

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 private foundations)

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1100 COMMERCE STREET

Room/suite

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

LYNCHBURG, VA 24504

F Name and address of principal officer: KATHRYN YARZEBINSKI

1100 COMMERCE ST, LYNCHBURG, VA 24504

D Employer identification number

54-6112680

E Telephone number

434-845-6500

G Gross receipts \$

20,056,409.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.LYNCHBURGFOUNDATION.ORG

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

L Year of formation: 1972

M State of legal domicile: VA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE GREATER LYNCHBURG COMMUNITY FOUNDATION WORKS TO SOLVE OUR COMMUNITY'S GREATEST CHALLENGES BY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,283,491.	Current Year 4,609,822.
	9	Program service revenue (Part VIII, line 2g)	62,041.	64,518.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,702,429.	4,863,869.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-709.	2,750.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,047,252.	9,540,959.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,279,790.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	293,049.	299,629.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	117,134.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	529,412.	593,553.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,102,251.	3,382,981.
19		Revenue less expenses. Subtract line 18 from line 12	1,945,001.	6,157,978.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 67,554,642.	End of Year 75,653,704.
	21	Total liabilities (Part X, line 26)	9,261,812.	9,535,385.
	22	Net assets or fund balances. Subtract line 21 from line 20	58,292,830.	66,118,319.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	KATHRYN YARZEBINSKI, PRESIDENT/CEO			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	AMY A GALLAGHER, CPA			P00884747
Preparer Use Only	Firm's name	Firm's EIN		
	DAVIDSON, DOYLE & HILTON, LLP	54-1953476		
Preparer Use Only	Firm's address	Phone no.		
	PO BOX 800 LYNCHBURG, VA 24505-0800	434-846-7611		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TO RECEIVE CHARITABLE CONTRIBUTIONS FROM THE PUBLIC, ADMINISTERING,
AND INVESTING THOSE GIFT RESOURCES, AND DISTRIBUTING THE EXPENDABLE
PORTIONS OF THE RESOURCES AND THEIR EARNINGS FOR THE BENEFIT OF
CHARITABLE RECIPIENTS IN THE LOCAL AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,863,761. including grants of \$ 2,287,603.) (Revenue \$)

GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS FROM DONOR-ADVISED,
DESIGNATED, FIELD OF INTEREST, SCHOLARSHIP, AND UNRESTRICTED ENDOWMENT
FUNDS. THE FOUNDATION HAS FINAL APPROVAL OF ALL GRANTS.

4b (Code:) (Expenses \$ 202,196. including grants of \$ 202,196.) (Revenue \$)

SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS
INVOLVING SCHOLARSHIP COMMITTEES. THERE WERE 159 SCHOLARSHIPS AWARDED
IN FY 25.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,065,957.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 8	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed VA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 434-845-6500
1100 COMMERCE STREET, LYNCHBURG, VA 24504

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. KATHRYN C. YARZEBINSKI PRESIDENT/CEO	40.00			X				123,350.	0.	0.
(2) CHERYL HALL SECRETARY	40.00			X				66,525.	0.	0.
(3) MS. SUSAN G. ACKLEY DIRECTOR	1.00	X						0.	0.	0.
(4) MS. AMANDA STANLEY DIRECTOR	1.00	X						0.	0.	0.
(5) MS. JENNIFER BRYANT-FOSTER DIRECTOR	1.00	X						0.	0.	0.
(6) MR. ROBERT W. CARTER, JR DIRECTOR	1.00	X						0.	0.	0.
(7) MS. JANICE M. MARSTON VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(8) MR. LINZIE B. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(9) MS. KAREN S. SIMONTON DIRECTOR	1.00	X						0.	0.	0.
(10) MS. CHRISTINA DELZINGARO DIRECTOR	1.00	X						0.	0.	0.
(11) MS. KATRINA RICE DIRECTOR	1.00	X						0.	0.	0.
(12) MR. JOHN M. STONE CHAIRMAN	1.00	X		X				0.	0.	0.
(13) MR. SHAWN D. STONE DIRECTOR	1.00	X						0.	0.	0.
(14) DR. VERNA SELLERS DIRECTOR	1.00	X						0.	0.	0.
(15) MR. ROGER JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(16) MS. SARAH HOUCK DIRECTOR	1.00	X						0.	0.	0.
(17) MR. JOHN WALKER 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JOHN C. WATERWORTH DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								189,875.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								189,875.	0.	0.

