

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 1100 COMMERCE STREET City or town, state or province, country, and ZIP or foreign postal code LYNCHBURG, VA 24504	D Employer identification number 54-6112680 E Telephone number 434-845-6500
F Name and address of principal officer: KATHRYN YARZEBINSKI 1100 COMMERCE ST, LYNCHBURG, VA 24504		G Gross receipts \$ 23,442,871. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LYNCHBURGFOUNDATION.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1972 M State of legal domicile: VA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: DISTRIBUTE CONTRIBUTED FUNDS TO NON-PROFIT ORGANIZATIONS.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4		
	6 Total number of volunteers (estimate if necessary)	6	0		
	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 2,307,948.	Current Year 4,405,321.	
9 Program service revenue (Part VIII, line 2g)		28,692.	56,672.		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,471,080.	3,167,128.		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	99.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,807,720.	7,629,220.		
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,814,453.	1,985,764.	
		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)	221,187.	269,831.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,380.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	505,980.	536,308.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,541,620.	2,791,903.		
19 Revenue less expenses. Subtract line 18 from line 12	4,266,100.	4,837,317.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 57,404,315.	End of Year 53,758,298.		
	21 Total liabilities (Part X, line 26)	7,767,377.	7,951,822.		
	22 Net assets or fund balances. Subtract line 21 from line 20	49,636,938.	45,806,476.		

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 KATHRYN YARZEBINSKI, PRESIDENT/CEO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name AMY A GALLAGHER, CPA	Preparer's signature	Date
	Firm's name ▶ DAVIDSON, DOYLE & HILTON, LLP Firm's address ▶ PO BOX 800 LYNCHBURG, VA 24505-0800	Check <input type="checkbox"/> if self-employed P00884747	Firm's EIN ▶ 54-1953476 Phone no. 434-846-7611

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PRINCIPAL MISSION OF THE FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE COMMUNITIES SERVED BY THE ESTABLISHMENT OF PERMANENT ENDOWMENTS FOR THE CITY OF LYNCHBURG AND THE COUNTIES OF AMHERST, APPOMATTOX, BEDFORD AND CAMPBELL, WITH INCOME DISTRIBUTED ANNUALLY TO

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

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

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

4a (Code:) (Expenses \$ 2,400,518. including grants of \$ 1,891,138.) (Revenue \$ 0.) 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 \$ 94,626. including grants of \$ 94,626.) (Revenue \$ 0.) SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES. THERE WERE 59 SCHOLARSHIPS AWARDED IN FY 22.

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 2,495,144.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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.</i> See instructions		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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 non-cash 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 Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 6	
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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

		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.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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?		

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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) MR. WILLIAM BODINE PRESIDENT/CEO	40.00			X			127,461.	0.	3,600.	
(2) CHERYL HALL SECRETARY	40.00			X			59,780.	0.	1,711.	
(3) MS. SUSAN G. ACKLEY DIRECTOR	1.00	X					0.	0.	0.	
(4) MR. G. CARL BOGGESS CHAIRMAN	1.00	X		X			0.	0.	0.	
(5) MS. JENNIFER BRYANT-FOSTER DIRECTOR	1.00	X					0.	0.	0.	
(6) MS. REGINA W. CARTER DIRECTOR	1.00	X					0.	0.	0.	
(7) MS. JANICE M. MARSTON DIRECTOR	1.00	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) MR. ERIC J. SORENSON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(12) MR. JOHN M. STONE VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(13) MR. SHAWN D. STONE DIRECTOR	1.00	X					0.	0.	0.	
(14) DR. JAMES W. WRIGHT 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			
1b Subtotal							187,241.	0.	5,311.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							187,241.	0.	5,311.	

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

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

Section B. Independent Contractors

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

(A) 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 Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	4,405,321.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			4,405,321.			
Program Service Revenue	2 a	OPERATING FEE INCOME	Business Code	525920	56,672.		56,672.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			56,672.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,193,564.		1193564.	
	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				
					17,768,464.			
	b	Less: cost or other basis and sales expenses	7b	15,794,900.				
	c	Gain or (loss)	7c	1,973,564.				
d	Net gain or (loss)			1,973,564.		1973564.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		18,850.				
				18,751.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			99.		99.		
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			7,629,220.	0.	0.	3223899.	

