i> . | e, k                | ey e                | e than<br>employ                     | /ee,              | or highest compens   | sated employee   |          | Yes  | No             |  |
| 3           | Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual      | g those in 1  officer, direct  le J for such  the sum officer the   | a) who ttor or t individu reporta nan \$15                         | ruste                          | e, k                | ey e                | employ ation                         | /ee, and          | or highest compens other compensation lete Schedule J for su   | sated employee  n from the   |          | Yes  | No             |  |
| 3           | Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization | g those in 1  officer, direct le J for such the sum of ns greater th  envelope or accre   | a) who   | ruste ual ble c                | e, k<br>omp<br>0? i | ey e ens  fror      | employ ation                         | ee,               | or highest compens other compensation lete Schedule J for su elated organization                                       | sated employee  in from the  ich  for services                       | 3        | Yes  | No<br>No       |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual             | officer, direct le J for such the sum of   | a) who   | ruste ual ble c                | e, k<br>omp<br>0? i | ey e ens  fror      | employ ation                         | ee,               | or highest compens other compensation lete Schedule J for su elated organization                                       | sated employee  in from the  ich  for services                       | 3        | Yes  | No<br>No       |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual             | officer, directle J for such the sum of the | a) who   | ruste ual ble c 0,00 e oensa   | e, k                | ey e ens if "Y fror | employ ation ation ation ation ation | \$1 \$1 and somp. | or highest compens or highest compens other compensation lete Schedule J for su other companization                    | sated employee  in from the  ich  for services                       | 3        | Yes  | No<br>No       |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual                    | officer, directle J for such the sum of the | a) who  itor or t  individu  reporta  nan \$15  iue comp  Schedule | ruste ual ble c 0,00 e oensa   | e, k                | ey e ens if "Y fror | employ ation ation ation ation ation | \$1 \$1 and somp. | or highest compens or highest compens other compensation lete Schedule J for su elated organization other compensation | sated employee  in from the  ich  for services                       | 3        | Yes (C Compen  | No<br>No<br>No |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual                    | officer, directle J for such the sum of the | a) who  itor or t  individu  reporta  nan \$15  iue comp  Schedule | ruste ual ble c 0,00 e oensa   | e, k                | ey e ens if "Y fror | employ ation ation ation ation ation | \$1 \$1 and somp. | or highest compens or highest compens other compensation lete Schedule J for su elated organization other compensation | sated employee  in from the  ich  for services  re than              | 3        | (c   | No<br>No<br>No |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual                    | officer, directle J for such the sum of the | a) who  itor or t  individu  reporta  nan \$15  iue comp  Schedule | ruste ual ble c 0,00 e oensa   | e, k                | ey e ens if "Y fror | employ ation ation ation ation ation | \$1 \$1 and somp. | or highest compens or highest compens other compensation lete Schedule J for su elated organization other compensation | sated employee  in from the  ich  for services  re than              | 3        | (c   | No<br>No<br>No |  |
| 3<br>4<br>5 | Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual                    | officer, directle J for such the sum of the | a) who  itor or t  individu  reporta  nan \$15  iue comp  Schedule | ruste ual ble c 0,00 e oensa   | e, k                | ey e ens if "Y fror | employ ation ation ation ation ation | \$1 \$1 and somp. | or highest compens or highest compens other compensation lete Schedule J for su elated organization other compensation | sated employee  in from the  ich  for services  re than              | 3        | (c   | No<br>No<br>No |  |

Part VIII

Statement of Revenue

|   |               |  |  |                          | (A)<br>Total Revenue | (B) Related or Exempt Function Revenue | <b>(C)</b><br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|---|---------------|--|--|--------------------------|----------------------|--|--|--|
| fts, grants<br>r amounts                                  | 1a<br>b<br>c  | Membership d   | ues  |                          |                      | Revenue                                |  | 312, 313, 01 314   |
| Contributions, gifts, grants<br>and other similar amounts | d<br>e<br>f   | Government gran  | its (contributions)  1e tions, gifts, grants, and not included above  1f ributions included in | 2,527,852                |                      |  |  |  |
| Con   | h             | lines 1a-1f \$   |  |                          | 2,527,852            |  |  |  |
| evenue  | 2a<br>b       | Admınıstrative Fe  | es   | Business Code<br>561,000 | 31,943               | 31,943                                 |  |  |
| Program Serwce Revenue                                    | c<br>d<br>e   |  |  |                          |                      |  |  |  |
| Progran   | f<br>g        | Total. Add line  | ram service revenue<br>es 2a-2f  |                          |                      |  |  |  |
|   | 3             |  | come (including divi   | ·                        | 384,009              |  |  | 384,009  |
|   | 4<br>5        |  | estment of tax-exempt b  | ond proceeds             |                      |  |  |  |
|   | 6a<br>b<br>c  | Gross Rents Less rental expenses Rental income or (loss) Net rental inco   | (I) Real   | (II) Personal            |                      |  |  |  |
|   | 7a<br>b       | Gross amount<br>from sales of<br>assets other<br>than inventory<br>Less cost or<br>other basis and<br>sales expenses<br>Gain or (loss) | (i) Securities<br>2,856,986<br>3,266,837<br>-409,851   | (II) O ther              |                      |  |  |  |
| Other Revenue   | 8a            | Gross income<br>events (not in<br>\$   | from fundraising cluding  is reported on line  IV, line 18 e G if total exceeds                | . •                      | -409,851             |  | 723,998  | -1,133,849   |
| Other   | b<br>c        |  | xpensesb<br>(loss) from fundrais   |                          |                      |  |  |  |
|   | 9a            | Gross income<br>activities See<br>Complete Sched<br>exceeds \$15,00  | e part IV , line 19<br>dule G if total   |                          |                      |  |  |  |
|   | b<br>c        |  | xpensesb<br>(loss) from gaming   |                          |                      |  |  |  |
|   | 10a           | Gross sales o<br>returns and al  | finventory, less<br>lowances .<br>a  |                          |                      |  |  |  |
|   | b<br>c        | Net income or<br>Miscellaneou  |  | Inventory                |                      |  |  |  |
|   | 11a<br>b<br>c | Copernicus Gi<br>Other Income  |  | 900,099                  |                      | 1,136                                  | 16,218   |  |
|   | d<br>e        |  | nue<br>es 11a-11d  | <br>\$ 17,354            |                      |  |  |  |
|   | 12            | 8c,  | .Add lines 1h, 2g, 3   | , 4, 5, 6d, 7d,          | 2,551,307            | 33,079                                 | 740,216  | -749,840   |

#### 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) but are not required to complete columns (B), (C), and (D). |   |                       |  |   |                                       |  |  |  |  |
|--|---|-----------------------|--|---|---------------------------------------|--|--|--|--|
| Do ı   | not include amounts reported on lines 6b, 7b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | ( <b>B)</b><br>Program service<br>expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |  |  |  |  |
| 1  | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 1,011,874             | 1,011,874                                  |   |                                       |  |  |  |  |
| 2  | Grants and other assistance to individuals in the U.S. See Part IV, line 22   |                       |  |   |                                       |  |  |  |  |
| 3  | Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |  |   |                                       |  |  |  |  |
| 4  | Benefits paid to or for members   |                       |  |   |                                       |  |  |  |  |
| 5  | Compensation of current officers, directors, trustees, and key employees  | 25,000                | 2,500                                      | 17,500                                    | 5,000                                 |  |  |  |  |
| 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  | 85,529                | 30,009                                     |   | 20,006                                |  |  |  |  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 1,983                 | 583  | 951                                       | 449                                   |  |  |  |  |
| 9  | Other employee benefits   | 367                   | 108  | 176                                       | 83                                    |  |  |  |  |
| 10   | Payroll taxes   | 7,819                 | 2,300                                      | 3,750                                     | 1,769                                 |  |  |  |  |
| 11   | Fees for services (non-employees)   |                       |  |   |                                       |  |  |  |  |
| а  | Management  | 3,917                 |  | 3,009                                     | 908                                   |  |  |  |  |
| b  | Legal   |                       |  |   |                                       |  |  |  |  |
| c  | Accounting  | 17,610                | 5,271                                      | 8,438                                     | 3,901                                 |  |  |  |  |
| d  | Lobbying  |                       |  |   |                                       |  |  |  |  |
| e  | Professional fundraising See Part IV, line 17   |                       |  |   |                                       |  |  |  |  |
| f  | Investment management fees  | 18,636                | 18,636                                     |   |                                       |  |  |  |  |
| g  | Other   |                       |  |   |                                       |  |  |  |  |
| 12   | Advertising and promotion   | 1,384                 | 407  | 664                                       | 313                                   |  |  |  |  |
| 13   | Office expenses   | 14,909                | 4,188                                      | 7,291                                     | 3,430                                 |  |  |  |  |
| 14   | Information technology  | 401                   | 122  | 192                                       | 87                                    |  |  |  |  |
| 15   | Royalties   |                       |  |   |                                       |  |  |  |  |
| 16   | Occupancy   | 6,300                 | 1,853                                      | 3,021                                     | 1,426                                 |  |  |  |  |
| 17   | Travel  | 242                   | 71   | 116                                       | 55                                    |  |  |  |  |
| 18   | Payments of travel or entertainment expenses for any Federal, state or local public officials   |                       |  |   |                                       |  |  |  |  |
| 19   | Conferences, conventions and meetings   | 448                   | 137  | 211                                       | 100                                   |  |  |  |  |
| 20   | Interest  |                       |  |   |                                       |  |  |  |  |
| 21   | Payments to affiliates  |                       |  |   |                                       |  |  |  |  |
| 22   | Depreciation, depletion, and amortization   |                       |  |   |                                       |  |  |  |  |
| 23   | Insurance   | 1,328                 | 391  | 637                                       | 300                                   |  |  |  |  |
| 24   | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                         |                       |  |   |                                       |  |  |  |  |
| а  | Dues, memberships, lice   | 1,240                 | 365  | 595                                       | 280                                   |  |  |  |  |
| b  |   |                       |  |   |                                       |  |  |  |  |
| c  |   |                       |  |   |                                       |  |  |  |  |
| d  |   |                       |  |   |                                       |  |  |  |  |
| е  |   |                       |  |   |                                       |  |  |  |  |
| f  | All other expenses  | 64                    |  | 28  | 36                                    |  |  |  |  |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24f   | 1,199,051             | 1,078,815                                  | 82,093                                    | 38,143                                |  |  |  |  |
| 26   | Joint Costs. Check T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |  |   |                                       |  |  |  |  |

| Part X | Balance  | Sheet |
|--------|----------|-------|
|        | Dalalice | SHEEL |

| 1<br>2<br>3     | Cash—non-interest-bearing  | Beginning of year<br>90,756 | 1   | End of year<br>150,506                |
|-----------------|--|-----------------------------|-----|---------------------------------------|
| 2               | <u> </u>   | 90,756                      | 1 1 | เอบ.อนต                               |
|                 |  | 4 044 005                   | _   | · · · · · · · · · · · · · · · · · · · |
| 12              | Savings and temporary cash investments   | 1,641,225                   | -   | 983,480                               |
|                 | Pledges and grants receivable, net   |                             | 3   |                                       |
| 4               | Accounts receivable, net   |                             | 4   |                                       |
| 5               | Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>                      |                             | 5   |                                       |
| 6               | Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L |                             | 6   |                                       |
| 7               | Notes and loans receivable, net  |                             | 7   |                                       |
| 8               | Inventories for sale or use  |                             | 8   |                                       |
| و يز            | Prepaid expenses and deferred charges  |                             | 9   |                                       |
| Assets          | Land, buildings, and equipment cost basis  |                             |     |                                       |
| -   E           | Less accumulated depreciation Complete Part VI of Schedule D   |                             | 10c |                                       |
| 11              | Investments—publicly traded securities   | 9,272,032                   | 11  | 9,378,654                             |
| 12              | Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>   | 745,343                     | 12  |                                       |
| 13              | Investments—program-related See Part IV, line 11 <i>Complete Part VIII</i> of Schedule D .   |                             | 13  |                                       |
| 14              | Intangible assets  |                             | 14  |                                       |
| 15              | Other assets See Part IV, line 11 Complete Part IX of Schedule   | 1,116,880                   | -   | 2,153,483                             |
|                 | D  | 1,110,000                   | 15  | 2,100,100                             |
| 16              | Total assets. Add lines 1 through 15 (must equal line 34)  | 12,866,236                  | 16  | 12,666,123                            |
| 17              | Accounts payable and accrued expenses .  | 2,040                       | 17  | 767                                   |
| 18              | Grants payable   | 60,000                      | 18  | 34,235                                |
| 19              | Deferred revenue   |                             | 19  |                                       |
| 20              | Tax-exempt bond liabilities  |                             | 20  |                                       |
| <u>0</u> 21     | Escrow account liability Complete Part IV of Schedule D  |                             | 21  |                                       |
| Liabilities 521 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified  |                             |     |                                       |
| 띜               | persons Complete Part II of Schedule L   |                             | 22  |                                       |
| 23              | Secured mortgages and notes payable to unrelated third parties   |                             | 23  |                                       |
| 24              | Unsecured notes and loans payable  |                             | 24  |                                       |
| 25              | Other liabilities Complete Part X of Schedule D  | 2,991,295                   | 25  | 3,177,656                             |
| 26              | Total liabilities. Add lines 17 through 25   | 3,053,335                   | 26  | 3,212,658                             |
| s e             | Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.  |                             |     |                                       |
| 9 27 28 28      | Unrestricted net assets  | 8,689,356                   | 27  | 7,477,952                             |
| 層 28            | Temporarily restricted net assets  | 1,123,545                   | 28  | 1,975,513                             |
| 교<br>달   29     | Permanently restricted net assets  |                             | 29  |                                       |
| F 29            | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete   |                             |     |                                       |
| -<br>-          | lines 30 through 34.   |                             |     |                                       |
|                 | Capital stock or trust principal, or current funds   |                             | 30  |                                       |
| Stes St 31 32   | Paid-in or capital surplus, or land, building or equipment fund  |                             | 31  |                                       |
|                 | Retained earnings, endowment, accumulated income, or other funds   |                             | 32  |                                       |
| ≱ 33            | Total net assets or fund balances  | 9,812,901                   | 33  | 9,453,465                             |
|                 | Total liabilities and net assets/fund balances   | 12,866,236                  | 34  | 12,666,123                            |
| 34              | Total habilities and het assets/faila balances   |                             |     |                                       |

| B - 1 3/T |  |
|-----------|--|

| 1  | Accounting method used to prepare the Form 990  |    |     |    |
|----|---|----|-----|----|
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?  | 2b | Yes |    |
| c  | If "Yes" to lines 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 | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | 3a |     | Νο |
| b  | If "Yes," did the organization undergo the required audit or audits?  | 3b |     |    |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084010070