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

1

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

0

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,609,822.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,609,822.			
Program Service Revenue	2 a OPERATING FEE INCOME		Business Code 525920	64,518.			64,518.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			64,518.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,982,931.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real	(ii) Personal			
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	(ii) Other			
			13,389,507.				
b Less: cost or other basis and sales expenses		7b	10,508,569.				
c Gain or (loss)		7c	2,880,938.				
d Net gain or (loss)			2,880,938.			2880938.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
		9,631.					
		6,881.					
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			2,750.			2,750.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			9,540,959.	0.	0.	4931137.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,287,603.	2,287,603.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	202,196.	202,196.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	127,120.	50,848.	25,424.	50,848.
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	145,430.	58,172.	58,172.	29,086.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,294.	2,518.	2,518.	1,258.
9 Other employee benefits				
10 Payroll taxes	20,785.	8,314.	4,157.	8,314.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,383.		3,383.	
c Accounting	8,950.		8,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	388,169.	388,169.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,812.	27,812.	3,000.	
12 Advertising and promotion				
13 Office expenses	21,782.	5,724.	9,692.	6,366.
14 Information technology	51,754.	20,702.	20,701.	10,351.
15 Royalties				
16 Occupancy	19,892.		19,892.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,232.		5,232.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,012.		6,012.	
23 Insurance	9,089.		9,089.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARE EXPENSES	25,001.	12,501.	12,500.	
b DEVELOPMENT	10,911.			10,911.
c DUES	7,813.		7,813.	
d PARKING FEES	1,955.		1,955.	
e All other expenses	2,798.	1,398.	1,400.	
25 Total functional expenses. Add lines 1 through 24e	3,382,981.	3,065,957.	199,890.	117,134.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	678,327.	1	527,031.
	2 Savings and temporary cash investments	4,314,585.	2	6,285,131.
	3 Pledges and grants receivable, net	243,184.	3	240,657.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,826.	9	54,125.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,672.		
	b Less: accumulated depreciation	10b 54,233.	10c	12,439.
	11 Investments - publicly traded securities	62,108,794.	11	68,376,072.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	176,476.	15	158,249.
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,554,642.	16	75,653,704.	
Liabilities	17 Accounts payable and accrued expenses	17,127.	17	69,011.
	18 Grants payable	839,598.	18	390,567.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,405,087.	25	9,075,807.
	26 Total liabilities. Add lines 17 through 25	9,261,812.	26	9,535,385.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,208,285.	27	10,879,832.
	28 Net assets with donor restrictions	49,084,545.	28	55,238,487.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	58,292,830.	32	66,118,319.
	33 Total liabilities and net assets/fund balances	67,554,642.	33	75,653,704.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,540,959.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,382,981.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,157,978.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,292,830.
5	Net unrealized gains (losses) on investments	5	1,667,511.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,118,319.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2212844.	4405321.	3836271.	2283491.	4609822.	17347749.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2212844.	4405321.	3836271.	2283491.	4609822.	17347749.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4282972.
6 Public support. Subtract line 5 from line 4.						13064777.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2212844.	4405321.	3836271.	2283491.	4609822.	17347749.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	745,162.	1193564.	1381879.	1525322.	1982930.	6828857.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						24176606.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	54.04	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	50.68	%
16a 33 1/3% support test - 2024. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Supplemental Information.

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

Part I

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

Part II

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

Questions 1-9 regarding conservation easements, including a table for lines 2a-2d: Held at the End of the Tax Year.

Part III

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

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

Questions 1a-1b and 2 regarding collections of art, historical treasures, or other similar assets, including revenue and asset reporting.