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 ...	1,891,138.	1,891,138.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,626.	94,626.		
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	187,240.	74,896.	49,404.	62,940.
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	57,699.	23,080.	20,109.	14,510.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,069.	2,428.	2,428.	1,213.
9 Other employee benefits				
10 Payroll taxes	18,823.	7,529.	3,765.	7,529.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,145.		3,145.	
c Accounting	8,700.		8,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	334,761.	334,761.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	60,161.	50,424.	9,737.	
12 Advertising and promotion				
13 Office expenses	35,728.	5,667.	20,773.	9,288.
14 Information technology	26,487.	10,595.	10,595.	5,297.
15 Royalties				
16 Occupancy	21,173.		21,173.	
17 Travel	1,811.		1,811.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,720.		8,720.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,541.		1,541.	
23 Insurance	4,410.		4,410.	
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 DEVELOPMENT	15,603.			15,603.
b DUES	14,068.		14,068.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,791,903.	2,495,144.	180,379.	116,380.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	430,434.	1	868,950.
	2 Savings and temporary cash investments	4,431,922.	2	5,168,240.
	3 Pledges and grants receivable, net	363,778.	3	216,343.
	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	9,499.	9	15,424.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,953.		
	b Less: accumulated depreciation	10b 45,140.	6,354.	10c 4,813.
	11 Investments - publicly traded securities	52,122,019.	11	47,438,229.
	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	40,309.	15	46,299.
16 Total assets. Add lines 1 through 15 (must equal line 33)	57,404,315.	16	53,758,298.	
Liabilities	17 Accounts payable and accrued expenses	20,138.	17	46,077.
	18 Grants payable	784,355.	18	949,393.
	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	6,962,884.	25	6,956,352.
	26 Total liabilities. Add lines 17 through 25	7,767,377.	26	7,951,822.
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	8,404,745.	27	7,146,776.
	28 Net assets with donor restrictions	41,232,193.	28	38,659,700.
	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	49,636,938.	32	45,806,476.
	33 Total liabilities and net assets/fund balances	57,404,315.	33	53,758,298.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,629,220.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,791,903.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,837,317.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,636,938.
5	Net unrealized gains (losses) on investments	5	-8,667,779.
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	45,806,476.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	40,388,441.	31,766,115.	31,093,322.	31,270,508.	29,430,881.
b Contributions	2,750,752.	974,096.	1,717,283.	1,448,355.	1,041,484.
c Net investment earnings, gains, and losses	-4,382,207.	9,621,677.	689,684.	1,633,423.	2,635,171.
d Grants or scholarships	1,663,237.	1,435,490.	1,240,135.	914,490.	1,346,960.
e Other expenditures for facilities and programs	311,919.	254,407.	220,926.	2,127,526.	264,018.
f Administrative expenses	273,921.	283,550.	273,113.	216,948.	226,050.
g End of year balance	36,507,909.	40,388,441.	31,766,115.	31,093,322.	31,270,508.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.0000 %
 - b Permanent endowment 97.0000 %
 - 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		49,953.	45,140.	4,813.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,813.

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, col. (B) line 12.) ▶		

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, col. (B) line 13.) ▶		

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, col. (B) line 15.) ▶	

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	509,443.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	6,446,909.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,956,352.

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	-1,353,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-8,667,778.	
b	Donated services and use of facilities	2b	600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-8,667,178.	
3	Subtract line 2e from line 1	3	7,313,210.	
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	334,761.	
b	Other (Describe in Part XIII.)	4b	-18,751.	
c	Add lines 4a and 4b	4c	316,010.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,629,220.	

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	2,476,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	18,752.	
e	Add lines 2a through 2d	2e	19,352.	
3	Subtract line 2e from line 1	3	2,457,142.	
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	334,761.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	334,761.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,791,903.	

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, 2022 AND 2021, THERE AR 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

Part XIII Supplemental Information (continued)

FOUNDATION IS SUBJECT TO AUDIT BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