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

|          |          | n County                         | or Harrisonburg         |   |                  |                   |                  | 54                 | -1920746            | 5                    |            |          |
|----------|----------|----------------------------------|-------------------------|---|------------------|-------------------|------------------|--------------------|---------------------|----------------------|------------|----------|
| Par      | tΙ       | Reason                           | for Public C            | harity Status (to be co                                       | mpleted          | bv all or         | ganızatıo        |                    |                     |                      |            |          |
|          |          |                                  |                         | ation because it is (Please                                   |                  |                   |                  |                    |                     | <u> </u>             |            |          |
| 1        | $\Gamma$ | A church, c                      | onvention of ch         | urches, or association of ch                                  | urches de        | scribed in        | Section 1        | 170(b)(1)(         | (A)(i).             |                      |            |          |
| 2        | Г        | A school de                      | escribed in <b>Sect</b> | ion 170(b)(1)(A)(ii). (Attac                                  | h Schedu         | le E)             |                  |                    |                     |                      |            |          |
| 3        | $\Gamma$ | A hospital                       | or a cooperative        | e hospital service organizati                                 | on describ       | oed in <b>Sec</b> | t ion 170(l      | b)(1)(A)(i         | ii). (Attac         | h Schedul            | e H )      |          |
| 4        | Γ        | A medical i                      | research organı         | zation operated in conjuncti                                  | on with a l      | nospital de       | escribed ii      | n <b>Section</b> : | 170(b)(1)           | ( <b>A</b> )(iii). E | nter the   |          |
|          |          | hospital's name, city, and state |                         |   |                  |                   |                  |                    |                     |                      |            |          |
| 5        | Γ        | An organiza                      | atıon operated f        | or the benefit of a college or                                | universit        | y owned o         | r operated       | by a gove          | rnmental            | unıt desci           | ribed in   |          |
|          |          | Section 170                      | D(b)(1)(A)(iv).         | (Complete Part II )   |                  |                   |                  |                    |                     |                      |            |          |
| 6        | $\sqcap$ | A federal, s                     | tate, or local go       | overnment or governmental                                     | unıt descr       | ıbed ın <b>Se</b> | ction 170        | (b)(1)(A)          | (v).                |                      |            |          |
| 7        | 굣        | An organiza                      | ation that norma        | ally receives a substantial p                                 | art of its s     | support fro       | m a gove         | rnmental u         | ınıt or fron        | n the gene           | ral public | :        |
|          |          | describedi                       | n <b>Section 170(</b> b | o)(1)(A)(vi) (Complete Par                                    | tII)             |                   |                  |                    |                     |                      |            |          |
| 8        | $\sqcap$ | A communi                        | ty trust describ        | ed in <b>Section 170(b)(1)(A)</b>                             | (vi) (Com        | plete Pari        | tII)             |                    |                     |                      |            |          |
| 9        | Γ        | An organiza                      | ation that norma        | ally receives (1) more than                                   | 331/3% o         | fits supp         | ort from co      | ontributior        | ıs, membe           | rship fees           | , and gro  | ss       |
|          |          | receipts fro                     | m activities rel        | ated to its exempt functions                                  | —subject         | to certair        | n exceptio       | ns, and (2         | ) no more           | than 331/            | 3% of      |          |
|          |          | ıts support                      | from gross inve         | estment income and unrelate                                   | ed busines       | s taxable         | ıncome (l        | ess sectio         | on 511 tax          | () from bus          | sinesses   |          |
|          |          | acquired by                      | the organization        | on after June 30, 1975 See                                    | Section 5        | 09(a)(2).         | (Complete        | e Part III         | )                   |                      |            |          |
| 10       |          | An organiza                      | atıon organızed         | and operated exclusively to                                   | test for p       | ublic safe        | ty See <b>Se</b> | ction 509(         | ( <b>a)(4).</b> (Se | ee instruct          | tions )    |          |
| 11       | Γ        |                                  |                         | and operated exclusively fo                                   |                  |                   |                  |                    |                     |                      |            |          |
|          |          |                                  |                         | orted organizations describe<br>type of supporting organiza   |                  |                   |                  |                    |                     | Section 5            | U9(a)(3)   | . Cneck  |
|          |          |                                  | ype I <b>b</b>          |   |                  | •                 | nally Integ      | _                  | d                   | Г⊤ype                | III - Ot   | her      |
| e        | Γ        | By checkin                       | g this box, I ce        | rtıfy that the organızatıon ıs                                | not contro       | olled direc       | tly or ındı      | rectly by o        | ne or mor           | e dısqualı           | fied pers  | ons      |
|          |          |                                  |                         | agers and other than one or                                   | more publ        | ıcly suppo        | orted orga       | nızatıons (        | described           | ın section           | 509(a)(    | 1) or    |
| f        |          | section 50                       |                         | d a written determination fro                                 | m the IDS        | that it is        | a Type I         | Type II o          | r Type III          | supportin            | a oraani   | zation   |
| •        |          | check this                       |                         | d a written determination no                                  | ill the IKC      | , that it is      | a Type I,        | Type II O          | i Type III          | Supportin            | g Organiz  |          |
| g        |          |                                  |                         | as the organization accepted                                  | d any gift       | or contribi       | utıon from       | any of the         | !                   |                      |            | ·        |
|          |          | following pe                     |                         |   |                  |                   |                  |                    |                     |                      |            |          |
|          |          |                                  | •                       | r indirectly controls, either a                               |                  | _                 | in persons       | describe           | a in (ii)           | 11-4                 | Yes        | No       |
|          |          |                                  | · -                     | ng body of the the supported                                  | _                | tion              |                  |                    |                     | 11g(                 |            | <u> </u> |
|          |          |                                  | •                       | erson described in (i) above<br>ty of a person described in ( |                  |                   |                  |                    |                     | 11g(                 | _          | _        |
| <b>L</b> |          |                                  |                         | nation about the organizatio                                  |                  |                   | cupporto         |                    |                     | 11g(                 | ,          | <u> </u> |
| h        |          | Flovide the                      | e lonowing intori       | nation about the organizatio                                  | iis the org      | iailizatioii      | supports         |                    |                     |                      |            |          |
|          | (i) Na   | ime of                           | (ii) EIN                | (iii) Type of organization                                    | (iv) I           | s the             | <b>(v)</b> Did v | ou notify          | (vi) ī              | s the                | (vii) An   | nount of |
|          | Supp     |                                  | (,                      | (described on lines 1-9                                       |                  | ation in          | 1 * .*           | nızatıon           |                     | ation in             | supp       |          |
| (        | ) rgan   | ızatıon                          |                         | above or IRC section  | col (i)          |                   |                  | i) of your         |                     | rganızed             |            |          |
|          |          |                                  |                         | (See Instructions))   | your go<br>docur | _                 | supp             | oort?              | ın the              | US?                  |            |          |
|          |          |                                  |                         |   | Yes              | No                | Yes              | No                 | Yes                 | No                   |            |          |
|          |          |                                  |                         |   | 162              | 140               | 162              | 140                | 162                 | 140                  |            |          |
|          |          |                                  |                         |   |                  |                   |                  | -                  |                     |                      |            |          |
|          |          |                                  |                         |   |                  |                   |                  | -                  |                     |                      |            |          |
|          |          |                                  |                         |   |                  |                   |                  |                    |                     |                      |            |          |
|          |          |                                  |                         |   |                  |                   |                  |                    |                     |                      |            |          |

Total

## Part II Support Schedule for Organizations Described in IRC 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.)

|         | (Complete only if you chec   | ked the box o                             | ii iiiie 5, 7, or                   | 0 01 Part 1.)               |                  |         |            |                  |
|---------|--|---|-------------------------------------|-----------------------------|------------------|---------|------------|------------------|
|         | ublic Support  |   |                                     |                             |                  |         |            |                  |
|         | endar year (or fiscal year beginning in)   | (a) 2004                                  | <b>(b)</b> 2005                     | (c) 2006                    | <b>(d)</b> 2007  | (e)     | 2008       | (f) Total        |
| 1       | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 4,459,340                                 | 2,506,665                           | 3,286,804                   | 3,647,833        |         | 2,527,852  | 16,428,494       |
| 2       | Tax revenues levied for the organization's benefit and either paid to or expended on   |   |                                     |                             |                  |         |            |                  |
|         | ıts behalf   |   |                                     |                             |                  |         |            |                  |
| 3       | The value of services or facilities  |   |                                     |                             |                  |         |            |                  |
|         | furnished by a governmental unit to the organization without charge  | 4.450.240                                 | 2 506 665                           | 2 206 004                   | 2 647 022        |         | 2 527 052  | 16 120 101       |
| 4       | Total. Add line 1-3  | 4,459,340                                 | 2,506,665                           | 3,286,804                   | 3,647,833        |         | 2,527,852  | 16,428,494       |
| 5       | The portion of total contribution by each person (other than a government unit or  |   |                                     |                             |                  |         |            |                  |
|         | publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)                                |   |                                     |                             |                  |         |            | 5,379,050        |
| 6       | Public Support subtract line 5 from line   |   |                                     |                             |                  |         |            | 11.010.111       |
|         | 4  |   |                                     |                             |                  |         |            | 11,049,444       |
| T       | otal Support   |   |                                     |                             |                  |         |            |                  |
| Cal     | endar year (or fiscal year beginning in)   | (a) 2004                                  | <b>(b)</b> 2005                     | (c) 2006                    | (d) 2007         | (e)     | 2008       | <b>(f)</b> Total |
| 7       | A mounts from line 4   | 4,459,340                                 | 168,379                             | 3,286,804                   | 3,647,833        |         | 2,527,852  | 16,428,494       |
| 8       | Gross income from interest, dividends,   |   |                                     |                             |                  |         |            |                  |
|         | payments received on securities loans, rents, royalties and income from similar sources  | 77,852                                    | 168,379                             | 202,172                     | 300,551          |         | 384,009    | 1,132,963        |
| 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 IV )  |   |                                     |                             |                  |         | 1,136      | 1,136            |
| 11      | Total Support (Add lines 7 through 10)   |   |                                     |                             |                  | ı       |            | 17,562,593       |
| 12      | Gross receipts from related activities, etc  | (See instruction                          | s)                                  |                             |                  | 12      |            | 31,948           |
| 13<br>C | First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc                    |   | st, second, third                   | d, fourth, or fifth         | tax year as a 5  | 01(c)(  |            | <b>▶</b> ┌       |
| 14      | Public Support Percentage for 2008 (line 6   | column (f) dıvıd                          | ed by line 11 co                    | lumn (f))                   |                  | 14      |            | 62.910 %         |
| 15      | Public Support Percentage for 2007 Sched   | ule A , Part IV - A                       | , lıne 26f                          |                             |                  | 15      |            | 48.610 %         |
|         | 33 1/3% Test - 2008. If the organization did<br>and stop here. The organization qualifies as<br>33 1/3% Test - 2007. If the organization did | a publicly supp                           | orted organizati                    | on                          | ·                |         |            | <b>▶</b>  ▼      |
|         | box and <b>stop here.</b> The organization qualified <b>10% Facts and Circumstances Test - 2008.</b>   | es as a publicly :<br>If the organization | supported organ<br>on did not check | ization<br>a box on line 1: | 3, 16a, or 16b a | ind lin | e 14 ıs 10 | <b>▶</b> % or    |
|         | more, and if the organization meets the "fac<br>organization meets the "facts and circumst   |   |                                     |                             |                  |         |            | w the            |
| b       | 10% Facts and Circumstances Test - 2007.   | If the organization                       | on did not check                    | a box on line 13            | 3, 16a, 16b, or  | 17a ar  | nd line 15 | s 10% or         |
|         | more, and if the organization meets the "fac   |   |                                     |                             |                  |         |            |                  |
| 18      | the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did   |   |                                     |                             |                  |         |            | ►□               |

