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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

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization GREATER LYNCHBURG COMMUNITY TRUST  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 101 PAULETTE CIRCLE NO B  City or town, state or country, and ZIP + 4 LYNCHBURG, VA 24502	<b>D</b> Employer identification number 54-6112680  <b>E</b> Telephone number (434) 845-6500  <b>G</b> Gross receipts \$ 2,127,092
<b>F</b> Name and address of principal officer STUART C FAUBER 101 PAULETTE CIRCLE NO B LYNCHBURG, VA 24502		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.LYNCHBURGTRUST.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1972 <b>M</b> State of legal domicile VA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities DISTRIBUTE CONTRIBUTED FUNDS TO NON-PROFIT ORGANIZATIONS		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	3
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	651,873	763,735
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	736,141	1,363,357
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,388,014	2,127,092
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,410,066	1,332,638
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	185,465	186,614
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶83,121		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	76,904	93,983
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,672,435	1,613,235
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-284,421	513,857	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	25,392,054	29,120,342
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	376,820	454,568
		25,015,234	28,665,774

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2012-03-01 Date
	STUART C FAUBER PRESIDENT/CEO Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SAMUEL E JOHNSON	Preparer's signature SAMUEL E JOHNSON	Date 2012-03-01	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ CHERRY BEKAERT & HOLLAND LLP				Firm's EIN ▶
	Firm's address ▶ P O BOX 1119 LYNCHBURG, VA 245051119				Phone no ▶ (434) 847-6643

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



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or 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 <input checked="" type="checkbox"/>	Yes	
<b>7</b> 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 <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
<b>9</b> 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 <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b> 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 U S? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b> 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 U S? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/>	<b>21</b>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/>	<b>22</b>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b> 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> . . . . .	<b>32</b>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . <input checked="" type="checkbox"/>	<b>33</b>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . <input checked="" type="checkbox"/>	<b>34</b>	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/>	<b>36</b>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		No
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		No
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI . . . . .

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its 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.
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.
STUART FAUBER
101 PAULETTE CIRCLE SUITE B
LYNCHBURG, VA 24502
(434) 845-6500

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR ERNIE T GUILL DIRECTOR	1 00	X					0	0	0	
(2) MS MARYJANE DOLAN VICE-CHAIR / DIRECTOR	1 00	X					0	0	0	
(3) MR ROBERT L FINCH JR DIRECTOR	1 00	X					0	0	0	
(4) MR JOHN M FLIPPIN DIRECTOR	1 00	X					0	0	0	
(5) DR WILLIAM E GAYLE JR CHAIRPERSON / DIRECTOR	1 00	X					0	0	0	
(6) MS ELLEN P JAMERSON DIRECTOR	1 00	X					0	0	0	
(7) MR WALLACE G MCKENNA JR DIRECTOR	1 00	X					0	0	0	
(8) DR AUGUSTUS A PETTICOLAS JR DIRECTOR	1 00	X					0	0	0	
(9) MR JAMES R RICHARDS DIRECTOR	1 00	X					0	0	0	
(10) MR MARC A SCHEWEL DIRECTOR	1 00	X					0	0	0	
(11) MR MASSIE G WARE JR DIRECTOR	1 00	X					0	0	0	
(12) MR CHARLES B WHITE DIRECTOR	1 00	X					0	0	0	
(13) MR JOHN R ALFORD JR DIRECTOR	1 00	X					0	0	0	
(14) MS ELLEN NYGAARD DIRECTOR	1 00	X					0	0	0	
(15) MR HYLAN T HUBBARD III DIRECTOR	1 00	X					0	0	0	
(16) MR DAVID A HERRICK DIRECTOR	1 00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MR MICHAEL V BRADFORD EX-OFFICIO BOARD MEMBER	1 00	X						0	0	0
(18) MR JOHN H SORRELLS EX-OFFICIO BOARD MEMBER	1 00	X						0	0	0
(19) MR MICHAEL A SYREK EX-OFFICIO BOARD MEMBER	1 00	X						0	0	0
(20) MR DAVID L YARTER EX-OFFICIO BOARD MEMBER	1 00	X						0	0	0
(21) MR STUART C FAUBER PRESIDENT / CEO	40 00			X				107,666	0	0
(22) MS CHERYL C HALL SECRETARY/TREASURER	40 00			X				45,220	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								152,886	0	0