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,442,968.	41,116,577.	36,507,909.	40,388,441.	31,766,115.
b Contributions	3,864,498.	1,568,476.	3,144,631.	2,750,752.	974,096.
c Net investment earnings, gains, and losses	4,997,788.	5,695,078.	3,725,274.	-4,382,207.	9,621,677.
d Grants or scholarships			1,679,499.	1,663,237.	1,435,490.
e Other expenditures for facilities and programs	2,227,318.	1,937,163.	352,457.	311,919.	254,407.
f Administrative expenses			229,281.	273,921.	283,550.
g End of year balance	53,077,936.	46,442,968.	41,116,577.	36,507,909.	40,388,441.

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

a Board designated or quasi-endowment 2.0000 %

b Permanent endowment 98.0000 %

c Term endowment %

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

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		66,672.	54,233.	12,439.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,439.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY PAYABLE	484,826.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	8,548,560.
(4) OPERATING LEASE LIABILITY	42,421.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	9,075,807.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,831,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,667,511.
b	Donated services and use of facilities	2b	4,488.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,671,999.
3	Subtract line 2e from line 1	3	9,159,671.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	388,169.
b	Other (Describe in Part XIII.)	4b	-6,881.
c	Add lines 4a and 4b	4c	381,288.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,540,959.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	3,006,181.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	11,369.
e	Add lines 2a through 2d	2e	11,369.
3	Subtract line 2e from line 1	3	2,994,812.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	388,169.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	388,169.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,382,981.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION IS A SECTION 501(C)(3) ORGANIZATION UNDER THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF THE CODE. GAAP REQUIRES FOUNDATION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE THAN LIKELY WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. FOUNDATION MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2025 AND 2024, 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. THE FOUNDATION IS SUBJECT TO AUDIT BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
ROUNDING**PART XI, LINE 4B - OTHER ADJUSTMENTS:**
EVENT EXPENSE**PART XII, LINE 2D - OTHER ADJUSTMENTS:**
EVENT EXPENSE**PART V, LINE 4:**

THE TRUST'S ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO

501(C)(3) ORGANIZATIONS. THE TRUST HAS INCLUDED \$235,369 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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number
54-6112680

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY CENTER OF THE ARTS 600 MAIN STREET LYNCHBURG, VA 24504	23-7061145	501(C)(3)	12,714.	0.			ARTS, CULTURE
ADVISEVA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	15,000.	0.			EDUCATIONAL
ALTAVISTA AREA YMCA 718 7TH STREET ALTAVISTA, VA 24517	54-0895639	501(C)(3)	117,600.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
ALTAVISTA AREA/CAMPBELL COUNTY FULLER CENTER FOR HOUSING, INC. - P.O. BOX 232 - ALTAVISTA, VA 24517	54-1793590	501(C)(3)	5,800.	0.			HOUSING, SHELTER
AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	10,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
AMERICAN RED CROSS OF BLUE RIDGE VIRGINIA - 3700 CANDLERS MOUNTAIN ROAD - LYNCHBURG, VA 24502	53-0196605	501(C)(3)	7,000.	0.			HEALTHY AND INDEPENDENT LIVING