| Pa   | Support Schedule for On<br>(Complete only if you ched                   |                    |                   |                     | )(2)             |                 |                  |
|------|---|--------------------|-------------------|---------------------|------------------|-----------------|------------------|
|      | ction A. Public Support   |                    |                   |                     |                  |                 |                  |
| Cale | ndar year (or fiscal year beginning in)                                 | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | (f) Total        |
| 1    | Gifts, grants, contributions, and                                       |                    |                   |                     |                  |                 |                  |
|      | membership fees received (Do not  |                    |                   |                     |                  |                 |                  |
| 2    | include any "unusual grants ")<br>Gross receipts from admissions,       |                    |                   |                     |                  |                 |                  |
| 2    | 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 1-5   |                    |                   |                     |                  |                 |                  |
| 7a   | A mounts included on lines 1, 2, and 3                                  |                    |                   |                     |                  |                 |                  |
|      | received from disqualified persons<br>Amounts included on lines 2 and 3 |                    |                   |                     |                  |                 |                  |
| D    | received from other than disqualified                                   |                    |                   |                     |                  |                 |                  |
|      | persons that exceed the greater of 1% of                                |                    |                   |                     |                  |                 |                  |
|      | the total of lines 9, 10c, 11, and 12 for                               |                    |                   |                     |                  |                 |                  |
|      | the year or \$5,000   |                    |                   |                     |                  |                 |                  |
| c    | Total of lines 7a and 7b  |                    |                   |                     |                  |                 |                  |
| 8    | Public Support (Substract line 7c from                                  |                    |                   |                     |                  |                 |                  |
| ·    | line 6)   |                    |                   |                     |                  |                 |                  |
| To   | tal Support   |                    | •                 | •                   |                  |                 |                  |
| Cale | ndar year (or fiscal year beginning in)                                 | (a) 2004           | <b>(b)</b> 2005   | (c) 2006            | (d) 2007         | (e) 2008        | <b>(f)</b> Total |
| 9    | A mounts 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 30 June, 1975  |                    |                   |                     |                  |                 |                  |
| С    | Add lines 10a and 10b   |                    |                   |                     |                  |                 |                  |
| 11   | Net income from unrelated business                                      |                    |                   |                     |                  |                 |                  |
|      | activities not included in line 10b,                                    |                    |                   |                     |                  |                 |                  |
|      | whether or not the business is regularly carried on                     |                    |                   |                     |                  |                 |                  |
| 12   | Other income Do not include gain or loss                                |                    |                   |                     |                  |                 |                  |
| 12   | from the sale of capital assets   |                    |                   |                     |                  |                 |                  |
|      | (Explain in Part IV )   |                    |                   |                     |                  |                 |                  |
| 13   | Total Support (Add lines 9, 10c, 11 and                                 |                    |                   |                     |                  |                 |                  |
|      | 12)   |                    |                   |                     |                  |                 |                  |
| 14   | First Five Years If the Form 990 is for the                             | organization's fi  | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation,          |
|      | check this box and <b>stop here</b>                                     |                    |                   |                     |                  |                 | ▶□               |
|      |   |                    |                   |                     |                  |                 |                  |
|      | mputation of Public Support Perc  |                    |                   |                     |                  | <del></del>     |                  |
| 15   | Public Support Percentage for 2008 (line                                |                    | •                 | olumn (f))          |                  | 15              |                  |
| 16   | Public Support Percentage for 2007 Sche                                 | dule A , Part IV - | A, line 27g       |                     |                  | 16              |                  |
|      |   |                    |                   |                     |                  |                 |                  |
|      | mputation of Investment Income  |                    |                   | 40 1 1              |                  |                 |                  |
| 17   | Investment Income Percentage for 2008 (                                 |                    |                   | -                   | ))               | 17              |                  |
| 18   | Investment Income Percentage from 2007                                  | 'Schedule A , Pa   | rt IV-A, line 27  | h                   |                  | 18              |                  |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

| Part IV | <b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) |
|---------|---|
|         |   |
|         | Facts and Circumstances Test  |
|         |   |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
The Community Foundation of Harrisonburg
& Rockingham County

Employer identification number

54-1920746

| & R | ockingham County   |  | 54-1920746   |
|-----|--|--|--|
| Pa  | organizations Maintaining Donor A organization answered "Yes" to Form 99   |  | inds or Accounts. Complete if the                                |
|     |  | (a) Donor advised funds                                | (b) Funds and other accounts                                     |
| 1   | Total number at end of year  | 55   |  |
| 2   | Aggregate Contributions to (during year)   | 1,983,655  |  |
| 3   | Aggregate Grants from (during year)  | 573,223  |  |
| 4   | Aggregate value at end of year   | 7,259,835  |  |
| 5   | Did the organization inform all donors and donor adv funds are the organization's property, subject to the   |  | or advised   |
| 6   | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?                               |  | may be<br><b>√ Yes                                   </b>        |
| Pai | rt III Conservation Easements. Complete  | if the organization answered "Yes" to                  | Form 990, Part IV, line 7.                                       |
| 1   | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space         | on or pleasure) Preservation of an Preservation of cei | historically importantly land area<br>rtified historic structure |
| 2   | Complete lines 2a-2d if the organization held a qual<br>on the last day of the tax year  | ified conservation contribution in the form            |  |
|     |  |  | Held at the End of the Year                                      |
| а   | Total number of conservation easements   |  | 2a   |
| Ь   | Total acreage restricted by conservation easement  | cs   | 2b   |
| С   | Number of conservation easements on a certified h  | istoric structure included in (a)                      | 2c   |
| d   | Number of conservation easements included in (c)   | acquired after 8/17/06                                 | 2d   |
| 3   | Number of conservation easements modified, transfe<br>the taxable year ►   | erred, released, extinguished, or terminate            | d by the organization during                                     |
| 4   | Number of states where property subject to conserv   | ation easement is located ►                            |  |
| 5   | Does the organization have a written policy regardin<br>enforcement of the conservation easements it holds   |  | tions, and   |
| 6   | Staff or volunteer hours devoted to monitoring, inspe  | ecting and enforcing easements during the              | year <b>►</b>  |
| 7   | A mount of expenses incurred in monitoring, inspecti   | ng, and enforcing easements during the ye              | ar <b>►</b> \$   |
| 8   | Does each conservation easement reported on line $3.00(h)(4)(B)(I)$ and $1.70(h)(4)(B)(II)$ ?  | 2(d) above satisfy the requirements of sec             | tion   |
| 9   | In Part XIV, describe how the organization reports of<br>balance sheet, and include, if applicable, the text of<br>the organization's accounting for conservation ease   | the footnote to the organization's financial<br>ments  | statements that describes  |
| Par | Complete if the organization answered  |  | or Other Similar Assets.   |
| 1a  | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file. | for public exhibition, education or researc            | h ın furtherance of public service,                              |
| ь   | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item         | public exhibition, education, or research ir           |  |
|     | (i) Revenues included in Form 990, Part VIII, line 1   |  | <b>▶</b> \$  |
|     | (ii) Assets included in Form 990, Part X   |  | <b>►</b> \$  |
| 2   | If the organization received or held works of art, hist following amounts required to be reported under SFA  |  | r financial gain, provide the                                    |
| а   | Revenues included in Form 990, Part VIII, line 1   |  | <b>&gt;</b> \$   |

**b** Assets included in Form 990, Part X

|             | Organizations Maintaining Co  | Hections of Art,                      | пі5           | LUII           | Cai ileasui                        | es, or othe                                | Sillilla    | I ASSE    | <b>ts</b> (co | ontinuea)   |
|-------------|---|---------------------------------------|---------------|----------------|------------------------------------|--|-------------|-----------|---------------|-------------|
| 3           | Using the organization's accession and othe items (check all that apply)    | records, check any                    | of th         | e fol          | lowing that are                    | a sıgnıfıcant u:                           | se of its c | ollection |               |             |
| а           | Public exhibition   |                                       | d             | Γ              | Loan or excha                      | nge programs                               |             |           |               |             |
| b           | Scholarly research  |                                       | e             | Γ              | Other                              |  |             |           |               |             |
| c           | Preservation for future generations   |                                       |               |                |                                    |  |             |           |               |             |
| 4           | Provide a description of the organization's co                              | ollections and explai                 | n hov         | v the          | v further the ord                  | ianization's ex                            | empt purp   | ose in    |               |             |
| •           | Part XIV  | moderono ana expran                   |               |                | , raremor end org                  | , anneation of an                          | opt pu.p    |           |               |             |
| 5           | During the year, did the organization solicit o                             |                                       |               |                |                                    |  | ılar        | _         |               | _           |
|             | assets to be sold to raise funds rather than t                              | ·                                     |               |                |                                    |  | 1 1134 -    | <u> </u>  |               | ∏ No        |
| Par         | Trust, Escrow and Custodial A<br>Part IV, line 9, or reported an an         |                                       |               |                |                                    | ization answ                               | ereu re     | s to Fo   | riii 9        | 90,         |
| 1a          | Is the organization an agent, trustee, custod included on Form 990, Part X? |                                       |               |                | •                                  | other assets r                             | not         |           | res -         | ┌ No        |
| ь           | If "Yes," explain why in Part XIV and comple                                | te the following table                | e             |                |                                    |  |             |           |               |             |
|             |   | -                                     |               |                |                                    |  |             | A mou     | nt            |             |
| 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 Fo                                | orm 990, Part X, line                 | 21?           |                |                                    | <u> </u>                                   |             |           | ⁄es           | ┌ No        |
| ь           | If "Yes," explain the arrangement in Part XIV                               | •                                     |               |                |                                    |  |             | •         |               | •           |
|             | rt V Endowment Funds. Complete  |                                       | ans           | were           | ed "Yes" to Fo                     | rm 990, Par                                | t IV, lıne  | 10.       |               |             |
|             | <u> </u>  | (a)Current Year                       |               | <b>)</b> Prior |                                    | Years Back (d)                             |             |           | Four Y        | ears Back   |
| 1a          | Beginning of year balance   | 7,523,660                             |               |                |                                    |  |             |           |               |             |
| b           | Contributions   | 176,028                               |               |                |                                    |  |             |           |               |             |
| c           | Investment earnings or losses   | -1,284,510                            |               |                |                                    |  |             |           |               |             |
| d           | Grants or scholarships  | 191,783                               |               |                |                                    |  |             |           |               |             |
| e           | Other expenditures for facilities   | 40,036                                |               |                |                                    |  |             |           |               |             |
| f           | and programs  | 1,897                                 |               |                |                                    |  |             |           |               |             |
| g           | End of year balance   | 6,181,462                             |               |                |                                    |  |             |           |               |             |
| _           | Provide the estimated percentage of the yea                                 |                                       | _             |                |                                    |  |             |           |               |             |
| 2           |   | 69 520 %                              | 5             |                |                                    |  |             |           |               |             |
| а           | Board designated or quasi-endowment   | 09 320 70                             |               |                |                                    |  |             |           |               |             |
| Ь           | Permanent endowment ► 30 480 %  |                                       |               |                |                                    |  |             |           |               |             |
| c           | Term endowment ► 0 %  | 6.1                                   |               |                |                                    | , · -                                      |             |           |               |             |
| 3a          | Are there endowment funds not in the posses<br>organization by              | ssion of the organiza                 | tion t        | hat a          | are held and adı                   | ministered for                             | the         | [         | Yes           | No          |
|             | (i) unrelated organizations   |                                       |               |                |                                    |  |             | 3a(i)     |               | No          |
|             | (ii) related organizations  |                                       |               |                |                                    |  |             | 3a(ii)    |               | Νο          |
| b           | If "Yes" to 3a(II), are the related organizatio                             |                                       |               |                |                                    |  |             | 3b        |               |             |
| 4           | Describe in Part XIV the intended uses of th                                | e organization's end                  | owme          | ent fu         | ınds                               |  |             |           |               |             |
| Par         | t VI Investments—Land, Buildings  | s, and Equipmer                       | 1 <b>t.</b> S | ee F           | orm 990, Par                       | t X, line 10.                              | 1           |           |               |             |
|             |   |                                       |               |                | a) Cost or other asis (investment) | ( <b>b)</b> Cost or other<br>basis (other) | (c) Dep     | reciation | (d) B         | مبامي بامما |
|             | Description of investment   |                                       |               |                |                                    |  |             |           | L` ´          | ook value   |
| 1a          | Description of investment   |                                       |               |                |                                    |  |             |           |               | ook value   |
|             | ·   |                                       |               |                |                                    |  |             |           |               | SOOK VAIUE  |
| b           | Land  |                                       |               |                |                                    |  |             |           |               | ook value   |
| b<br>c      | Land  |                                       |               |                |                                    |  |             |           |               | ook value   |
| b<br>c<br>d | Land  | · · · · · · · · · · · · · · · · · · · | ·<br>·<br>·   |                |                                    |  |             |           |               | sook value  |