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	763,735				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	763,735				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .	454,522			454,522	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross Rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	908,835			
			(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses					
<b>c</b>	Gain or (loss)	908,835					
<b>d</b>	Net gain or (loss) . . . . .	908,835	908,835				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
		<b>b</b>	Less direct expenses . . . . . <b>b</b>				
		<b>c</b>	Net income or (loss) from fundraising events . . . . .				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
		<b>b</b>	Less direct expenses . . . . . <b>b</b>				
		<b>c</b>	Net income or (loss) from gaming activities . . . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	_____						
		<b>b</b>	_____				
		<b>c</b>	_____				
		<b>d</b>	All other revenue . . . . .				
		<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .	2,127,092	908,835	0	454,522		

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,295,996	1,295,996		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	36,642	36,642		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	147,403	58,961	29,481	58,961
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	26,000	10,400	10,400	5,200
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .	13,211	5,285	2,641	5,285
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .				
<b>b</b>	Legal . . . . .	7,452	3,132	4,320	
<b>c</b>	Accounting . . . . .	7,600		7,600	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	12,486		8,566	3,920
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	9,440	2,755	5,307	1,378
<b>14</b>	Information technology . . . . .	12,950	5,180	5,180	2,590
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	12,630		12,630	
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	3,035	115	2,920	
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	4,840		4,840	
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	PRINTING AND PUBLICATIO	4,997			4,997
<b>b</b>	INSURANCE	4,424	807	3,617	
<b>c</b>	TELEPHONE	3,948	1,579	1,579	790
<b>d</b>	DUES AND SUBSCRIPTIONS	3,430		3,430	
<b>e</b>	UTILITIES	2,876		2,876	
<b>f</b>	All other expenses	3,875	2,331	1,544	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	1,613,235	1,423,183	106,931	83,121
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	66,098	<b>1</b>	140,329
	<b>2</b> Savings and temporary cash investments . . . . .	1,316,583	<b>2</b>	1,529,719
	<b>3</b> Pledges and grants receivable, net . . . . .	233,539	<b>3</b>	374,199
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	58,146		
	<b>b</b> Less accumulated depreciation . . . . .	39,859	22,427	<b>10c</b> 18,287
	<b>11</b> Investments—publicly traded securities . . . . .	23,753,407	<b>11</b>	27,057,808
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	25,392,054	<b>16</b>	29,120,342	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,357	<b>17</b>	539
	<b>18</b> Grants payable . . . . .	364,292	<b>18</b>	444,946
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	9,171	<b>25</b>	9,083
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	376,820	<b>26</b>	454,568
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,001,104	<b>27</b>	5,312,143
	<b>28</b> Temporarily restricted net assets . . . . .	520,913	<b>28</b>	1,303,726
	<b>29</b> Permanently restricted net assets . . . . .	21,493,217	<b>29</b>	22,049,905
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	25,015,234	<b>33</b>	28,665,774	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	25,392,054	<b>34</b>	29,120,342	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,127,092
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,613,235
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	513,857
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	25,015,234
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	3,136,683
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	28,665,774

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER LYNCHBURG COMMUNITY TRUST

Employer identification number

54-6112680

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	397,649	1,351,852	2,312,919	649,191	763,735	5,475,346
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	397,649	1,351,852	2,312,919	649,191	763,735	5,475,346
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,063,922
<b>6 Public Support.</b> Subtract line 5 from line 4						3,411,424

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	397,649	1,351,852	2,312,919	649,191	763,735	5,475,346
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	492,034	639,228	585,954	437,797	454,522	2,609,535
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support</b> (Add lines 7 through 10)						8,084,881
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	42.200 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	42.020 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER LYNCHBURG COMMUNITY TRUST

Employer identification number 54-6112680

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

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

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

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

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance	19,119,000	17,725,625	20,554,124		
<b>b</b> Contributions	548,375	523,163	2,222,063		
<b>c</b> Investment earnings or losses	3,531,642	2,223,706	-2,998,806		
<b>d</b> Grants or scholarships	-971,612	1,009,150	-980,039		
<b>e</b> Other expenditures for facilities and programs	-148,750	-139,399	-732,083		
<b>f</b> Administrative expenses	-217,488	-204,945	-339,634		
<b>g</b> End of year balance	21,861,167	19,119,000	21,829,137		