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

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST COUNTY HABITAT FOR HUMANITY - P.O. BOX 1397 - AMHERST, VA 24521	54-1616480	501(C)(3)	19,000.	0.			HEALTHY AND INDEPENDENT LIVING
AMHERST COUNTY PUBLIC SCHOOL EDUCATION FOUNDATION, INC. - PO BOX 1425 - AMHERST, VA 24521	54-1769234	501(C)(3)	5,500.	0.			EDUCATIONAL
AMHERST GLEBE ARTS RESPONSE, INC. PO BOX 117 CLIFFORD,, VA 24533	06-1790232	501(C)(3)	5,800.	0.			ARTS, CULTURE
APPOMATTOX LITERACY INTERVENTION PROJECT - 197 BREEZY HILL ROAD - SPOUT SPRING, VA 24593	90-1018466	501(C)(3)	5,500.	0.			EDUCATIONAL
AWARENESS GARDEN FOUNDATION, INC. P.O. BOX 3231 LYNCHBURG, VA 24503	04-3699535	501(C)(3)	25,000.	0.			HEALTHY AND INDEPENDENT LIVING
BEDFORD AREA FAMILY YMCA 1111 TURNPIKE RD BEDFORD, VA 24523	54-1140513	501(C)(3)	9,300.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
BEDFORD COMMUNITY CHRISTMAS STATION - P. O. BOX 1353 - BEDFORD, VA 24523	42-1710753	501(C)(3)	8,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
BEDFORD COMMUNITY ORCHESTRA 1900 STATLER ROAD MONTVALE, VA 24122	54-1702458	501(C)(3)	8,500.	0.			ARTS, CULTURE
BEDFORD HUMANE SOCIETY, INC 829 OLE TURNPIKE DR BEDFORD, VA 24523	54-1699676	501(C)(3)	5,577.	0.			STRENGTHENING FAMILIES AND COMMUNITIES

Schedule I (Form 990)

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BIG BROTHERS BIG SISTERS OF CENTRAL VIRGINIA - 2901 LANGHORNE RD - LYNCHBURG, VA 24501	54-0908680	501(C)(3)	10,242.	0.			SUCCESSFUL CHILDREN AND YOUTH
BLUE RIDGE AREA FOOD BANK P.O. BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	23,947.	0.			PEOPLE IN CRISIS RECEIVING HELP
BLUE RIDGE PREGNANCY CENTER 3701 OLD FOREST ROAD LYNCHBURG, VA 24501	54-1912289	501(C)(3)	10,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
BOWER CENTER FOR THE ARTS 305 N. BRIDGE STREET BEDFORD, VA 24523	81-0684725	501(C)(3)	7,500.	0.			ARTS, CULTURE
BOYS & GIRLS CLUB OF GREATER LYNCHBURG - 1101 MADISON STREET - LYNCHBURG, VA 24504	20-0199894	501(C)(3)	25,386.	0.			SUCCESSFUL CHILDREN AND YOUTH
BROOK HILL RETIREMENT CENTER FOR HORSES INC (BROOK HILL FARM) - 7291 BELLEVUE ROAD - FOREST, VA 24551	54-2058686	501(C)(3)	10,613.	0.			HEALTHY AND INDEPENDENT LIVING
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	5,400.	0.			HEALTHY AND INDEPENDENT LIVING
CAMP KUM-BA-YAH NATURE CENTER 4415 BOONSBORO ROAD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	30,747.	0.			HEALTHY AND INDEPENDENT LIVING
CAMPBELL COUNTY EDUCATIONAL FOUNDATION - P.O. BOX 99 - RUSTBURG, VA 24588	82-0988857	501(C)(3)	5,400.	0.			EDUCATIONAL

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CANTATE, THE CHILDREN'S AND YOUTH CHOIR OF CENTRAL VIRGINIA - 205 ELMWOOD AVENUE - LYNCHBURG, VA 24503	31-1417036	501(C)(3)	8,750.	0.			ARTS, CULTURE
CASA OF CENTRAL VIRGINIA PO BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	16,445.	0.			ARTS, CULTURE
CENTRA FOUNDATION 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	9,625.	0.			HEALTHY AND INDEPENDENT LIVING
CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING - 501 12TH ST, STE A. - LYNCHBURG, VA 24505	51-0189604	501(C)(3)	6,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
CENTRAL VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION, INC - 3506 WARDS RD - LYNCHBURG, VA 24502	54-1167908	501(C)(3)	16,306.	0.			EDUCATIONAL
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, STE. 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	15,000.	0.			ARTS, CULTURE
CHILDREN'S ASSISTIVE TECHNOLOGY SERVICE - 900 GRANBY STREET, SUITE 138 - NORFOLK, VA 23510	46-4866068	501(C)(3)	14,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
CLAIRE PARKER FOUNDATION 1019 9TH STREET ALTAVISTA, VA 24517	47-2434088	501(C)(3)	7,500.	0.			PEOPLE IN CRISIS RECEIVING HELP
COMMUNITY ACCESS NETWORK 800 5TH STREET LYNCHBURG, VA 24504	47-5194456	501(C)(3)	25,000.	0.			HEALTHY AND INDEPENDENT LIVING