| Part VIII Investments—Other Securities. See                         | Form 990, Part X, line 1. |                    |                |
|---|---------------------------|--------------------|----------------|
| (a) Description of security or cateory                              | (b)Book value             | (c) Method of      |                |
| (including name of security)  |                           | Cost or end-of-yea | i market value |
| Financial derivatives and other financial products                  |                           |                    |                |
| Closely-held equity interests                                       |                           |                    |                |
| Other   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) |                           |                    |                |
| Part VIII Investments—Program Related. Se                           | e Form 990. Part X. line  | <br>13.            |                |
|   |                           | (c) Method of      | valuation      |
| (a) Description of investment type                                  | (b) Book value            | Cost or end-of-yea |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) |                           |                    |                |
| Part IX Other Assets. See Form 990, Part X, II                      |                           |                    |                |
| (a) Descri  | ption                     |                    | (b) Book value |
| Beneficial interests in charitable lead trusts                      |                           |                    | 1,975,513      |
| Other Current Assets  |                           |                    | 177,970        |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line      | 15.)                      |                    | 2,153,483      |
| Part X Other Liabilities. See Form 990, Part X                      |                           |                    |                |
| (a) Description of Liability  | (b) A mount               |                    |                |
| Federal Income Taxes  |                           |                    |                |
| UBI Tax Payable   | 338,000                   |                    |                |
| Agency Obligations  | 2,839,656                 |                    |                |
| - · ·   | ,,                        |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   | <del> </del>              |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
|   |                           |                    |                |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) | 3,177,656                 |                    |                |

| Part | XI Reconciliation of C                       | hange in Net Assets from Forı  | m 990 ·    | <u>to Fi</u> | <u>nancial Statem</u> | ents    |                      |
|------|--|--|------------|--------------|-----------------------|---------|----------------------|
| 1    | Total revenue (Form 990, Part                | VIII, column (A), line 12)   |            |              |                       | 1       | 2,551,307            |
| 2    | Total expenses (Form 990, Par                | t IX, column (A), line 25)   |            |              |                       | 2       | 1,199,051            |
| 3    | Excess or (deficit) for the year             | Subtract line 2 from line 1  |            |              |                       | 3       | 1,352,256            |
| 4    | Net unrealized gains (losses) o              | n investments  |            |              |                       | 4       | -1,831,096           |
| 5    | Donated services and use of fac              | cilities   |            |              |                       | 5       |                      |
| 6    | Investment expenses                          |  |            |              |                       | 6       |                      |
| 7    | Prior period adjustments                     |  |            |              |                       | 7       |                      |
| 8    | Other (Describe in Part XIV)                 |  |            |              |                       | 8       | 119,404              |
| 9    | Total adjustments (net) Add lir              | nes 4 - 8  |            |              |                       | 9       | -1,711,692           |
| 10   | , ,  | per financial statements Combine line  | s 3 and 9  | 9            |                       | 10      | +                    |
| Part |  | evenue per Audited Financial   |            |              | s With Revenue        | per R   |                      |
| 1    |  | r support per audited financial stateme  |            |              |                       | . 1     | 1,187,740            |
| 2    | A mounts included on line 1 bu               | t not on Form 990, Part VIII, line 12  |            |              |                       |         |                      |
| а    | Net unrealized gains on invest               | ments  | .   2      | a            |                       |         |                      |
| b    | Donated services and use of fa               | acilities  | . 2        | ь            | 29,66                 | 8       |                      |
| c    | Recoveries of prior year grants              |  | . 2        | 2c           |                       |         |                      |
| d    | Other (Describe in Part XIV)                 |  | 2          | d            | -1,373,69             | 2       |                      |
| e    | Add lines <b>2a</b> through <b>2d</b> .      |  | —          |              |                       | 2e      | -1,344,024           |
| 3    | Subtract line $2e$ from line $1$ .           |  |            |              |                       | 3       | 2,531,764            |
| 4    | Amounts included on Form 99                  | 0, Part VIII, line 12, but not on line <b>1</b>  |            |              |                       |         |                      |
| а    | Investment expenses not incl                 | uded on Form 990, Part VIII, line 7b   | . 4        | a            | 19,54                 | 3       |                      |
| b    | Other (Describe in Part XIV)                 |  | . 4        | ь            |                       |         |                      |
| c    | Add lines <b>4a</b> and <b>4b</b>            |  |            |              |                       | 4c      | 19,543               |
| 5    |  | d <b>4c.</b> (This should equal Form 990, Par  |            |              |                       | 5       | 2,551,307            |
| Part |  | xpenses per Audited Financia   |            |              | ts With Expens        | es per  | Return               |
| 1    |  | audited financial statements   |            | •            |                       | 1       | 1,209,176            |
| 2    |  | t not on Form 990, Part IX, line 25  |            |              |                       |         |                      |
| а    |  | acilities  | <b>—</b>   | 2a           | 29,66                 | 8       |                      |
| b    | •  |  | · ·  _     | 2b           |                       | 4       |                      |
| С    |  | Part IX, line 25   | <u> </u>   | 2c           |                       | 4       |                      |
| d    | Other (Describe in Part XIV)                 |  | · L        | 2d           |                       | 4       |                      |
| e    | Add lines <b>2a</b> through <b>2d</b>        |  |            | •            |                       | 2e      | 29,668               |
| 3    | Subtract line <b>2e</b> from line <b>1</b> . |  |            | •            |                       | 3       | 1,179,508            |
| 4    |  | O, Part IX, line 25, but not on line 1:  |            | 1            |                       |         |                      |
| а    |  | uded on Form 990, Part VIII, line 7b   | · ·        | 4a           | 19,54                 | 3       |                      |
| b    | Other (Describe in Part XIV)                 |  | · L        | 4b           |                       | 4       |                      |
| С    | Add lines <b>4a</b> and <b>4b</b>            |  |            | •            |                       | 4c      | 19,543               |
| 5    | <u> </u>                                     | nd <b>4c.</b> (This should equal Form 990, Pa  | rt I, line | 18)          |                       | 5       | 1,199,051            |
| Com  |  | <b>ormation</b><br>scriptions required for Part II, lines 3,<br>, Part XII, lines 2d and 4b, and Part XI |            |              | •                     | Part XI | V , lines 1b and 2b, |
|      | Ident if ier                                 | Return Reference   |            |              | Explan                | at ion  |                      |
|      |  |  |            |              | •                     |         |                      |
|      |  |  |            |              |                       |         |                      |
|      |  |  |            |              |                       |         |                      |
|      |  |  |            |              |                       |         |                      |
|      |  |  |            |              |                       |         |                      |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493084010070

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the U.S.

**Grants and Other Assistance to Organizations,** 

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

Open to Public **Inspection** 

| Name of the organization                             |  |  |                              |   |   | Employer identi     | fication number                       |
|--|--|--|------------------------------|---|---|---------------------|---------------------------------------|
| The Community Foundation of h<br>& Rockingham County | larrisonburg   |  |                              |   |   | 54-1920746          |                                       |
| Part I General Inform                                | mation on Grar   | its and Assistance   | •                            |   |   | <u>'</u>            |                                       |
| Form 990, Part 1                                     | d to award the gran<br>rganization's proce<br>her Assistance<br>IV, line 21 for an | ts or assistance? dures for monitoring th<br>to Governments<br>y recipient that rece | e use of grant funds in the  |   |   | rganization answere | d "Yes" on                            |
| Part IV and Schoneeded                               |  |  |                              |   |   | . ▶ ┌               |                                       |
| 1(a) Name and address of organization or government  | <b>(b)</b> EIN   | (c) IRC section<br>if applicable   | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) |                     | (h) Purpose of grant<br>or assistance |
| See Additional Data Table                            |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
|  |  |  |                              |   |   |                     |                                       |
| 2 Enter total number of seconganizations             |  | =  |                              |   | •   |                     | 154                                   |
| 3 Enter total number of other                        | er organizations .   |  |                              |   |   |                     | 4                                     |
| For Paperwork Reduction Act Not                      | ice, see the Instruct  | ions for Form 990.   |                              | Cat No 50055F                             |   | Sc                  | hedule I (Form 990) 2008              |

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F | art IV, line 22. |
|----------|---|------------------|
|          | Use Schedule I-1 (Form 990) if additional space is needed.  |                  |

| (a)Type of grant or assistance | ( <b>b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of<br>non-cash assistance | (e) Method of valuation<br>(book, FMV, appraisal,<br>other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-------------------------------------|--------------------------------------|---|---------------------------------------|
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |
|                                |                                  |                                     |                                      |   |                                       |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier                                  | Return Reference | Explanation   |
|---|------------------|---|
| Procedure for Monitoring<br>Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 Once grants are issued there is no monitoring of use |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
|   |                  |   |
| 1   |                  |   |
| 1   |                  |   |
|   |                  |   |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493084010070

OMB No 1545-0047

**Employer identification number** 

#### Schedule J (Form 990)

Department of the Treasury

Name of the organization

The Community Foundation of Harrisonburg

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Compensation Information** 

Open to Public . Inspection

| & R | ockingham County   |           | 54-1920746                                      |    |     |     |
|-----|--|-----------|---|----|-----|-----|
| Pa  | rt I Questions Regarding Compensatio   | n         | ·   |    |     |     |
|     |  |           |   |    | Yes | Νo  |
| 1a  | Check the appropriate box(es) if the organization pro<br>990, Part VII, Section A, line 1a Complete Part II      |           |   |    |     |     |
|     | First class or charter travel  | $\vdash$  | Housing allowance or residence for personal use |    |     |     |
|     | Travel for companions  | Γ         | Payments for business use of personal residence |    |     |     |
|     | Tax idemnification and gross-up payments   |           |   |    |     |     |
|     | Discretionary spending account   | Γ         | Personal services (e g , maid, chauffeur, chef) |    |     |     |
| b   | If line 1a is checked, did the organization follow a w<br>provision of all the expenses described above? If "N   |           |   | 1b |     |     |
| 2   | Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive        |           |   | 2  |     |     |
| 3   | Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t         |           | ·   |    |     |     |
|     | Compensation committee   | 굣         | Written employment contract                     |    |     |     |
|     | Independent compensation consultant  | 굣         | Compensation survey or study                    |    |     |     |
|     | Form 990 of other organizations  | 굣         | Approval by the board or compensation committee |    |     |     |
| 4   | During the year, did any person listed in Form 990,  | Part VI   | I, Section A, line 1a                           |    |     |     |
| а   | Receive a severance payment or change of control   | paymen    | t?  | 4a |     | Νo  |
| b   | Participate in, or receive payment from, a suppleme  | ntal nor  | qualified retirement plan?                      | 4b |     | Νo  |
| c   | Participate in, or receive payment from, an equity-b   | ased co   | mpensation arrangement?                         | 4c |     | Νo  |
|     | If "Yes" to any of lines 4a-c, list the persons and pi   | rovide th | ne applicable amounts for each item in Part III |    |     |     |
|     | 501(c)(3) and 501(c)(4) organizations only must co   | mplete    | lines 5-8.                                      |    |     |     |
| 5   | For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of                  | line 1a   | , did the organization pay or accrue any        |    |     |     |
| а   | The organization?  |           |   | 5a |     | Νo  |
| b   | Any related organization?  |           |   | 5b |     | Νo  |
|     | If "Yes," to line 5a or 5b, describe in Part III   |           |   |    |     |     |
| 6   | For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of              | line 1a   | , did the organization pay or accrue any        |    |     |     |
| а   | The organization?  |           |   | 6a |     | Νo  |
| b   | Any related organization?  |           |   | 6b |     | Νo  |
|     | If "Yes," to line 6a or 6b, describe in Part III   |           |   |    |     |     |
| 7   | For persons listed in form 990, Part VII, Section A,   |           |   |    |     |     |
|     | payments not described in lines 5 and 6? If "Yes,"   | describe  | e in Part III                                   | 7  |     | Νo  |
| 8   | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | •         | •   |    |     | N - |

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

|                 | _           |  |   |                             | 1            | I              | 1                    |   |  |
|-----------------|-------------|--|---|-----------------------------|--------------|----------------|----------------------|---|--|
| (A) Name        |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |                             | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |  |
|                 |             | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>compensation | compensation | benefits       | (B)(ı)-(D)           | 990 or Form 990-EZ                      |  |
| Michael E Fiore | (ı)<br>(ıı) | 22,000   |   |                             |              |                | 22,000               | 22,000                                  |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         |  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |
|                 | (i)         | ·  |   |                             |              |                |                      |   |  |
|                 | (ii)        |  |   |                             |              |                |                      |   |  |

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Return<br>Reference | Explanation |
|--------------|---------------------|-------------|
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
|              |                     |             |
| -            |                     |             |
|              |                     |             |
|              | •                   |             |