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 \$200,161 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 G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **GREATER LYNCHBURG COMMUNITY FOUNDATION** Employer identification number **54-6112680**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	18,850.			18,850.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	18,850.			18,850.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,751.			18,751.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,751.
11 Net income summary. Subtract line 10 from line 3, column (d)				99.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility		%
b	An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**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)	14,520.	0.			COMMUNITY ENGAGEMENT AND ACCESS INITIATIVE
ADULT CARE CENTER PO BOX 568 LYNCHBURG, VA 24505	54-1297050	501(C)(3)	14,032.	0.			ANNUAL DONOR-DESIGNATED GRANT; CENTRAL VA COUNTIES TRANSPORTATION PROJECT; PLYMALE
ALPHA ACTION EDUCATIONAL AND CHARITABLE FOUNDATION - 108 WINTERBERRY DR - FOREST, VA 24551	82-3392251	501(C)(3)	7,000.	0.			SCHOLARSHIP ASSISTANCE
ALTAVISTA AREA YMCA PO BOX 149 ALTAVISTA, VA 24517	54-0895639	501(C)(3)	14,037.	0.			PLYMALE FOUNDATION; TO SUPPORT FAMILY CENTER RENOVATION PROJECT
ALTAVISTA AREA/CAMPBELL COUNTY HABITAT FOR HUMANITY, INC. - PO BOX 232 - ALTAVISTA, VA 24517	54-1793590	501(C)(3)	10,000.	0.			TO SUPPORT CONSTRUCTION OF HOME; PROGRAM SUPPORT
AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	13,558.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT - EVERYONE IS SPECIAL, SMART BEGINNINGS

- 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 **▶** _____

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

Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
AMERICAN RED CROSS OF THE BLUE RIDGE - 1007 SHEFFIELD DR - LYNCHBURG, VA 24502	53-0196605	501(C)(3)	12,000.	0.			TO PROVIDE PROGRAM SUPPORT - BLOOD SERVICES PROGRAM
AMHERST COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION, INC - PO BOX 1425 - AMHERST, VA 24521	54-1769234	501(C)(3)	7,000.	0.			CREATING & SUSTAINING STUDENT LEADERS
AMHERST GLEBE ARTS RESPONSE, INC PO BOX 117 CLIFFORD, VA 24533	06-1790232	501(C)(3)	9,051.	0.			OF EXTRAORDINARY ARTISTS, UNDERSERVED AUDIENCES AND ISOLATING EPIDEMICS
APPOMATTOX LITERACY INTERVENTION PROGRAM - 197 BREEZY HILL RD - SPOUT SPRING, VA 24593	54-1779269	501(C)(3)	7,050.	0.			TO SUPPORT SPOT & DOT THE BOOK BUSES
BEDFORD AREA EDUCATIONAL FOUNDATION - PO BOX 2434 - FOREST, VA 24551	36-4499678	501(C)(3)	7,000.	0.			TO FUND CLASSROOM ENRICHMENT PROJECTS
BEDFORD COMMUNITY CHRISTMAS STATION INC - PO BOX 1353 - BEDFORD, VA 24523	42-1710753	501(C)(3)	10,000.	0.			ELECTRICAL UPGRADE FOR THEIR BUILDING
BEDFORD HUMANE SOCIETY INC 829 OLE TURNPIKE BEDFORD, VA 24501	54-1699676	501(C)(3)	5,100.	0.			SPAY/NEUTER & HEALTH PROGRAMS
BIG BROTHERS BIG SISTERS OF CENTRAL VA - 2901 LANGHORNE RD - LYNCHBURG, VA 24501	54-0908680	501(C)(3)	12,639.	0.			ANNUAL DONOR-DESIGNATED GRANT; SITE-BASED MENTORING SUPPORT
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	20,098.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL SUPPORT AND PROGRAM SUPPORT; AGENCY CAPACITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE PREGNANCY CENTER 1915 THOMSON DR LYNCHBURG, VA 24501	54-1912289	501(C)(3)	15,267.	0.			TO PROVIDE GENERAL PROGRAM SUPPORT
BOYS & GIRLS CLUB OF GREATER LYNCHBURG - 1101 MADISON STREET - LYNCHBURG, VA 24504	20-0199894	501(C)(3)	17,452.	0.			ANNUAL DONOR DESIGNATED GRANT; TO PROVIDE SUPPORT FOR CHILDCARE/REMOTE LEARNING; WHATEVER IT
BROOK HILL RETIREMENT CENTER FOR HORSES, INC. - 7289 BELLEVUE RD - FOREST, VA 24551	54-2058686	501(C)(3)	13,521.	0.			ANNUAL DONOR-DESIGNATED GRANT; EQUINE THERAPY FOR AT-RISK YOUTH; GENERAL PROGRAM SUPPORT
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	6,000.	0.			SUMMER OF HOPE 2022
CAMP KUM-BA-YAH, INC. 4415 BOONSBORO RD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	15,742.	0.			ANNUAL DONOR-DESIGNATED GRANT; CAMP KUM-BA-YA PROGRAMMING AND AMERICORPS SUPPORT
CAMPBELL CO EDUCATIONAL FOUNDATION PO BOX 99 RUSTBURG, VA 24588	82-0988857	501(C)(3)	7,000.	0.			TO PROVIDE PROGRAM SUPPORT FOR DUAL ENROLLMENT
CASA OF CENTRAL VIRGINIA P.O. BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	16,131.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT; PYLMALE FOUNDATION
CENTRA FOUNDATION 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	5,942.	0.			ANNUAL DONOR-DESIGNATED GRANT
CENTRAL VIRGINIA UNITED SOCCER PO BOX 738 LYNCHBURG, VA 24505	54-1447509	501(C)(3)	5,363.	0.			ANNUAL DONOR-DESIGNATED GRANT; GENERAL PROGRAM SUPPORT