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 0 120 %
- b** Permanent endowment ▶ 99 880 %
- c** Term endowment ▶

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

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	No
<b>(ii)</b> related organizations	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment	58,146		39,859	18,287
<b>e</b> Other				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,287



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	2,127,092
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	1,613,235
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	513,857
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	3,106,946
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	29,737
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	3,136,683
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	3,650,540

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,456,620
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	3,136,682
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	192,846
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,329,528
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,127,092
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	2,127,092

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,806,080
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	192,846
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	192,846
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,613,234
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	1
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	1,613,235

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE TRUST'S ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO 501(C)(3) ORGANIZATIONS THE TRUST HAS INCLUDED \$188,963 OF INTERESTS IN CHARITABLE REMAINDER TRUSTS HELD BY OTHERS IN THE BALANCE STATED IN SECTION D, PART V THESE AMOUNTS, ONCE RECEIVED BY THE TRUST, WILL BE EITHER ADDED TO EXISTING ENDOWMENTS OR BE USED TO CREATE NEW ENDOWMENT FUNDS BASED ON THE INSTRUCTIONS OF THE ORIGINAL DONOR
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GAAP REQUIRES TRUST MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE TRUST AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE TRUST HAS TAKEN AN UNCERTAIN POSITION THAT MORE THAN LIKELY WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS TRUST MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE TRUST, AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON CHARITABLE REMAINDER TRUSTS 29,737
PART XII, LINE 2D - OTHER ADJUSTMENTS		BANK FEES DEDUCTED FROM INVESTMENT INCOME 192,846
PART XIII, LINE 2D - OTHER ADJUSTMENTS		BANK FEES DEDUCTED FROM INVESTMENT INCOME 192,846
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ROUNDING DIFFERENCE 1



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

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) SCHOLARSHIPS	37	36,642			

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

Identifier	Return Reference	Explanation
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**Software ID:**  
**Software Version:**  
**EIN:** 54-6112680  
**Name:** GREATER LYNCHBURG COMMUNITY TRUST

## 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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF FINE ARTS - LYNCHBURG600 MAIN STREET LYNCHBURG, VA 24504	23-7061145	501(C)(3)	6,200				TO SUPPORT "FAMILY FUN AT THE ACADEMY" PROJECT
ADULT CARE CENTERPO BOX 568 LYNCHBURG, VA 24503	54-1297050	501(C)(3)	5,426				TO PURCHASE LASER COLOR PRINTER & SUPPLIES, COVER INITIAL COST OF MAINTENANCE AGREEMENT
ALTAVISTA AREA YMCAPO BOX 149 ALTAVISTA, VA 24517	54-0895639	501(C)(3)	17,500				TO SUPPORT THE PURCHASE OF A BUS FOR THE CHILD CARE PROGRAM
ALTAVISTACAMPBELL COUNTY HABITATPO BOX 232 ALTAVISTA, VA 24517	54-1793590	501(C)(3)	7,000				TO SUPPORT 2010 BUILDING FUND
AMAZEMENT SQUARE27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	13,152				TO SUPPORT TECHNOLOGY UPGRADE & PROVIDE PROGRAM SUPPORT
AMHERST COUNTY HOUSING & COMMUNITY DEVELOPMENT FOUNDATIONPO BOX 1641 AMHERST, VA 24521	20-1753302	501(C)(3)	7,500				TO SUPPORT RENOVATIONS TO EIGHT HOUSING SITES
APPOMATTOX LITERACY INTERVENTION PROGRAM 185 LEARNING LANE APPOMATTOX, VA 24522	54-1779269	501(C)(3)	7,500				TO SUPPORT OPERATION OF TWO BOOK BUSES
AVENEL FOUNDATIONPO BOX 686 BEDFORD, VA 24523	54-1345184	501(C)(3)	7,500				TO SUPPORT THE KITCHEN RENOVATION PROJECT
BEDFORD AREA EDUCATION FOUNDATION 110 VISTA CENTRE DRIVE FOREST, VA 24551	36-4499678	501(C)(3)	5,000				TO FUND TEACHER-INITIATED EDUCATIONAL ENRICHMENT PROJECTS FOR 2011-12 SCHOOL YEAR
BEDFORD CHRISTIAN MINISTRIES ASSOCIATION INC217 W WASHINGTON STREET BEDFORD, VA 24523	52-1414405	501(C)(3)	7,500				TO SUPPORT THE MILK & EGG VOUCHER PROGRAM
BEDFORD COMMUNITY CHRISTMAS STATION INC PO BOX 1353 BEDFORD, VA 24523	42-1710753	501(C)(3)	6,400				TO PROVIDE PROGRAM SUPPORT
BLUE RIDGE AREA FOOD BANKPO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	9,083				TO PURCHASE FOOD FOR THE BACKPACK PROGRAM