### **Non-Cash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Employer identification number Name of the organization The Community Foundation of Harrisonburg

|          | kingnam County  |                                  |                                |  | 54-1920746                           |        |      |           |
|----------|---|----------------------------------|--------------------------------|--|--------------------------------------|--------|------|-----------|
| Pa       | rt I Types of Property  |                                  |                                | <u> </u>   |                                      |        |      |           |
|          |   | (a)<br>Check<br>If<br>applicable | (b)<br>Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line | <b>(d</b> )<br>Method of de<br>reven | etermi | nıng |           |
| 1        | Art—Works of art  | аррисавіс                        |                                |  |                                      |        |      |           |
|          | Art—Historical treasures .  |                                  |                                |  |                                      |        |      |           |
|          | Art—Fractional Interests  |                                  |                                |  |                                      |        |      |           |
| 4        | Books and publications  |                                  |                                |  |                                      |        |      |           |
| 5        | Clothing and household  |                                  |                                |  |                                      |        |      |           |
| 6        | Cars and other vehicles   |                                  |                                |  |                                      |        |      |           |
| 7        | Boats and planes  |                                  |                                |  |                                      |        |      |           |
| 8        | Intellectual property   |                                  |                                |  |                                      |        |      |           |
| 9        | Securities—Publicly traded .  | Х                                | 10                             | 47,537   | FMV at time of dona                  | tıon   |      |           |
| 10       | Securities—Closely held stock $\ .$   | Х                                | 1                              | 746,365  | Appraisal Value                      |        |      |           |
| 11       | Securities—Partnership, LLC, or trust interests   |                                  |                                |  |                                      |        |      |           |
| 12       | Securities—Miscellaneous  |                                  |                                |  |                                      |        |      |           |
| 13       | Qualified conservation contribution (historic structures)                                     |                                  |                                |  |                                      |        |      |           |
| 14       | Qualified conservation contribution (other)   |                                  |                                |  |                                      |        |      |           |
| 15       | Real estate—Residential .   |                                  |                                |  |                                      |        |      |           |
| 16       | Real estate—Commercial  |                                  |                                |  |                                      |        |      |           |
| 17       | Real estate—Other   |                                  |                                |  |                                      |        |      |           |
| 18       | Collectibles  |                                  |                                |  |                                      |        |      |           |
|          | Food inventory  |                                  |                                |  |                                      |        |      |           |
|          | Drugs and medical supplies .  |                                  |                                |  |                                      |        |      |           |
|          | Taxidermy   |                                  |                                |  |                                      |        |      |           |
|          | Historical artifacts  |                                  |                                |  |                                      |        |      |           |
|          | Scientific specimens  |                                  |                                |  |                                      |        |      |           |
|          | Archeological artifacts   | .,                               | 26                             | 20.660   | EMAN /                               |        |      |           |
|          | Other (describe <u>In-Kind</u> )  | X                                | 26                             | 29,668   | FMV                                  |        |      |           |
|          | Other (describe)  |                                  |                                |  |                                      |        |      |           |
|          | Other (describe) Other (describe)   |                                  |                                |  |                                      |        |      |           |
| 20<br>29 | Number of Forms 8283 received   | by the ora                       | nization during the tax ve     | r for contributions for                            |                                      |        |      |           |
| 29       | which the organization complete Acknowledgement   | d Form 828                       | 33, Part IV, Donee             | ar for contributions for                           | 29                                   |        |      | 1         |
| 30a      | During the year, did the organiza   |                                  |                                |  | ı                                    |        | Yes  | No        |
|          | least three years from the date of  |                                  |                                | not required to be used for a                      | exempt purposes                      |        |      | No        |
|          | for the entire holding period? .  |                                  |                                |  |                                      | 30a    |      | No        |
|          | If "Yes", describe the arrangeme  |                                  |                                | _  |                                      |        |      |           |
| 31       | Does the organization have a gif  |                                  |                                |  |                                      | 31     | Yes  |           |
| 32a      | Does the organization hire or use contributions?  | e third parti                    | ies or related organizations   | to solicit, process, or sell                       | non-cash                             | 32a    |      | No        |
|          | If "Yes", describe in Part II If the organization did not report checked, describe in Part II | revenues i                       | n Column (c) for a type of p   | roperty for which Column (a                        | a) is                                |        |      | _ <b></b> |

| Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. |                   |             |  |  |  |  |  |
|---|-------------------|-------------|--|--|--|--|--|
| Identifier  | ReturnReference   | Explanation |  |  |  |  |  |
| 240111111   | Notal III Colored | Explanation |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   |                   |             |  |  |  |  |  |
|   | 1                 | I .         |  |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

DLN: 93493084010070

2008

Inspection

Name of the organization
The Community Foundation of Harrisonburg

& Rockingham County

Employer identification number

54-1920746

| ldentifier                 | Return Reference            | Explanation                           |
|----------------------------|-----------------------------|---------------------------------------|
| Form 990, Part III, line 3 | Changes in Program Services | The Valley Responds programwas closed |

| Identifier                        | Return<br>Reference          | Explanation   |
|-----------------------------------|------------------------------|---|
| Form 990,<br>Part III, line<br>4d | Other<br>Program<br>Services | Harrisonburg Children's Museum - In 2008-2009, the Community foundation engaged in an agreement with the Harrisonburg children's Museum to provide administrative support for their efforts to raise funds to renovate and move into a building that was given to them in downtown Harrisonburg. There is quite a bit of excitement about this organization, they currently operate in another building downtown which is one sixth the size of the new building. The mission of the 501(c)(3) organization is to engage young minds through interactive, multi-sensory learning experiences that promote greater understanding of themselves and their world. Expenses \$ 65625 including grants of \$ 65625. Revenue \$ 0 |

| ldentifier                        | Return<br>Reference          | Explanation  |
|-----------------------------------|------------------------------|--|
| Form 990,<br>Part III, line<br>4d | Other<br>Program<br>Services | Part of The Community Foundation's purpose is to manage permanent endow ments to enrich the quality of life in our communities. As of 06/30/2009, there were a total of 123 funds managed with assets of \$10,592,878. Of those, 41 were permanently endowed funds with assets totaling \$5,967,269 of which 10 were scholarship funds at varying levels of endow ment with total values of \$175,556. The Community Foundation's total grants, mostly within its community, were \$989,050 for its fiscal year 2008-09 to more than 160 grantees. This was due to significant donations to The Community Foundation's funds and significant grant-making from donor-advised and endowed funds. The Community Foundation accepts grant applications from non-profit agencies and charitable projects in Harrisonburg and Rockingham County. These Community Needs are shared with donor advisors, Private. Foundations and other area philanthropists in the hope of finding funding. These are the types of projects that The Community Endow ment would support if they had a significant Community Endow ment. Applications are available on its website. In its 2008-09, The Community Foundation held two Community Needs. Grants meeting. At these meetings, a total of 39 local charities were reviewed for support of various projects representing over \$675,000 in Community Needs. Similar meetings are planned semi-annually. This is another way to promote philanthropy and support the needs of the community. Expenses \$538671. Including grants of \$538671. Revenue \$0. |

| ldentifier                            | Return<br>Reference | Explanation   |
|---------------------------------------|---------------------|---|
| Form 990, Part VI, Section A, line 10 |                     | The form 990 is posted to a secure wieb potal for review & comments by the board of directors prior to filing |

| ldentifier                                | Return<br>Reference | Explanation  |
|---|---------------------|--|
| Form 990, Part VI,<br>Section B, line 12c |                     | The Foundation monitors the potential and actual conlicts of interest. The executive director and/or President of the Board speaks with appropriate individuals and takes necessary action when a conflict surfaces. |

| ldentifier                               | Return<br>Reference | Explanation  |
|--|---------------------|--|
| Form 990, Part VI,<br>Section B, line 15 |                     | All salary reviews are conducted by persons at least one level higher than the person in question. Much comparative, bench mark, data is obtained from the Council on Foundations. All compensation packages are calibrated to local conditions. |

| ldentifier                               | Return<br>Reference | Explanation   |
|--|---------------------|---|
| Form 990, Part VI,<br>Section C, line 19 |                     | The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request and via the wieb site |

| ldentifier | Return Reference | Explanation                              |  |  |  |  |  |
|------------|------------------|--|--|--|--|--|--|
|            |                  | The audit committee assumes responbility |  |  |  |  |  |

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

### SCHEDULE R (Form 990)

Name of the organization

The Community Foundation of Harrisonburg

#### **Related Organizations and Unrelated Partnerships**

2008

Employer identification number

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

| & Rockingham County  |                                   |   |                                  | 54-1920746                                |   |
|--|-----------------------------------|---|----------------------------------|---|---|
| Part I Identification of Disregarded Entities                                      |                                   |   |                                  |   |   |
| ( <b>A)</b> Name, address, and EIN of disregarded entity                           | <b>(B)</b><br>Primary activity    | (C)<br>Legal domicile (state<br>or foreign country) | <b>(D)</b><br>Total income       | <b>(E)</b><br>End-of-year assets          | <b>(F)</b> Direct controlling entity    |
| The Valley Responds LC   | Relief Work                       | VA  | 3,263                            | 0   | Sole MemberManager                      |
| Showker Memorial Gardens LC<br>PO Box 1068<br>Harrisonburg, VA 22803<br>20-0726547 | Manage Historic Cemetary          | VA  | 251,975                          | 571,081                                   | Sole MemberManager                      |
| TCF Holding LC<br>PO Box 1068<br>Harrisonburg, VA 22803                            | Hold Real Estate/Private<br>Stock | VA  | 0                                | 0   | sole MemberManager                      |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
| Part II Identification of Related Tax-Exempt Organiz                               | zations                           |   |                                  |   |   |
| (A) Name, address, and EIN of related organization                                 | <b>(B)</b><br>Primary activity    | (C)<br>Legal domicile (state<br>or foreign country) | ( <b>D)</b><br>Exempt Code secti | (E) Public charity sta (if section 501(c) | (F) atus Direct controlling (3)) entity |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |
|  |                                   |   |                                  |   |   |

Cat No 50135Y

| <b>(A)</b><br>Name, address, and EIN of<br>related organization | <b>(B)</b><br>Primary activity |                         | (C) Legal domicile (state or foreign country) | micile Direct controlling ate or entity reign |         | ( <b>E</b> ) Predominant income(related, investment, unrelated) |        | <b>(F)</b><br>e of total income              | <b>(G)</b><br>Share of end-of-<br>year assets | (H) Disproprtionallocations |  | conate<br>ns? Code V—UBI amount<br>on<br>Box 20 of K-1 |     | iral o<br>aging<br>ner? |
|---|--------------------------------|-------------------------|---|---|---------|---|--------|--|---|-----------------------------|--|--|-----|-------------------------|
|   |                                |                         |   |   |         |   |        |  |   | Yes                         | No   |  | Yes | No                      |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
| Part IV Identification of R                                     | Related                        | l Organizations         | Taxable as                                    | a Corporation                                 | ı or Tr | ust   |        |  |   |                             |  |  |     |                         |
| (A)<br>Name, address, and EIN of related organ                  |                                | (B)<br>Primary activity |   | (C) Legal domicile (state or foreign country) |         | ( <b>D</b> ) Direct contro                                      | olling | (E) Type of entity (C corp, S corp or trust) | (F)<br>Share of total<br>income               | end                         | ( <b>G)</b><br>hare of<br>l-of-yea<br>assets | <b>(H)</b><br>Percentage<br>r ownership                |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |
|   |                                |                         |   |   |         |   |        |  |   |                             |  |  |     |                         |

| Part V Transactions with Related Organi | zations |
|---|---------|
|---|---------|

|                             | Note. Complete line 1 if any entity is listed in Parts II, III or IV                        |  |                                 |    | Yes | No |  |  |  |
|-----------------------------|---|--|---------------------------------|----|-----|----|--|--|--|
| <b>1</b> D                  | uring the tax year, did the orgranization engage in any of the following transactior        | ns with one or more related organizations listed in Parts II | -IV?                            |    |     |    |  |  |  |
| а                           | a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity |  |                                 |    |     |    |  |  |  |
| b                           | <b>b</b> Gift, grant, or capital contribution to other organization(s)                      |  |                                 |    |     |    |  |  |  |
| c                           | <b>c</b> Gift, grant, or capital contribution from other organization(s)                    |  |                                 |    |     |    |  |  |  |
| d                           | d Loans or loan guarantees to or for other organization(s)                                  |  |                                 |    |     |    |  |  |  |
| e                           | e Loans or loan guarantees by other organization(s)   |  |                                 |    |     |    |  |  |  |
|                             |   |  |                                 |    |     |    |  |  |  |
| f                           | Sale of assets to other organization(s)   |  |                                 | 1f |     |    |  |  |  |
| g                           | Purchase of assets from other organization(s)   |  | · ·                             | 1g |     |    |  |  |  |
| h                           | Exchange of assets  |  |                                 | 1h |     |    |  |  |  |
| i                           | Lease of facilities, equipment, or other assets to other organization(s)                    |  |                                 | 1i |     |    |  |  |  |
|                             |   |  | · ·                             |    |     |    |  |  |  |
| j                           | Lease of facilities, equipment, or other assets from other organization(s)                  |  |                                 | 1j |     |    |  |  |  |
| k                           | Performance of services or membership or fundraising solicitations for other org            | ganization(s)  | · ·                             | 1k |     |    |  |  |  |
| I                           | Performance of services or membership or fundraising solicitations by other organizations   | anızatıon(s)   |                                 | 11 |     |    |  |  |  |
| m                           | m Sharing of facilities, equipment, mailing lists, or other assets                          |  |                                 |    |     |    |  |  |  |
| n Sharing of paid employees |   |  |                                 |    |     |    |  |  |  |
|                             |   |  | · ·                             |    |     |    |  |  |  |
| 0                           | • Reimbursement paid to other organization for expenses                                     |  |                                 |    |     |    |  |  |  |
| р                           | Reimbursement paid by other organization for expenses                                       |  |                                 | 1р |     |    |  |  |  |
|                             |   |  |                                 |    |     |    |  |  |  |
| q                           | O ther transfer of cash or property to other organization(s)                                |  |                                 | 1q |     |    |  |  |  |
| r                           | O ther transfer of cash or property from other organization(s)                              |  |                                 | 1r |     |    |  |  |  |
|                             |   |  |                                 |    |     |    |  |  |  |
| 2                           | If the answer to any of the above is "Yes," see the instructions for information o          | n who must complete this line, including covered relations   | hips and transaction thresholds |    |     |    |  |  |  |
|                             | (A)   | (B)  | (c)                             |    |     |    |  |  |  |
|                             | Name of other organization(s)   | Transaction<br>type(a-r)                                     | Amount Involved                 |    |     |    |  |  |  |
| (1)                         |   |  | -<br>                           |    |     |    |  |  |  |
|                             |   |  | 1                               |    |     |    |  |  |  |
| (2)                         |   |  | I                               |    |     |    |  |  |  |
|                             |   |  |                                 |    |     |    |  |  |  |
| (3)                         |   |  | I                               |    |     |    |  |  |  |
|                             |   |  |                                 |    |     |    |  |  |  |
| (4)                         |   |  | I                               |    |     |    |  |  |  |
| <del></del>                 |   |  |                                 |    |     |    |  |  |  |
| (5)                         |   |  | ı                               |    |     |    |  |  |  |
| / <b>6</b> \                |   |  |                                 |    |     |    |  |  |  |
| (6)                         |   |  | I                               |    |     |    |  |  |  |