Schedule I (Form 990)

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
CHILDREN'S ASSISTIVE TECHNOLOGY SERVICES - 12801 MONETA RD - MONETA, VA 24121	46-4866068	501(C)(3)	9,000.	0.			MEET THE NEEDS OF CHILDREN IN VA WITH PHYSICAL AND DEVELOPMENTAL
CHILDREN'S MIRACLE NETWORK 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1391700	501(C)(3)	6,702.	0.			ANNUAL DONOR-DESIGNATION GRANT
CHURCHES FOR URBAN MINISTRY 1022 FLOYD STREET LYNCHBURG, VA 24501	54-1315808	501(C)(3)	17,204.	0.			TO PROVIDE PROGRAM SUPPORT CAMP TIMOTHY
CLAIRE PARKER FOUNDATION PO BOX 523 ALTAVISTA, VA 24517	47-2434088	501(C)(3)	7,500.	0.			CLAIRE HOUSE #3
COURT STREET BAPTIST CHRUCH PO BOX 733 LYNCHBURG, VA 24505	54-6045461	501(C)(3)	7,588.	0.			ANNUAL DONOR-DESIGNATED GRANT
CVCC EDUCATIONAL FOUNDATION INC 3506 WARDS RD LYNCHBURG, VA 24502	54-1167908	501(C)(3)	7,500.	0.			SUPPORT SERVICES TO UNDERSERVED COLLEGE STUDENTS
DEPAUL COMMUNITY RESOURCES 4859 WATERLICK ROAD FOREST, VA 24551	54-1108079	501(C)(3)	6,000.	0.			ENSURING SAFETY, STABILITY AND HEALING FOR THOSE IN FOSTER CARE PROGRAM
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	305,339.	0.			ANNUAL DONOR-DESIGNATED GRANT; FLOORING PROJECT
FAITH CHRISTIAN ACADEMY PO BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	6,368.	0.			ANNUAL DONOR-DESIGNATED GRANT

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

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FIRST PRESBYTERIAN CHURCH OF LYNCHBURG - 1215 VES ROAD - LYNCHBURG, VA 24503	54-0505896	501(C)(3)	7,098.	0.			TO SUPPORT THE ROOTED & REACHING CAPITAL CAMPAIGN
FOOD FOR KIDS PO BOX 674 BEDFORD, VA 24523	47-4178458	501(C)(3)	7,000.	0.			WEEKEND PACK-A-SACK PROGRAM; PLYMALE FOUNDATION
FORTE CHAMBER MUSIC PO BOX 3596 LYNCHBURG, VA 24504	26-4059351	501(C)(3)	9,000.	0.			FORETE CHAMBER MUSIC 2021-22 SEASON & STUDENT TICKET UNDERWRITING
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN ST LYNCHBURG, VA 24504	54-1420756	501(C)(3)	30,828.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; GENERAL PROGRAM SUPPORT
FRIENDS OF THE LYNCHBURG PUBLIC LIBRARY - 2315 MEMORIAL AVE - LYNCHBURG, VA 24501	54-6059813	501(C)(3)	11,846.	0.			ANNUAL DONOR-DESIGNATED GRANT; PROGRAM SUPPORT
FUTURE FOCUS FOUNDATION 3506 WARDS RD LYNCHBURG, VA 24502	27-0938465	501(C)(3)	5,500.	0.			"DRIVE-IN STEM" EDUCATION SERVICES
GIRLS ON THE RUN OF GREATER LYNCHBURG - 1713 12TH ST - LYNCHBURG, VA 24501	26-2858200	501(C)(3)	6,000.	0.			ANNUAL DONOR-DESINGATED GRANT; COOKIE CHALLENGE - LYNCHBURG
GLEANNING FOR THE WORLD PO BOX 645 CONCORD, VA 24538	54-1930105	501(C)(3)	8,000.	0.			TO PROVIDE PROGRAM SUPPORT - HELPING OUR NEIGHBORS
HABITAT FOR HUMANITY- GREATER LYNCHBURG - 360 ALLEGHANY AVE - LYNCHBURG, VA 24501	54-1464802	501(C)(3)	13,581.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE ADVISORY COMMITTEE; 2022 HABITAT HOME BUILD