**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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER LYNCHBURG 1101 MADISON STREET LYNCHBURG, VA 24504	20-0199894	501(C)(3)	9,151				TO PROVIDE PROGRAM SUPPORT
CAMP KUM-BA-YAH INC 4415 BOONSBORO ROAD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	19,500				TO PROVIDE PROGRAM SUPPORT
CASA OF CENTRAL VIRGINIA PO BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	11,100				TO PROVIDE PROGRAM SUPPORT
CENTRA FOUNDATION 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	10,631				FOR SUPPORT OF THE NEW PEDIATRIC CENTER AT LYNCHBURG GENERAL HOSPITAL
CENTRAL VIRGINIA MISSION TEAM 1827 ROYAL OAK DRIVE LYNCHBURG, VA 24503	26-2998759	501(C)(3)	20,000				TO ESTABLISH A BUILDING FOR EYE AND DENTAL CARE
CHILDREN'S MIRACLE NETWORK 1900 TATE SPRINGS ROAD LYNCHBURG, VA 24501	54-1391700	501(C)(3)	5,603				ANNUAL DONOR-DESIGNATED GRANT
CHURCHES FOR URBAN MINISTRY 1022 FLOYD STREET LYNCHBURG, VA 24501	54-1315808	501(C)(3)	13,519				SUPPORT CAMP TIMOTHY
COALITION FOR HIV AWARENESS AND PREVENTION PO BOX 1015 LYNCHBURG, VA 24504	31-1736924	501(C)(3)	5,500				TO SUPPORT THE CENTRAL VIRGINIA HIV/AIDS OUTREACH PROJECT
COURT STREET BAPTIST CHURCH PO BOX 733 LYNCHBURG, VA 24505	54-6045461	501(C)(3)	5,500				ANNUAL DONOR-DESIGNATED GRANT
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVENUE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	301,553				ANNUAL DONOR-DESIGNATED GRANT AND TO SUPPORT RENOVATIONS TO PLAYGROUND
FAITH CHRISTIAN ACADEMY PO BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	5,805				DONOR-DESIGNATED GRANT
FORT EARLY CORPORATION PO BOX 4114 LYNCHBURG, VA 24502	54-1231813	501(C)(3)	7,500				TO SUPPORT PURCHASE AND RENOVATION OF FORT EARLY BUILDING