#### Part VI Unrelated Organizations Taxable as a Partnership

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

|  |                                |   |   |    |   |   |    |   | _        |           |
|--|--------------------------------|---|---|----|---|---|----|---|----------|-----------|
| <b>(A)</b><br>Name, address, and EIN of entity | <b>(B)</b><br>Primary activity | <b>(C)</b><br>Legal domicile<br>(state or foreign<br>country) | (D) Are all partners section 501(c)(3) organizations? |    | <b>(E)</b><br>Share of<br>end-of-year<br>assets | <b>(F)</b> Disproprtionate allocations? |    | ( <b>G)</b><br>Code V—UBI<br>amount on Box<br>20 of K-1 |          | r<br>J    |
|  |                                |   | Yes   | No |   | Yes                                     | No |   | Yes      | No        |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   |   |    |   |   |    |   |          |           |
|  |                                |   | •   |    |   | •                                       | •  | Sabadula  | D / Form | 000) 2000 |

Software ID: Software Version:

**EIN:** 54-1920746

Name: The Community Foundation of Harrisonburg

& Rockingham County

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| Form 990,Schedule I, Pa  | rt 11, Grants a | <u>and Other Assistan</u>          | <u>ce to Government</u>      | <u>s and Organizatio</u>                  | ns in the United St   | ates                                      |   |
|--|-----------------|------------------------------------|------------------------------|---|---|---|---|
| (a) Name and address of organization or government   | <b>(b)</b> EIN  | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of valuation<br>(book, FMV , appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance   |
| Arts Council of the ValleyPO<br>Box 1051<br>Harrisonburg,VA 22803                                | 54-2025348      | 501(c)(3)                          | 9,541                        |   |   |   | Unrestricted grants,<br>grant for Landmark<br>Education course<br>tuition & expense,<br>Gala sponsorship,<br>Smith House, K-12<br>Arts in Education<br>program, The Valley<br>Arts Fund |
| Asbury United Methodist<br>Church205 South Main St<br>Harrisonburg, VA 22801                     |                 | 501(c)(3)                          | 12,500                       |   |   |   | Building Fund   |
| Bethlehem United Church of<br>Christ11735 North Valley<br>Pike<br>Broadway,VA 22815              |                 | 501(c)(3)                          | 6,800                        |   |   |   | Unrestricted use and<br>Old Stone Church<br>grant   |
| Blue Ridge Area Food Bank<br>PO Box 937<br>Verona, VA 24482                                      | 52-1202644      | 501(c)(3)                          | 12,038                       |   |   |   | Unrestricted funds for program support  |
| Blue Ridge Community<br>College FoundationPO Box<br>80<br>Weyers CAve,VA 24486                   | 54-1328809      | 501(c)(3)                          | 6,000                        |   |   |   | Grant for Asa &<br>Kathleen Graves<br>Endowment Fund and<br>Unrestricted Grant  |
| Boys & Girls Clubs of<br>Harrisonburg & Rockingham<br>CountyPO Box 1223<br>Harrisonburg,VA 22803 | 54-1652418      | 501(c)(3)                          | 7,300                        |   |   |   | Unrestricted support  |
| Bridgewater College402 East<br>College Street Box 33<br>Bridgewater, VA 22812                    | 54-0506306      | 501(c)(3)                          | 10,000                       |   |   |   | Unrestricted support  |
| Camp Still Meadows11992<br>Hollar School Rd<br>Linville, VA 22834                                | 54-1857340      | 501(c)(3)                          | 22,000                       |   |   |   | Unrestricted support  |
| Central Shenandoah Arts486<br>W Market St<br>Harrisonburg, VA 22801                              | 54-1973610      | 501(c)(3)                          | 12,146                       |   |   |   | Grant for Landmark<br>Education Course and<br>annual distribution for<br>endowment fund   |
| City of Harrisonburg345 S<br>Main St<br>Harrisonburg, VA 22801                                   |                 | 170(c)(1)                          | 297,818                      |   |   |   | Monthly project<br>manager's fee,<br>Pavilion construction,<br>First Tee of<br>Harrisonburg   |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |         |  |                              |   |  |   |   |  |  |
|---|---------|--|------------------------------|---|--|---|---|--|--|
| (a) Name and address of<br>organization<br>or government  | (b) EIN | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |
| Dayton Church of the<br>BrethrenPO Box 236<br>Dayton,VA 22821   |         |  | 7,000                        |   |  |   | Unrestricted support  |  |  |
| Fellowship of Christian<br>Athletes of HB1866 C<br>East Market Street 323<br>Harrisonburg, VA 22801             |         | 501(c)(3)                                | 10,000                       |   |  |   | Unrestricted support  |  |  |
| First Baptist ChurchPO<br>Box 338<br>Long Beach, MS 39560   |         | 501(c)(3)                                | 5,416                        |   |  |   | Katrına Relief Fund   |  |  |
| First Presbyterian Church<br>17 North Court Square<br>Harrisonburg, VA 22801                                    | _       | 501(c)(3)                                | 15,000                       |   |  |   | Local church<br>purposes and<br>unrestricted support  |  |  |
| Generations Crossing<br>3765 Taylor Spring Rd<br>Harrisonburg, VA 22801   |         | 501(c)(3)                                | 14,941                       |   |  |   | Capital campaign,<br>unrestricted support   |  |  |
| Harrisonburg Children's<br>MuseumPO Box 957<br>Harrisonburg, VA 22803   |         | 501(c)(3)                                | 65,625                       |   |  |   | Capital Campaign,<br>Standing loom and<br>tapestry table,<br>general support  |  |  |
| Harrisonburg First Church<br>of the Nazarene1871<br>Boyers Rd<br>Harrisonburg, VA 22801                         |         | 501(c)(3)                                | 33,350                       |   |  |   | Faith based support,<br>general fund support,<br>bulding fund   |  |  |
| Harrisonburg Mennonite<br>Church1552 S High St<br>Harrisonburg, VA 22801  |         | 501(c)(3)                                | 84,200                       |   |  |   | Capital improvements, pastoral housing assistance, operating fund, building fd  |  |  |
| Harrisonburg-Rockingham<br>Chamber of Commerce<br>800 Country Club Rd<br>Harrisonburg, VA 22802                 |         | 501(c)(6)                                | 18,474                       |   |  |   | Community Leadership Program, Business Smarts Expenses, International Festival, Legislative Review Expenses, H S Business Symposium expenses, 4H scholarship, Black's Run Clean-up, HEF Scholarship, Legislative breakfast and job fair |  |  |
| Harrisonburg-Rockingham<br>Free Clinic25 W Water St<br>Harrisonburg, VA 22801                                   |         | 501(c)(3)                                | 55,316                       |   |  |   | Unrestricted and restricted support   |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |  |                              |   |   |   |  |  |  |  |
|---|------------|--|------------------------------|---|---|---|--|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance  |  |  |  |
| Highland Retreat14783<br>Upper Highland Dr<br>Bergton, VA 22811   | 54-0808741 | 501(c)(3)                                | 10,000                       |   |   |   | Tabernacle<br>rennovation and<br>unrestricted support  |  |  |  |
| JMU Foundation61-B<br>Court Sq MSC 8510<br>harrisonburg, VA 22807   | 23-7156305 | 501(c)(3)                                | 5,100                        |   |   |   | Endowment and<br>grant for JMU<br>Psychology Dept<br>Field Placement<br>Award  |  |  |  |
| North River Library118 Mt<br>Crawford Ave<br>Bridgewater,VA 22812   | 54-0548703 | 501(c)(3)                                | 8,678                        |   |   |   | Unrestricted support   |  |  |  |
| Rockingham Memorial<br>Hospital235 Cantrell Ave<br>Harrisonburg, VA 22801                                       | 54-0506331 | 501(c)(3)                                | 92,500                       |   |   |   | Cancer Center, Capital Campaign, Lenhart/Pace Lobby, Unrestricted Support, Heart & Vascular program, Greatest Need support and Annual Fund |  |  |  |
| Shenandoah Cıvıl War<br>Associates1126<br>Chestnut Dr<br>Harrisonburg,VA 22801                                  |            | 501(c)(3)                                | 7,500                        |   |   |   | Unrestricted support   |  |  |  |
| Studebaker National<br>Foundation2410 W<br>Freeway Lane<br>Phoenix,AZ 85021                                     |            | 501(c)(3)                                | 12,000                       |   |   |   | Unrestricted support   |  |  |  |
| United Way of<br>Harrisonburg Rockingham<br>PO Box 326<br>Harrisonburg,VA 22803                                 |            | 501(c)(3)                                | 18,450                       |   |   |   | Friendship<br>Industries, First<br>Step, Annual<br>Campaign and<br>unrestricted support  |  |  |  |
| University of Virginia<br>Health FoundationPO Box<br>800773<br>Charlottesville, VA<br>22908                     |            | 501(c)(3)                                | 25,000                       |   |   |   | Palliative Care<br>Regional Retreat  |  |  |  |
| Valley Brethren Mennonite<br>Heritage CenterPO Box<br>1563<br>Harrisonburg, VA 22803                            |            | 501(c)(3)                                | 5,250                        |   |   |   | Turner Mill project<br>and unrestricted<br>support   |  |  |  |
| VMRC Foundation1491<br>Virginia Ave<br>Harrisonburg, VA 22802   |            | 501(c)(3)                                | 25,500                       |   |   |   | Brain fitness<br>program, capital<br>campaign, annual<br>fund, and<br>unrestricted support   |  |  |  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of (e) A mount of (f) Method of (a) Description of (h) Purpose of grant section cash grant non-cash valuation (book, or assistance organization non-cash or government if applicable FMV, appraisal, assistance assistance other) Virginia Tech University 501(c)(3) 6.500 Scholarhsips Financial Aid Office 200 Student Services Blda Blacksburg, VA 24061 25,000 India Fund, General Winafield Ministries 2389 501(c)(3) Grace Chapel Rd Operating and Harrisonburg, VA 22801 unrestricted support Young Life 501(c)(3) 11,500 Banquet support, HarrisonburgRockingham intern's salary. CountyPO Box 1433 unrestricted support Harrisonburg, VA 22803 Alzheimer's Association 54-1309570 501(c)(3) 500 Unrestricted support Central & Western Va ChapterPO Box 8349 charlottesville, VA 22906 American Cancer Society 300 Program and South Atlantic DivisionPO unrestricted support Box 7017 Roanoke, VA 24019 Unrestricted support American Cancer Society 13-1788491 250 Atlanta DivisionPO Box 5111 Atlanta, GA 30302 American Heart Association | 13-5613797 300 Unrestricted support PO Box 78851 Phoenix, AZ 85062 American Heart Association 1,000 Unrestricted support Greater Richmond Area4217 Park Place Court Glen Allen, VA 23060 54-0506499 250 Program support American Lung Association 501(c)(3) of Virginia9221 Forest Hill Ave Richmond, VA 23235 American Red Cross -501(c)(3) 3,500 Unrestricted support Central Va Chapter1105 Rose Hill Dr Harrisonburg/Rockingham County efforts Charlottesville, VA 22903

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section arant cash valuation (book. non-cash assistance orassistance or government ıf applıcable assistance FMV, appraisal, other) American Shakespeare 54-1487955 501(c)(3) 1.000 Unrestricted support Center13 West Beverley Street 4th Flr Staunton, VA 24401 54-0580901 250 Arthritis Foundation -501(c)(3) Program support Virginia ChapterPO Box 6811 Richmond, VA 23230 Bethany Theological 501(c)(3) 500 Unrestricted support Seminary615 National Road West Richmond, IN 47374 Bethany United Methodist 501(c)(3) 1.000 Program Support Church3700 Lee Highway Weyers CAve, VA 24486 Big Brothers Big Sisters 51-0209104 501(c)(3) 1,250 Unrestricted support of Harrisonburg-Rockingham CountyPO Box 81 Harrisonburg, VA 22803 Blessed Sacrament 501(c)(3) 1,070 General Collection, Catholic Church154 Haiti Sponsorship, Helping People, North Main Street Harrisonburg, VA 22802 Captial Campaign Development Blue Ridge Community 2,500 Scholarships CollegeBox 80 Weyers CAve, VA 24486 54-1048944 250 Blue Ridge Legal Service 501(c)(3) Legal assistance for PO Box 551 low income older Harrisonburg, VA 22803 adults Brethren Woods Camp 2,000 Outdoor school and Retreat Center 4896 support Armentrout Path Keezletown, VA 22832 300 Bridge of Hope National 81-0555073 501(c)(3) Unrestricted support 311 National Rd Exton, PA 19341