Schedule I (Form 990)

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

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CONCORD VOLUNTEER FIRE DEPARTMENT 12573 RICHMOND HWY CONCORD, VA 24538	54-6068760	501(C)(3)	5,700.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE, VA 24019	54-1108079	501(C)(3)	9,500.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
DOWNTOWN LYNCHBURG ASSOCIATION 901 CHURCH STREET LYNCHBURG, VA 24504	54-1829693	501(C)(3)	6,600.	0.			HISTORICAL PRESERVATION
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVE. LYNCHBURG, VA 24503	54-1808771	501(C)(3)	339,491.	0.			SUCCESSFUL CHILDREN AND YOUTH
FAITH CHRISTIAN ACADEMY P.O. BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	6,410.	0.			SUCCESSFUL CHILDREN AND YOUTH
FIVE18 FAMILY SERVICES 1621-B ENTERPRISE DR LYNCHBURG, VA 24502	54-0660819	501(C)(3)	18,307.	0.			SUCCESSFUL CHILDREN AND YOUTH
FOOD FOR KIDS P.O. BOX 674 BEDFORD, VA 24523	47-4178458	501(C)(3)	30,350.	0.			HEALTHY AND INDEPENDENT LIVING
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)	23,345.	0.			HEALTHY AND INDEPENDENT LIVING
FREEDOM 4/24 2306 BEDFORD AVENUE LYNCHBURG, VA 24503	26-4320885	501(C)(3)	9,836.	0.			PEOPLE IN CRISIS RECEIVING HELP

Schedule I (Form 990)

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

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FRIENDS OF ENDSTATION THEATRE COMPANY - 2500 RIVERMONT AVENUE - LYNCHBURG, VA 24503	20-4962047	501(C)(3)	8,428.	0.			ARTS, CULTURE
FRIENDS OF THE LYNCHBURG PUBLIC LIBRARY - 2315 MEMORIAL AVENUE - LYNCHBURG, VA 24503	54-6059813	501(C)(3)	17,980.	0.			EDUCATIONAL
FUTURE FOCUS FOUNDATION 3506 WARDS ROAD LYNCHBURG, VA 24502	27-0938465	501(C)(3)	7,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
GIRLS ON THE RUN CENTRAL VIRGINIA AND BLUE RIDGE - 1713 12TH STREET - LYNCHBURG, VA 24501	26-2858200	501(C)(3)	6,510.	0.			SUCCESSFUL CHILDREN AND YOUTH
GLEANNING FOR THE WORLD, INC. PO BOX 645 CONCORD, VA 24538	54-1930105	501(C)(3)	9,800.	0.			PEOPLE IN CRISIS RECEIVING HELP
GREATER LYNCHBURG HABITAT FOR HUMANITY - 360 ALLEGHANY AVE - LYNCHBURG, VA 24501	54-1464802	501(C)(3)	18,769.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
HUMANKIND 1903 HUMANKIND WAY LYNCHBURG, VA 24503	54-0346118	501(C)(3)	21,984.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
INTERFAITH OUTREACH ASSOCIATION 701 CLAY ST. LYNCHBURG, VA 24504	54-1214253	501(C)(3)	26,742.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
IRON LIVES PO BOX 1262 LYNCHBURG, VA 24505	46-3986194	501(C)(3)	5,500.	0.			SUCCESSFUL CHILDREN AND YOUTH