**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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)	26,643				DONOR-DESIGNATED GRANT AND TO PROVIDE PROGRAM SUPPORT
FRIENDS OF THE LYNCHBURG PUBLIC LIBRARY 2315 MEMORIAL AVENUE LYNCHBURG, VA 24501	54-6059813	501(C)(3)	7,342				ANNUAL DONOR-DESIGNATED GRANT
GLEANNING FOR THE WORLD PO BOX 645 LYNCHBURG, VA 24538	54-1930105	501(C)(3)	5,000				TO SUPPORT THE BACKPACKS FOR KIDS SAKE PROGRAM
HABITAT FOR HUMANITY - GREATER LYNCHBURG 360 ALLEGHANY AVENUE LYNCHBURG, VA 24501	54-1464802	501(C)(3)	6,147				ANNUAL DONOR-DESIGNATED GRANT & TO SUPPORT TECHNOLOGY UPGRADE
HISTORIC SANDUSKY FOUNDATION 757 SANDUSKY DRIVE LYNCHBURG, VA 24502	54-2014523	501(C)(3)	5,000				TO FUND BRICK MORTAR REPAIR
INTERFAITH OUTREACH ASSOCIATION PO BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	17,121				TO PROVIDE PROGRAM SUPPORT
JAMES RIVER DAY SCHOOL 5039 BOONSBORO ROAD LYNCHBURG, VA 24503	54-0891225	501(C)(3)	6,000				TO PROVIDE PROGRAM SUPPORT
JONES MEMORIAL LIBRARY 2311 MEMORIAL AVENUE LYNCHBURG, VA 24501	54-0505921	501(C)(3)	12,984				DONOR-DESIGNATED GRANT AND SUPPORT THE PURCHASE OF TWO MICROFILM SCANNERS
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVENUE LYNCHBURG, VA 245014112	54-1881948	501(C)(3)	24,499				TO PROVIDE PROGRAM SUPPORT
LAKE CHRISTIAN MINISTRIES INC PO BOX 695 MONETA, VA 24121	54-2034650	501(C)(3)	7,500				TO PURCHASE FOOD
LEGACY PROJECT INC PO BOX 308 LYNCHBURG, VA 24505	54-1771178	501(C)(3)	16,636				TO PROVIDE PROGRAM SUPPORT
LYNCHBURG AREA CENTER FOR INDEPENDENT LIVING 500 ALLEGHANY AVENUE SUITE 520 LYNCHBURG, VA 24501	54-1913481	501(C)(3)	7,400				TO FUND THE DIRECT SERVICES PROJECT

**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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNCHBURG CITY SCHOOLS EDU FDN INCPO BOX 1599 LYNCHBURG, VA 245051599	54-1385200	501(C)(3)	11,511				TO PROVIDE PROGRAM SUPPORT
LYNCHBURG COLLEGE 1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	54-0505922	501(C)(3)	12,390				SCHOLARSHIPS, PHYSICAL THERAPY PROGRAM, AND NURSING SIM LAB
LYNCHBURG COVENANT FELLOWSHIP INCPO BOX 6016 LYNCHBURG, VA 24505	54-6026892	501(C)(3)	7,000				TO FUND IT UPGRADE
LYNCHBURG GROWSPO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501(C)(3)	16,427				TO PROVIDE PROGRAM SUPPORT
LYNCHBURG HISTORICAL FOUNDATION 325 12TH STREET LYNCHBURG, VA 24506	23-7283283	501(C)(3)	7,500				TO SUPPORT RESTORATION AND REPAIRS OF THE MILLAER CLAYTOR HOUSE
LYNCHBURG HUMANE SOCIETY 3305 NAVAL RESERVE ROAD LYNCHBURG, VA 24501	54-0570901	501(C)(3)	19,427				TO PROVIDE PROGRAM SUPPORT
LYNCHBURG MUSEUM FOUNDATION PO BOX 218 LYNCHBURG, VA 24505	54-1906894	501(C)(3)	7,400				TO FUND REPLACEMENT OF WINDOWS AT POINT OF HONOR
LYNCHBURG ROTARY CLUB 1109 GREENWAY COURT LYNCHBURG, VA 24503	54-0564676	501(C)(3)	5,000				TO SUPPORT THE RIVERSIDE PARK PLAYGROUND PROJECT
LYNCHBURG SYMPHONY ORCHESTRA 621 COURT STREET LYNCHBURG, VA 24504	52-1304854	501(C)(3)	9,996				TO SUPPORT LYNCHBURG SYMPHONY YOUTH EDUCATION
MEALS ON WHEELS PO BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	12,984				TO PROVIDE NUTRITIONAL ASSISTANCE FOR EXPANDED SERVICE & ANNUAL DONOR-DESIGNATED GRANT
MENTAL HEALTH AMERICA OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0829479	501(C)(3)	6,900				TO ASSIST WITH MENTAL HEALTH SUPPORT SERVICES
MILLER HOME OF LYNCHBURG 2134 WESTERLY DRIVE LYNCHBURG, VA 24501	54-0505999	501(C)(3)	9,926				TO FUND PURCHASES OF VEHICLE, DMV FEES