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |  |                              |   |  |   |                                       |  |  |  |
|---|------------|--|------------------------------|---|--|---|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| Bridgewater Retirement<br>Community302 North<br>Second St<br>Bridgewater, VA 22812                              | 54-6043653 | 501(c)(3)                                | 2,500                        |   |  |   | Unrestricted<br>support               |  |  |  |
| Bridgewater Volunteer<br>Rescue SquadPO box<br>268<br>Bridgewater, VA 22812                                     | 52-1444170 | 501(c)(4)                                | 250                          |   |  |   | Auxillary Support                     |  |  |  |
| Broadway Volunteer Fire<br>DepartmentPO Box 271<br>Broadway,VA 22815  | 54-6052606 | 501(c)(3)                                | 1,100                        |   |  |   | Unrestricted<br>support               |  |  |  |
| Campus Crusade for<br>Christ InternationalPO<br>Box 628222<br>Orlando,FL 32862                                  | 95-6006173 | 501(c)(3)                                | 200                          |   |  |   | Program support                       |  |  |  |
| Cats CradlePO Box 2128<br>Harrisonburg,VA 22801   | 20-3269224 | 501(c)(3)                                | 2,250                        |   |  |   | Unrestricted support                  |  |  |  |
| Center for American<br>Places101 West<br>Frederick ST STE 309<br>Staunton, VA 24401                             | 85-0434036 | 501(c)(3)                                | 500                          |   |  |   | Unrestricted<br>support               |  |  |  |
| Center for Marriage and<br>Family Counseling96<br>Campbell St<br>Harrisonburg, VA 22801                         | 54-0914625 | 501(c)(3)                                | 250                          |   |  |   | Unrestricted<br>Support               |  |  |  |
| Central Valley Habitat for<br>HumanityPO Box 245<br>Bridgewater, VA 22812                                       | 54-1441871 | 501(c)(3)                                | 938                          |   |  |   | Program support                       |  |  |  |
| Chesapeake Bay<br>FoundationPO Box 17447<br>Baltimore, MD 21298   |            | 501(c)(3)                                | 500                          |   |  |   | Unrestricted<br>support               |  |  |  |
| Christian Foundation for<br>Children and AgingPO<br>Box 805105<br>Kansas City, MO 64180                         | 43-1243999 | 501(c)(3)                                | 360                          |   |  |   | Designated support                    |  |  |  |
|   |            |  |                              |   |  |   |                                       |  |  |  |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |  |                              |   |  |   |  |  |  |
|--|------------|--|------------------------------|---|--|---|--|--|--|
| (a) Name and address of<br>organization<br>or government   | (b) EIN    | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance        |  |  |
| Christopher Newport<br>University1 University<br>Place<br>Newport News, VA<br>23606                              |            |  | 500                          |   |  |   | Scholarship                                  |  |  |
| Coastal Carolina<br>UniversityPO Box<br>261954<br>Conway,SC 29528  | -          |  | 1,500                        |   |  |   | Scholarship                                  |  |  |
| College of William & Mary<br>PO Box 1693<br>Williamsburg,VA 23187  |            | 501(c)(3)                                | 750                          |   |  |   | Designated support                           |  |  |
| Crazy Horse Memorial<br>Foundation12151 Avenue<br>of the Chiefs<br>Crazy Horse, SD 57730                         | 46-0220678 | 501(c)(3)                                | 1,000                        |   |  |   | Designated support                           |  |  |
| Crossing CreeksPO Box<br>301<br>Harrisonburg, VA 22803   |            | 501(c)(3)                                | 250                          |   |  |   | Unrestricted<br>support                      |  |  |
| Dayton United Methodist<br>Church215 Ashby Street<br>Dayton,VA 22821   |            |  | 4,000                        |   |  |   | General Fund and<br>Vacation Bible<br>School |  |  |
| East Gate MinistriesPO<br>Box 1934<br>Harrisonburg, VA 22801   |            | 501(c)(3)                                | 2,450                        |   |  |   | Unrestricted<br>support                      |  |  |
| Easter SealsPO box<br>27888<br>Richmond, VA 23261  | 54-0515735 | 501(c)(3)                                | 250                          |   |  |   | Unrestricted<br>support                      |  |  |
| Eastern Mennonite School<br>801 Parkwood Dr<br>Harrisonburg, VA 22802  | 54-1194342 | 501(c)(3)                                | 2,500                        |   |  |   | Unrestricted<br>support                      |  |  |
| Eastern Mennonite<br>Seminary1200 Park Rd<br>Harrisonburg, VA 22802  |            | 501(c)(3)                                | 1,000                        |   |  |   | Unrestricted support                         |  |  |
|  |            |  |                              |   |  |   |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |  |                              |   |  |   |  |  |  |  |
|---|------------|--|------------------------------|---|--|---|--|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                  |  |  |  |
| Eastern Mennonite<br>University1200 Park Rd<br>harrisonburg, VA 22802   | 54-0575812 | 501(c)(3)                                | 1,750                        |   |  |   | Sholarship and<br>Center for Justice                   |  |  |  |
| Family Life Resource<br>Center237 Newman Ave<br>Harrisonburg, VA 22801  | 54-1422046 | 501(c)(3)                                | 500                          |   |  |   | Unrestricted<br>support                                |  |  |  |
| First Step129 Franklin St<br>Harrisonburg, VA 22801   |            | 501(c)(3)                                | 4,250                        |   |  |   | Unrestricted<br>support and digital<br>camera expenses |  |  |  |
| Focus on the Family8605<br>Explorer Dr<br>Colorado Springs, CO<br>80995   | 95-3188150 | 501(c)(3)                                | 2,000                        |   |  |   | Unrestricted<br>support                                |  |  |  |
| Foundation for Community<br>Partnerships 320<br>Pennsylvania Ave<br>Centreville, MD 21617                       | 30-0254793 | 501(c)(3)                                | 250                          |   |  |   | Unrestricted support                                   |  |  |  |
| Ft Harrison IncP O Box<br>366<br>Dayton, VA 22821   | 51-0228256 | 501(c)(3)                                | 1,000                        |   |  |   | Unrestricted support                                   |  |  |  |
| George Mason University<br>MS 3B5<br>Fairfax, VA 22030  |            |  | 500                          |   |  |   | Scholarship  |  |  |  |
| Gesundheit Institute<br>1246 Parkwood AVe<br>Richmond,VA 23220  | 52-1573251 | 501(c)(3)                                | 3,000                        |   |  |   | Unrestricted<br>support                                |  |  |  |
| Girl Scouts of Virginia<br>Skyline Council3663<br>Peters Creek Rd NW<br>Roanoke, VA 24019                       | 54-0737207 | 501(c)(3)                                | 250                          |   |  |   | Latina Community<br>support                            |  |  |  |
| Harrisonburg Downtown<br>Renaissance212 South<br>Main St<br>Harrisonburg, VA 22801                              | 58-2675553 | 501(c)(3)                                | 4,749                        |   |  |   | Program support  |  |  |  |
|   |            |  |                              |   |  |   |  |  |  |  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance ıfapplıcable FMV, appraisal, or government assistance other) 54-1746901 501(c)(3) Harrisonburg Education 1,000 Program Support Foundation317 South Main St Harrisonburg, VA 22801 Harrisonburg Fire 54-1016241 501(c)(3) 2,000 Unrestricted Company #1101 North support Main St Harrisonburg, VA 22801 501(c)(4) Harrisonburg Hose 23-7243464 2,000 Unrestricted Company #4210 East support Rock St Harrisonburg, VA 22802 Harrisonburg Pregnancy 52-1327965 501(c)(3) 2,500 Program and unrestricted support Center833 Cantrell Ave Harrisonburg, VA 22801 Harrisonburg Rescue 23-7061809 4,450 Unrestricted 501(c)(3) SquadP O Box 1477 support Harrisonburg, VA 22803 Harrisonburg Rockingham 26-1885420 501(c)(3) 250 Unrestricted Dental Clinic 25 West support Water St harrisonburg, VA 22801 501(c)(3) Harrisonburg Rotary Club 54-1651493 200 Unrestricted FoundationPO box 683 support Harrisonburg, VA 22803 501(c)(3) 250 Harrisonburg Rockingham 23-7073271 Unrestricted Child Day Care CenterPO support Box 344 Harrisonburg, VA 22803 11-3835381 Unrestricted HARTS H-R Thermal 501(c)(3) 2,250 Shelter176 W Market support Street harrisonburg, VA 22802 35-1019477 501(c)(3) Heifer International 1 500 Unrestricted World Ave support Little Rock, AR 72202

| Form 990,Schedule I, I  | Part II, Gran  | ts and Other Ass                         | istance to Gove              | ernments and O                            | rganizations in  | the United States                         |   |
|---|----------------|--|------------------------------|---|--|---|---|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code<br>section<br>if applicable | (d) A mount of<br>cash grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance     |
| Highland CenterPO box<br>556<br>Monterey, VA 24465  | 54-1882137     | 501(c)(3)                                | 1,400                        |   |  |   | Unrestricted support                      |
| Highland County Museum<br>& Heritage CenterPO box<br>63<br>McDowell, VA 24458             | 54-1778354     | 501(c)(3)                                | 1,400                        |   |  |   | Unrestricted<br>support                   |
| Highland County Public<br>LibraryPO Box 581<br>Monterey,VA 24465                          | 54-1240048     | 501(c)(3)                                | 700                          |   |  |   | Unrestricted<br>Support                   |
| Highland County Volunteer<br>Fire DepartmentPO box<br>267<br>Monterey, VA 24465           |                | 501(c)(3)                                | 1,400                        |   |  |   | Unrestricted<br>support                   |
| Highland County Volunteer<br>Rescue SquadPO Box 268<br>Monterey, VA 24465                 | 54-1253800     | 501(c)(3)                                | 1,400                        |   |  |   | Unrestricted support                      |
| Highland Medical Center<br>PO box 490<br>Monterey, VA 24465                               | 54-1652356     | 501(c)(3)                                | 1,400                        |   |  |   | Unrestricted<br>Support                   |
| Immanuel Church16819<br>New Hampshire Ave<br>Silver Spring, MD 20905                      |                | 501(c)(3)                                | 1,000                        |   |  |   | Program support                           |
| Industrial and Commercial<br>Ministries75 N Mason St<br>STe 204<br>Harrisonburg, VA 22802 | 54-0995038     | 501(c)(3)                                | 1,000                        |   |  |   | Unrestricted<br>Support                   |
| International<br>FoundationKerus7700<br>Wisconsin Ave Ste 500<br>Bethesda, MD 20814       | 53-0204604     | 501(c)(3)                                | 4,250                        |   |  |   | Restricted and<br>Unrestricted<br>support |
| JMU Caregivers<br>Community NetworkMSC<br>9014<br>Harrisonburg,VA 22807                   |                | 501(c)(3)                                | 250                          |   |  |   | Respite care<br>support                   |
|   |                |  |                              |   |  |   |   |

| Form 990,Schedule I,   | Part II, Gra | nts and Other A                          | ssistance to Gov | vernments and C                             | rganizations in | the United State                          | 5  |
|--|--------------|--|------------------|---|-----------------|---|--|
| (a) Name and address of organization or government                                     | (b) EIN      | (c) IRC Code<br>section<br>if applicable |                  | h (e) A mount of non-<br>cash<br>assistance |                 | (g) Description of<br>non-cash assistance | (h) Purpose of grant   |
| JMU Duke ClubMSC<br>0402<br>Harrisonburg, VA 22807                                     |              | 501(c)(3)                                | 5,000            |   |                 |   | Designated support<br>and captial<br>campaign                              |
| JMU Financial AidMSC<br>3615<br>Harrisonburg, VA 22807                                 | -            | 501(c)(3)                                | 3,250            |   |                 |   | Scholarships   |
| JMU Furious Flower<br>Poetry CenterJMU MSC<br>3802<br>Harrisonburg, VA 22807           | _            | 501(c)(3)                                | 250              |   |                 |   | Furious Flower<br>support  |
| Kaleidoscope Child &<br>Family Services25 Media<br>Lane<br>Harrisonburg,VA 22801       |              | 501(c)(3)                                | 2,000            |   |                 |   | program support and<br>unrestricted support                                |
| Kutztown University of PA<br>Financail AidPO box 730<br>Kutztown, PA 19530             |              |  | 1,500            |   |                 |   | Scholarship  |
| Long's Chapel<br>Preservation SocietyPO<br>box 2231<br>Harrisonburg,VA 22801           |              | 501(c)(3)                                | 500              |   |                 |   | Unrestricted support   |
| Mary Bladwin CollegePO<br>Box 1500<br>Staunton, VA 24402                               | _            |  | 1,500            |   |                 |   | Scholarship  |
| Massanutten Regional<br>Library174 S Main St<br>Harrisonburg,VA 22801                  | 54-0548703   | 501(c)(3)                                | 4,250            |   |                 |   | The Big Read<br>Support, restricted<br>support and<br>unrestricted support |
| Memorial Sloan-Kettering<br>Cancer CenterPO box<br>7247-0260<br>Philadelphia, PA 19170 | 13-1624182   | 501(c)(3)                                | 500              |   |                 |   | Porgram support  |
| Mercy HousePO box<br>1478<br>Harrisonburg,VA 22803                                     | 54-1476187   | 501(c)(3)                                | 2,000            |   |                 |   | Program support  |
| 1  |              |  |                  |   |                 |   |  |