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JAMES RIVER DAY SCHOOL 5039 BOONSBORO ROAD LYNCHBURG, VA 24503	54-0891225	501(C)(3)	7,875.	0.			EDUCATIONAL
JEFFERSON CHORAL SOCIETY 1290 ENTERPRISE DRIVE LYNCHBURG, VA 24502	54-1554423	501(C)(3)	7,574.	0.			ARTS, CULTURE
JOHNSON HEALTH CENTER 134 ELON ROAD MADISON HEIGHTS, VA 24572	54-1287905	501(C)(3)	13,003.	0.			HEALTHY AND INDEPENDENT LIVING
JONES MEMORIAL LIBRARY 2311 MEMORIAL AVENUE LYNCHBURG, VA 24501	54-0505921	501(C)(3)	27,301.	0.			EDUCATIONAL
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVENUE LYNCHBURG, VA 24501-4112	54-1881948	501(C)(3)	35,956.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
KIDS' HAVEN: A CENTER FOR GRIEVING CHILDREN - 722 COMMERCE STREET - LYNCHBURG, VA 24504	54-1920136	501(C)(3)	11,810.	0.			SUCCESSFUL CHILDREN AND YOUTH
LAKE CHRISTIAN MINISTRIES 13157 OLD MONETA ROAD MONETA, VA 24151	54-2034650	501(C)(3)	12,464.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
LEGACY PROJECT, INC. P.O. BOX 308 LYNCHBURG, VA 24504	54-1771178	501(C)(3)	11,899.	0.			HISTORICAL PRESERVATION
LYNCHBURG BEACON OF HOPE 2600 MEMORIAL AVENUE, SUITE 106 LYNCHBURG, VA 24501	45-3797831	501(C)(3)	41,158.	0.			STRENGTHENING FAMILIES AND COMMUNITIES

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LYNCHBURG CITY SCHOOLS EDUCATION FOUNDATION - 915 COURT STREET - LYNCHBURG, VA 24505-2497	54-1385200	501(C)(3)	30,812.	0.			EDUCATIONAL
LYNCHBURG COMMUNITY ACTION GROUP, INC - 300 12TH STREET - LYNCHBURG, VA 24504	54-0797340	501(C)(3)	7,377.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
LYNCHBURG DAILY BREAD, INC. 721 CLAY STREET LYNCHBURG, VA 24504	52-1268749	501(C)(3)	52,349.	0.			PEOPLE IN CRISIS RECEIVING HELP
LYNCHBURG GROWS 1339 ENGLEWOOD STREET LYNCHBURG, VA 24501	20-0934133	501(C)(3)	35,293.	0.			SUCCESSFUL CHILDREN AND YOUTH
LYNCHBURG HUMANE SOCIETY 1211 OLD GRAVES MILL ROAD LYNCHBURG, VA 24502	54-0570901	501(C)(3)	34,460.	0.			HEALTHY AND INDEPENDENT LIVING
LYNCHBURG MUSEUM FOUNDATION PO BOX 529 LYNCHBURG, VA 24505	54-1906894	501(C)(3)	5,738.	0.			ARTS, CULTURE
LYNCHBURG SYMPHONY ORCHESTRA 922 MAIN STREET, SUITE 1 LYNCHBURG, VA 24504	52-1304854	501(C)(3)	47,146.	0.			ARTS, CULTURE
MAKE-A-WISH - VA GREATER VIRGINIA 2810 N. PARHAM ROAD, STE 302 RICHMOND, VA 23221	54-1429614	501(C)(3)	20,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
MILLER HOME OF LYNCHBURG 2134 WESTERLY DRIVE LYNCHBURG, VA 24501	54-0505999	501(C)(3)	17,186.	0.			PEOPLE IN CRISIS RECEIVING HELP