**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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRIAM'S HOUSEPO BOX 3196 LYNCHBURG, VA 245030196	54-1606543	501(C)(3)	103,886				TO PROVIDE FUNDING FOR ROOF REPLACEMENT AND ANNUAL DONOR-DESIGNATED GRANT
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	11,339				ANNUAL DONOR-DESIGNATED GRANT
NATIONAL MS SOCIETY BLUE RIDGE CHAPTER1 MORTON DRIVE SUITE 106 CHARLOTTESVILLE, VA 22903	13-5661935	501(C)(3)	5,500				TO SUPPORT THE FINANCIAL ASSISTANCE PROGRAM
NEW VISTAS SCHOOL520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	28,101				TO SUPPORT THE NEED BASED SCHOLARSHIP PROGRAM
OPERA ON THE JAMES INC PO BOX 1450 LYNCHBURG, VA 24505	56-2521625	501(C)(3)	9,740				TO SUPPORT THE OPERAL FOR ALL PROGRAM
PRESBYTERIAN HOMES AND FAMILY SERVICES INC 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	19,500				TO SUPPORT THE LITTLE WINGS PRE-SCHOOL PROGRAM AND THE WAYS TO WORK PROGRAM
PROJECT DISCOVERY OF VIRGINIA INC1200 ELECTRIC ROAD SALEM, VA 24153	54-1369308	501(C)(3)	5,000				TO PROVIDE SCHOLARSHIPS FOR THE CENTRAL VA HIGH SCHOOL GIRLS AT RADFORD'S SUMMER SCIENCE PROGRAM
RANDOLPH COLLEGE2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	5,572				TO SUPPORT THE ANNUAL SCIENCE FESTIVAL AND MULTICULTURAL SERVICES SUMMER PROGRAM
REACH OUT AND READ VIRGINIA12929 CHURCH ROAD RICHMOND, VA 23233	04-3481253	501(C)(3)	5,500				TO PURCHASE BOOKS
REBUILDING TOGETHER - AMHERSTNELSONPO BOX 268 AMHERST, VA 24521	54-1614325	501(C)(3)	6,000				TO PURCHASE MATERIALS FOR HOME REPAIR PROJECTS
REBUILDING TOGETHER - CAMPBELL COUNTYPO BOX 1186 RUSTBURG, VA 24588	86-1147974	501(C)(3)	5,000				TO PURCHASE MATERIALS AND SUPPLIES
REBUILDING TOGETHER - LYNCHBURG926 COMMERCE STREET LYNCHBURG, VA 24504	54-1976958	501(C)(3)	12,171				TO PURCHASE MATERIALS FOR HOME REPAIR PROJECTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RECOVERY AT ST JOHN'S 3500 POWATAN ROAD LYNCHBURG, VA 24501	27-2759893	501(C)(3)	8,000				TO FUND BUILDING RENOVATIONS
SAARA OF VIRGINIA LYNCHBURG CHAPTER 2316 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-2056367	501(C)(3)	7,605				TO SUPPORT THE ESTABLISHMENT OF A RECOVERY COACH FOR THE SAARA CENTER IN LYNCHBURG
SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 296054277	36-2193608	501(C)(3)	4,484				DONOR-DESIGNATED GRANT
SMART BEGINNINGS AND SUCCESS BY 6 OF CENTRAL VIRGINIA PO BOX 10008 LYNCHBURG, VA 24506	54-0505923	501(C)(3)	6,500				TO PROVIDE PROGRAM SUPPORT
SML GOOD NEIGHBORS INC PO BOX 2 MONETA, VA 24121	26-1274000	501(C)(3)	5,000				TO PROVIDE ADMINISTRATIVE SUPPORT FOR SUMMER CAMP
SOCIETY OF ST ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	6,000				TO SUPPORT LYNCHBURG AREA FOOD SALVAGE PROJECT
SOUTH CENTRAL SPAY AND NEUTER CLINIC 29 MORTIMER DRIVE EVINGTON, VA 24550	26-3842124	501(C)(3)	13,427				TO COVER THE COST OF MEDICAL SUPPLIES
SOUTHERN MEMORIAL ASSOCIATION 401 TAYLOR STREET LYNCHBURG, VA 24501	54-1737181	501(C)(3)	5,514				ANNUAL DONOR-DESIGNATED GRANT
SWEET BRIAR COLLEGE PO BOX 34 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	5,000				TO FUND HANDICAP-ACCESSIBLE SEATING IN THE MURCHISON LANE AUDITORIUM
THE ARC OF CENTRAL VIRGINIA 1508 BEDFORD AVE LYNCHBURG, VA 24504	23-7221570	501(C)(3)	8,000				TO SUPPORT THE DAY SUPPORT PROGRAM
THE SALVATION ARMY 2215 PARK AVENUE LYNCHBURG, VA 24501	13-5562351	501(C)(3)	15,039				TO SUPPORT THE MEN'S EMERGENCY SHELTER AND FAMILY TRANSITIONAL HOUSING PROGRAM
THE SEDALIA CENTER INC 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526	54-1578039	501(C)(3)	5,382				TO PROVIDE 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 organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	15,272				DONOR-DESIGNATED GRANT
VIRGINIA HUNTERS WHO CARE INC PO BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	10,400				TO SUPPORT THE DISTRIBUTION OF VENISON TO THE HUNGRY
VIRGINIA LEGAL AID SOCIETY PO BOX 6058 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	7,000				TO FUND STRENGTHENING FAMILIES & CHILDREN PROGRAM
VIRGINIA SCHOOL OF THE ARTS 2240 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-1369087	501(C)(3)	5,083				DONOR-DESIGNATED GRANT
VIRGINIA UNIVERSITY OF LYNCHBURG 2058 GARFIELD AVENUE LYNCHBURG, VA 24501	54-0714277	501(C)(3)	8,000				TO FUND BATHROOM RENOVATIONS IN HUMBLE HALL
YMCA OF CENTRAL VIRGINIA 1315 CHURCH STREET LYNCHBURG, VA 24504	54-0505924	501(C)(3)	5,200				TO SUPPORT THE LYNCHBURG SWIM INITIATIVE
YWCA OF CENTRAL VIRGINIA 626 CHURCH STREET LYNCHBURG, VA 24504	54-0506490	501(C)(3)	16,610				ANNUAL ENDOWMENT PAYMENT, PROVIDE PROGRAM SUPPORT, AND SUPPLEMENT THE INSTALLATION OF AN ELEVATOR