| Form 990,Schedule I,  | Part II, Grar | nts and Other As                         | ssistance to Gov | ernments and O                                     | rganizations in | the United States                         | 5                                       |
|---|---------------|--|------------------|--|-----------------|---|---|
| (a) Name and address of organization or government                                    | (b) EIN       | (c) IRC Code<br>section<br>if applicable |                  | h <b>(e)</b> A mount of non-<br>cash<br>assistance |                 | (g) Description of<br>non-cash assistance | (h) Purpose of grant                    |
| Mountain Grove Church of<br>the Brethren12769 Third<br>Hill Rd<br>Fulks Run, VA 22830 |               | 501(c)(3)                                | 1,000            |  |                 |   | Unrestricted<br>support                 |
| Muhlenberg Lutheran<br>Church281 East Market<br>Street<br>Harrisonburg,VA 22801       | _             | 501(c)(3)                                | 250              |  |                 |   | Program support                         |
| Muscular Dystrophy<br>AssociationPO Box<br>78960<br>Phoenix,AZ 85062                  | 13-1665552    | 501(c)(3)                                | 250              |  |                 |   | Unrestricted<br>support                 |
| Our Community Place17<br>East Johnson Street<br>Harrisonburg, VA 22802                | 54-1835664    | 501(c)(3)                                | 250              |  |                 |   | Unrestricted<br>Support                 |
| Pan Massachusetts<br>Challenge Inc77 4th Ave<br>Needham, MA 02494                     | 04-2746912    | 501(c)(3)                                | 500              |  |                 |   | 2008 Bike a Thon<br>support             |
| People Helping People<br>281 East Market Street<br>Harrisonburg, VA 22801             | 54-1695798    | 501(c)(3)                                | 3,550            |  |                 |   | Human services and unrestricted support |
| Plains Memorial Museum<br>PO box 601<br>Timberville,VA 22853                          | 34-2023317    | 501(c)(3)                                | 3,000            |  |                 |   | Unrestricted<br>support                 |
| Pleasant View HomesPO<br>Box 426<br>Broadway,VA 22815                                 | 54-0887738    | 501(c)(3)                                | 1,938            |  |                 |   | Program and<br>unrestricted support     |
| Precept Ministries<br>InternationalPO Box<br>182218<br>Chattanooga,TN 37422           | 62-0841438    | 501(c)(3)                                | 600              |  |                 |   | Unrestricted gift                       |
| Prescott FoundationPO<br>Box 392<br>Prescott, WI 54021                                | 39-1852045    | 501(c)(3)                                | 200              |  |                 |   | scholarship                             |
|   |               |  |                  |  |                 |   |   |

| Form 990,Schedule I,  | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |           |       |   |  |   |   |  |  |  |
|---|---|-----------|-------|---|--|---|---|--|--|--|
| (a) Name and address of organization or government  | (b) EIN   |           |       | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant                    |  |  |  |
| Roberta Webb Child<br>Center400 Kelley Street<br>Harrisonburg, VA 22802                     | 54-1700223  | 501(c)(3) | 500   |   |  |   | Unrestricted<br>suppport                |  |  |  |
| Rockingham Educational<br>Foundation Inc100 Mount<br>Clinton Pike<br>Harrisonburg, VA 22802 | 54-1735837  | 501(c)(3) | 1,500 |   |  |   | Teacher supply<br>depot support         |  |  |  |
| Salvation ArmyPO Box<br>468<br>Harrisonburg,VA 22803  | 13-5562351  | 501(c)(3) | 4,300 |   |  |   | Unrstricted support                     |  |  |  |
| Science Museum of<br>VirginiaPO box 11624<br>Richmond, VA 22323                             | 23-7185836  | 501(c)(3) | 1,000 |   |  |   | Kugel Ball program                      |  |  |  |
| Shenandoah Council for<br>the Arts103 South Main<br>Street<br>Harrisonburg, VA 22801        |   | 501(c)(3) | 250   |   |  |   | Unrestricted<br>support                 |  |  |  |
| Shenandoah district<br>Church of the BrethrenPO<br>Box 67<br>Weyers Cave,VA 24486           |   | 501(c)(3) | 1,000 |   |  |   | Restricted support<br>for Great Harvest |  |  |  |
| Shenandoah Valley<br>Children's Choir1200<br>Park Rd<br>Harrisonburg, VA 22802              |   | 501(c)(3) | 250   |   |  |   | Unrestricted<br>support                 |  |  |  |
| Shenandoah Valley Pure<br>Water ForumMSC 4903<br>JMU<br>Harrisonburg, VA 22807              |   | 501(c)(3) | 385   |   |  |   | Designated support                      |  |  |  |
| Skyline Literacy Coalition<br>975 South High Street<br>harrisonburg, VA 22801               | _   | 501(c)(3) | 750   |   |  |   | Unrestricted<br>support                 |  |  |  |
| SONshine MinistriesPO<br>Box 731<br>Harrisonburg,VA 22803                                   | -   | 501(c)(3) | 3,200 |   |  |   | Unrestricted<br>support                 |  |  |  |
|   |   |           |       |   |  |   |   |  |  |  |

| Form 990,Schedule I,  | Part II, Grar | nts and Other As | ssistance to Gov | ernments and O                                    | rganizations in | the United States                         | 5                                      |
|---|---------------|------------------|------------------|---|-----------------|---|--|
| (a) Name and address of organization or government                                    | (b) EIN       |                  |                  | ( <b>e)</b> A mount of non-<br>cash<br>assistance |                 | (g) Description of<br>non-cash assistance | (h) Purpose of grant                   |
| Special Olympics of<br>VirginiaPO box 90019<br>Richmond, VA 23225                     |               | 501(c)(3)        | 300              |   |                 |   | Unrestricted and<br>designated support |
| Staunton Alliance Church<br>560 New Hope Rd<br>Staunton, VA 24401                     |               | 501(c)(3)        | 4,500            |   |                 |   | General fund<br>support                |
| Summit Grove Camp and<br>Retreat Center140 South<br>Front St<br>New Freedom, PA 17349 |               | 501(c)(3)        | 600              |   |                 |   | Unrestricted<br>support                |
| Sunnyside Communities<br>600 University Blvd Ste L<br>harrisonburg, VA 22801          |               | 501(c)(3)        | 500              |   |                 |   | Designated support                     |
| Sunset Drive United<br>Methodist ChurchPO Box<br>381<br>Broadway, VA 22815            |               | 501(c)(3)        | 2,000            |   |                 |   | Unrestricetd<br>support                |
| Susan G komen For The<br>CurePO box 224523<br>Dallas,TX 75222                         |               | 501(c)(3)        | 250              |   |                 |   | Unrestricted<br>support                |
| The Family Foundation<br>830 East Main Street<br>Richmond, VA 23219                   | 54-1425355    | 501(c)(3)        | 100              |   |                 |   | Unrestricted<br>support                |
| The Rafiki FoundationPO<br>Box 1988<br>Eustis,FL 32727                                | 74-2477089    | 501(c)(3)        | 200              |   |                 |   | Unrestricted<br>support                |
| Timberville Fire DepartmentPO Box 101 Timberville, VA 22853                           |               | 501(c)(3)        | 1,000            |   |                 |   | Unrestricted<br>support                |
| Unicef125 Maiden Lane<br>New York, NY 10038   | _             | 501(c)(3)        | 200              |   |                 |   | Program support                        |
|   |               |                  |                  |   |                 |   |  |

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance orassistance FMV, appraisal, or government ıf applıcable assistance other) 501(c)(3) University of Pittsburgh 2,000 Scholarship 4227 Fifth Ave Pittsburgh, PA 15260 University of Richmond 501(c)(3) 1,000 Scholarship 109 Maryland Hall Richmond, VA 23173 University of VirginiaPO 1,000 Scholarship 501(c)(3) Box 400204 Charlottes ville, VA 22904 US Affairs - Romania 501(c)(3) 2,500 Designated support MinistriesPO Box 18530 Knoxville, TN 37928 UVA Sorensen Institute 501(c)(3) 1,000 PLP Endowment for Political LeadershipPO Box 400206 charlottes ville, VA 22904 Virginia Association of 54-1802019 501(c)(3) 250 Unrestricted Free Clinics 10231 support Telegraph Rd Ste B Glen Allen, VA 23059 501(c)(3) Virginia Printing 1,000 Designated support Foundation10193 Maple for print program Leaf Court Ashland, VA 23005 Volunteer Farm of 501(c)(3) 250 Unrestricted Shenandoah277 Crider support Lane Woodstock, VA 22664 Way to Go3142 Lanier 501(c)(3) 2,500 Unrestricted

938

support

Annual Distribution

501(c)(3)

Lane

22840

McGaheysville, VA

Weekday Religious

EducationP O Box 835 Harrisonburg, VA 22803

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                 |  |                                      |   |   |   |  |  |  |  |
|---|-----------------|--|--------------------------------------|---|---|---|--|--|--|--|
| (a) Name and address of organization or government  | ( <b>b)</b> EIN | (c) IRC Code<br>section<br>if applicable | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance                |  |  |  |
| Wesley Foundation690 S<br>Mason St<br>Harrisonburg, VA 22801  |                 | 501(c)(3)                                | 600                                  |   |   |   | Unrestricted support                                 |  |  |  |
| Wildlife Center of Virginia<br>P O Box 1557<br>Waynesboro, VA 22980   |                 | 501(c)(3)                                | 5,000                                |   |   |   | Unrestricted<br>suppport                             |  |  |  |
| World HelpP O Box 501<br>Forest, VA 24551   |                 | 501(c)(3)                                | 550                                  |   |   |   | Designated support                                   |  |  |  |
| World VisionP O Box<br>70399<br>Tacoma, WA 98481  |                 | 501(c)(3)                                | 236                                  |   |   |   | Project #8098-<br>3661                               |  |  |  |
| WVPT Public Television<br>298 Port Republic Rd<br>Harrisonburg, VA 22801  |                 | 501(c)(3)                                | 153                                  |   |   |   | Unrestricted support                                 |  |  |  |
| Young Life Colorado<br>Springs420 North<br>Cascade Ave<br>Colorado Springs, CO<br>80903                         |                 | 501(c)(3)                                | 3,500                                |   |   |   | Designated support                                   |  |  |  |
| Young Life InternationalP<br>O Box 7053<br>Arlington, VA 22207  |                 | 501(c)(3)                                | 3,000                                |   |   |   | English study<br>porgram and<br>unrestricted support |  |  |  |
| Young LIfe ShenandoahP<br>O Box 175<br>Woodstock,VA 22664   |                 | 501(c)(3)                                | 100                                  |   |   |   | Unrestricted support                                 |  |  |  |
|   |                 |  |                                      |   |   |   |  |  |  |  |

Software ID: **Software Version:** 

**EIN:** 54-1920746

Name: The Community Foundation of Harrisonburg & Rockingham County

## Form 990, Part VII - Section Aaa

|  |  | <b>(C)</b><br>Position (check all<br>that apply) |                       |         |              |                              |        | (D)   | (E)   | (F)  |  |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|---|--|--|
| <b>(A)</b><br>Name and Title                     | (B)<br>Average<br>hours<br>per<br>week | Individual Trustee<br>or Director                | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | Estimated amount of other compensation from the organization and related organizations |  |
| J Wayne Alley , Co-Chair Finance<br>Committ      | 40                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Ellen H Brodersen , President                    | 2 00                                   | Х  |                       | Х       |              |                              |        | 0   | 0   | 0  |  |
| Phillip C Stone Jr , Treasurer & Legal<br>Counse | 20                                     | Х  |                       | х       |              |                              |        | 0   | 0   | 0  |  |
| Richard A Baugh , Director                       | 20                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Stephanne S Byrd , Director                      | 1 00                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| David W Driver , Director                        | 1 00                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Steven Gordon , Director                         | 1 00                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Barbara R Graves , Director                      | 40                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Kathleen M Graves , Director                     | 1 50                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Kım Haınes , Dırector                            | 1 00                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Betsy Hay , Director                             | 50                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| W Michael Heatwole III , Director                | 50                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Clyde McDaniel , Director                        | 20                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Susanne Myers , director                         | 50                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| A my L Rush , director                           | 40                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Jennifer Shirkey , Director                      | 2 00                                   | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Mark J Warner , Director                         | 20                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| C Douglas Wine , Director                        | 50                                     | Х  |                       |         |              |                              |        | 0   | 0   | 0  |  |
| Peter S Yates , Director                         | 40                                     | Х  |                       |         |              |                              |        | 0   | 0   |  |  |
| Michael E Fiore , Executive Director             | 25 00                                  |  |                       |         | Х            |                              |        | 22,000  | 0   | 3,300  |  |