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MIRIAM'S HOUSE PO BOX 3196 LYNCHBURG, VA 24503	54-1606543	501(C)(3)	110,719.	0.			PEOPLE IN CRISIS RECEIVING HELP
MONACAN INDIAN NATION 111 HIGHVIEW DR. MADISON HEIGHTS, VA 24572	82-4783213	501(C)(3)	7,000.	0.			HISTORICAL PRESERVATION
MONACAN NATION CULTURAL FOUNDATION INC. - FOOD BANK - 111 HIGHVIEW DRIVE - MADISON HEIGHTS, VA 24572	54-1656446	501(C)(3)	5,600.	0.			HISTORICAL PRESERVATION
NATIONAL D-DAY MEMORIAL FOUNDATION 133 WEST MAIN STREET BEDFORD, VA 24523	54-1504679	501(C)(3)	21,938.	0.			HISTORICAL PRESERVATION
NATURAL BRIDGE APPALACHIAN TRAIL 145 BELMONT TERRACE LYNCHBURG, VA 24502-4593	52-1321057	501(C)(3)	9,716.	0.			HEALTHY AND INDEPENDENT LIVING
NEW VISTAS SCHOOL 520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	42,379.	0.			EDUCATIONAL
NO WALLS MINISTRY P.O. BOX 3442 LYNCHBURG, VA 24523	36-4671829	501(C)(3)	7,200.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
OLD CITY CEMETERY 401 TAYLOR STREET LYNCHBURG, VA 24501	04-3699535	501(C)(3)	19,560.	0.			HISTORICAL PRESERVATION
ONE COMMUNITY ONE VOICE LYNCHBURG 825 TAYLOR STREET LYNCHBURG, VA 24504	84-2754128	501(C)(3)	6,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES

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OPERA ON THE JAMES P.O.BOX 1450 LYNCHBURG, VA 24505	56-2521625	501(C)(3)	33,517.	0.			ARTS, CULTURE
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVENUE LYNCHBURG, VA 24501	46-3684893	501(C)(3)	29,811.	0.			PEOPLE IN CRISIS RECEIVING HELP
PATRICK HENRY MEMORIAL FOUNDATION 1250 RED HILL ROAD BROOKNEAL, VA 24528	54-0662892	501(C)(3)	10,447.	0.			HISTORICAL PRESERVATION
PEACEMAKERS, INC 1601 12TH STREET LYNCHBURG, VA 24501	81-5082841	501(C)(3)	5,500.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	17,108.	0.			EDUCATIONAL
REACH OUT AND READ VIRGINIA PO BOX 2678 MIDLOTHIAN, VA 23113	43-3481253	501(C)(3)	16,000.	0.			EDUCATIONAL
RED TRUCK MINISTRIES 5225 FORT AVENUE, SUITE A LYNCHBURG, VA 24502	85-0657924	501(C)(3)	10,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
RIVERVIEWS ARTSPACE 901 JEFFERSON STREET LYNCHBURG, VA 24504	54-1736664	501(C)(3)	7,000.	0.			ARTS, CULTURE
RUSH HOMES 1721 MONSVIEW PLACE LYNCHBURG, VA 24504	31-1519694	501(C)(3)	9,700.	0.			PEOPLE IN CRISIS RECEIVING HELP

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SECOND STAGE AMHERST 194 SECOND STREET AMHERST, VA 24521	47-0964590	501(C)(3)	7,000.	0.			ARTS, CULTURE
SOUTH CENTRAL SPAY AND NEUTER CLINIC - 1211 OLD GRAVES MILL ROAD - LYNCHBURG, VA 24502	26-3842124	501(C)(3)	12,266.	0.			HEALTHY AND INDEPENDENT LIVING
TAKE MY HAND MINISTRIES 163 LIBERTY LANE EVINGTON, VA 24550	46-2452071	501(C)(3)	9,099.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
THE AGAPE CENTER CORPORATION, INC. P.O. BOX 10711 LYNCHBURG, VA 24506	26-4019295	501(C)(3)	15,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
THE ARC OF CENTRAL VIRGINIA 1508 BEDFORD AVENUE, LYNCHBURG, VA 24504	23-7221570	501(C)(3)	32,608.	0.			HEALTHY AND INDEPENDENT LIVING
THE AVENEL FOUNDATION P.O. BOX 686 BEDFORD, VA 24523	54-1345184	501(C)(3)	7,000.	0.			HISTORICAL PRESERVATION
THE BEDFORD AREA EDUCATIONAL FOUNDATION - PO BOX 2434 - FOREST, VA 24551	36-4499678	501(C)(3)	10,000.	0.			EDUCATIONAL
THE BRIDGE MINISTRY, INC. PO BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	8,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
THE CORPORATION FOR JEFFERSON'S POPLAR FOREST - PO BOX 419 - FOREST, VA 24551	54-1258296	501(C)(3)	8,079.	0.			HISTORICAL PRESERVATION