Schedule I (Form 990)

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
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	11,579.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT WAYS TO WORK PROGRAM; EARLY HEAD START PROGRAM
INTERFAITH OUTREACH ASSOCIATION PO BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	30,600.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
IRON LIVES, INC 722B COMMERCE ST, SUITE 210 LYNCHBURG, VA 24504	46-3986194	501(C)(3)	12,000.	0.			IRON LIVES ON-DEMAND
ISAIAH 117 HOUSE LYNCHBURG PO BOX 842 ELIZABETHTON, TN 37644	82-0631497	501(C)(3)	6,000.	0.			ISAIAH 117 HOUSE LYNCHBURG
JAMES RIVER ASSOCIATION 4833 OLD MAIN ST RICHMOND, VA 23231	51-0211913	501(C)(3)	108,069.	0.			CENTURY FUND GRANT; SEEING IS BELIEVING - OUTDOOR ENVIROMENT EDUCATION
JAMES RIVER DAY SCHOOL 5039 BOONSBORO RD LYNCHBURG, VA 24503	54-0891225	501(C)(3)	6,500.	0.			ANNUAL FUND 2021-22; GREENHOUSE UTILIZATION PROJECT
JEFFERSON CHORAL SOCIETY 1290 ENTERPRISE DR LYNCHBURG, VA 24502	54-1554423	501(C)(3)	9,519.	0.			ANNUAL DONOR-DESIGNATED GRANT; 2022-23 CONCERT SEASON
JONES MEMORIAL LIBRARY 2311 MEMORIAL AVE LYNCHBURG, VA 24501	54-0505921	501(C)(3)	11,734.	0.			ANNUAL DONOR-DESIGNATED GRANT; ARCHITECTUARAL DRAWINGS STORAGE CABINETS
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVE LYNCHBURG, VA 24501	54-1881948	501(C)(3)	22,605.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SUMMER ENRICHMENT CAMP; PLYMALE FOUNDATION;

Schedule I (Form 990)

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
LAKE CHRISTIAN MINISTRIES PO BOX 695 MONETA, VA 24121	54-2034650	501(C)(3)	13,419.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
LEGACY PROJECT, INC. PO BOX 308 LYNCHBURG, VA 24504	54-1771178	501(C)(3)	21,804.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
LYNCHBURG BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24505	45-3797831	501(C)(3)	13,983.	0.			TO PROVIDE PROGRAM SUPPORT; ANNUAL DONOR-DESIGNATED GRANT; FUNDING FOR SCHOLARSHIPS
LYNCHBURG CITY SCHOOLS EDU FDN INC PO BOX 2497 LYNCHBURG, VA 24505	54-1385200	501(C)(3)	26,353.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL PROGRAM SUPPORT; CLASSROOM INNOVATION GRANTS
LYNCHBURG COVENANT FELLOWSHIP INC 412 MADISON ST LYNCHBURG, VA 24504	54-6026892	501(C)(3)	9,000.	0.			LCF MANAGEMENT OFFICE ROOF REPAIR
LYNCHBURG DAILY BREAD, INC. 721 CLAY STREET LYNCHBURG, VA 24504	52-1268749	501(C)(3)	28,998.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; PROGRAM SUPPORT; SUSTAINING DAILY
LYNCHBURG GROWS PO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501(C)(3)	25,860.	0.			ANNUAL DONOR-DESIGNATED GRANT; FARM COACH 2.0; GENERAL PROGRAM SUPPORT
LYNCHBURG HUMANE SOCIETY 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	54-0570901	501(C)(3)	24,751.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL PROGRAM SUPPORT; HEALTHY TEETH, HEALTH PET
LYNCHBURG SYMPHONY ORCHESTRA 621 COURT ST LYNCHBURG, VA 24504	52-1304854	501(C)(3)	17,064.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT YOUTH MUSIC EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BETHUNE ACADEMY, DBA BETHUNE NURSERY, INC - 2249 HALIFAX ST - LYNCHBURG, VA 24501	54-0541800	501(C)(3)	10,000.	0.			PLAYGROUND REVITALIZATION PROJECT
MEALS ON WHEELS PO BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	26,131.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; FEEDING THE HOMEBOUND
MIRIAM'S HOUSE PO BOX 3196 LYNCHBURG, VA 24503	54-1606543	501(C)(3)	104,126.	0.			ANNUAL DONOR-DESIGNATED GRANT; MAGNOLIA STREET SUPPORTIVE HOUSING KITCHEN RENOVATION
MONACAN INDIAN NATION 111 HIGHVIEW RD MADISON HEIGHTS, VA 24572	54-1656446	501(C)(3)	7,500.	0.			ELDER CENTER MEALS ON WHEELS
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	25,116.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; AMPHITHEATER AND WALKING TRAIL
NATURAL BRIDGE APPALACHIAN TRAIL CLUB - PO BOX 3012 - LYNCHBURG, VA 24503	52-1321057	501(C)(3)	5,823.	0.			NEEDED TOOLS TO MAINTAIN TRAILS
NEW VISTAS SCHOOL 520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	32,698.	0.			ANNUAL DONOR-DESIGNATED GRANT; SCHOLARSHIP PROGRAM; ANNUAL FUND 2021-22
OPERA ON THE JAMES, INC PO BOX 1450 LYNCHBURG, VA 24505	56-2521625	501(C)(3)	23,755.	0.			ANNUAL DONOR-DESIGNATED GRANT; SUMMER PICNIC CONCERT SERIES
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVE LYNCHBURG, VA 24501	54-0798225	501(C)(3)	23,500.	0.			COMMUNITY RESOURCE CENTER EMERGENCY ASSISTANCE; TO PROVIDE FUNDING FOR FOOD AND ESSENTIAL SUPPLIES