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
GREATER LYNCHBURG COMMUNITY TRUST

**Employer identification number**

54-6112680

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CHAIRPERSON OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE SUBMITTING IT TO THE INTERNAL REVENUE SERVICE & A FULL COPY OF THE DRAFT 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE TRUST'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REGULARLY REVIEWS ANY CONFLICTS OF INTEREST REPORTED ON THE CONFLICT OF INTEREST QUESTIONNAIRE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT/CEO RECEIVES AN INFORMAL REVIEW WITH THE BOARD OF DIRECTORS WHICH IS USED TO SUBSTANTIATE THE PRESIDENT/CEO SALARY ADJUSTMENTS THE BOARD CONSIDERS A VARIETY OF FACTORS IN CONJUNCTION WITH THE INFORMAL REVIEW TO DETERMINE THE PROPER SALARY ADJUSTMENT DISCUSSION RELATED TO THE PRESIDENT/CEO SALARY ADJUSTMENTS IS DOCUMENTED IN THE ORGANIZATION'S RECORDED BOARD MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE TRUST MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE TRUST'S WEBSITE. THERE IS AN ANNOUNCEMENT ON THE TRUST'S WEBSITE WHICH STATES THAT THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE AT THE TRUST'S OFFICE.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,106,946 UNREALIZED GAIN ON CHARITABLE REMAINDER TRUSTS 29,737 TOTAL TO FORM 990, PART XI, LINE 5 3,136,683

Identifier	Return Reference	Explanation
		THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS OR RESPONSIBILITY HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GREATER LYNCHBURG COMMUNITY TRUST

**Employer identification number**  
54-6112680

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GLCT INC 101 PAULETTE CIRCLE SUITE B LYNCHBURG, VA 24502 54-6112680	TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY FOR CHARITY	VA	501(C)(3)	LINE 8	GREATER LYNCHBURG COMMUNITY TRUST		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No

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

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



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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