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THE LINK PROJECT, INCORPORATED 1322 PIERCE STREET LYNCHBURG, VA 24501 USA, VA 24501	30-0710685	501(C)(3)	20,158.	0.			SUCCESSFUL CHILDREN AND YOUTH
THE SALVATION ARMY OF LYNCHBURG 2215 PARK AVE LYNCHBURG, VA 24501	58-0660607	501(C)(3)	25,569.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
THE SEDALIA CENTER, INC. 1108 SEDALIA SCHOOL RD. BIG ISLAND, VA 24526	54-1578039	501(C)(3)	8,903.	0.			ARTS, CULTURE
THE SEVEN HILLS CHORUS 605 CLAY ST LYNCHBURG, VA 24504	33-1502879	501(C)(3)	7,000.	0.			ARTS, CULTURE
THE SOCIETY OF ST. ANDREW, INC 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	9,096.	0.			HISTORICAL PRESERVATION
UNITED WAY OF CENTRAL VIRGINIA, INC. - 1010 MILLER PARK SQUARE - LYNCHBURG, VA 24501	54-0505923	501(C)(3)	34,332.	0.			PEOPLE IN CRISIS RECEIVING HELP
VECTOR SPACE 2004 MEMORIAL AVENUE LYNCHBURG, VA 24501	47-3633116	501(C)(3)	6,500.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES - 5511 STAPLES MILL RD - RICHMOND, VA 23228	20-3188273	501(C)(3)	15,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	9,284.	0.			EDUCATIONAL

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VIRGINIA HUNTERS WHO CARE, INC. P. O. BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	7,700.	0.			PEOPLE IN CRISIS RECEIVING HELP
VIRGINIA LEGAL AID SOCIETY, INC. 513 CHURCH ST. LYNCHBURGH, VA 24504	51-0226448	501(C)(3)	18,223.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
WOLFBANE PRODUCTIONS 524 COUNTRY CLUB RD APPOMATTOX, VA 24522	27-1272773	501(C)(3)	7,600.	0.			ARTS, CULTURE
YMCA OF CENTRAL VIRGINIA 1309 CHURCH ST. LYNCHBURG, VA 24504	54-0505924	501(C)(3)	15,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
YWCA CENTRAL VIRGINIA 626 CHURCH STREET LYNCHBURG, VA 24504	54-0506490	501(C)(3)	11,272.	0.			STRENGTHENING FAMILIES AND COMMUNITIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	159	202,196.	0.	FMV	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2:**

THE FOUNDATION HAS FINAL APPROVAL OF ALL GRANTS; SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	GREATER LYNCHBURG COMMUNITY FOUNDATION	Employer identification number	54-6112680
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING GRANTS AND SCHOLARSHIPS, AND BY HELPING INDIVIDUALS,
FAMILIES, AND ORGANIZATIONS CREATE THEIR CHARITABLE LEGACY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE THE RETURN
IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REGULARLY
REVIEWS ANY CONFLICTS OF INTEREST REPORTED ON THE CONFLICT OF INTEREST
QUESTIONNAIRE.

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.

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

PART XII, LINE 2C 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

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Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GLCT, INC. - 54-6112680 1100 COMMERCE STREET LYNCHBURG, VA 24504	TO RECEIVE AND ACCEPT PROPERTY TO BE ADMINISTERED EXCLUSIVELY	VIRGINIA	501(C)(3)	LINE 8	GREATER LYNCHBURG COMMUNITY FOUNDATION		X

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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.

[illegible]

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