Schedule I (Form 990)

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
PATRICK HENRY FAMILY SERVICES PO BOX 1398 BROOKNEAL, VA 24528	54-0660819	501(C)(3)	19,220.	0.			ANNUAL DONOR-DESIGNATED GRANT; HOMES OF HOPE
RANDOLPH COLLEGE 2500 RIVERMONT AVE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	8,208.	0.			ANNUAL DONOR-DESIGNATED GRANT; FUNDING FOR DIVERSITY, IDENTITY, CULTURE, AND INCLUSION
RIVERMONT AREA EMERGENCY FOOD PANTRY - 1000 LANGHORNE RD - LYNCHBURG, VA 24503	54-6024478	501(C)(3)	10,903.	0.			FOOD PANTRY INVENTORY EXPANSION PROJECT
RIVERSVIEWS ARTSPACE 901 JEFFERSON ST, SUITE G3 LYNCHBURG, VA 24504	54-1736664	501(C)(3)	8,500.	0.			ARTIST IN RESIDENCE RELIEF
RUSH HOMES PO BOX 3305 LYNCHBURG, VA 24503	31-1519694	501(C)(3)	10,100.	0.			PLYMALE ADVISORY COMMITTEE; A WORK VAN
SOCIETY OF ST. ANDREW, INC. 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	11,828.	0.			TO SUPPORT LYNCHBURG GLEANING NETWORK
SOUTH CENTRAL SPAY AND NEUTER CLINIC - 1211 OLD GRAVES MILL RD - LYNCHBURG, VA 24502	26-3842124	501(C)(3)	11,583.	0.			ANNUAL DONOR-DESIGNATED GRANT
SOUTHERN MEMORIAL ASSOCIATION 401 TAYLOR ST LYNCHBURG, VA 24501	54-1737181	501(C)(3)	10,633.	0.			ANNUAL DONOR-DESIGNATED GRANT; IMPROVED LIGHTING FOR CANDLELIGHT TOURS
SWEET BRIAR COLLEGE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	13,000.	0.			ANNUAL DONOR-DESIGNATED GRANT FOR ANNUAL FUND; BUILDING PATHWAYS TO SUPPORT COMMUNITY

Schedule I (Form 990)

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
TAKE MY HAND MINISTRIES, INC. 163 LIBERTY LANE EVINGTON, VA 24550	46-2452071	501(C)(3)	6,000.	0.			2021 ASSISTANCE TO THOSE STRUGGLING WITH POVERTY
THE BRIDGE MINISTRY, INC. PO BOX 2402 CHARLOTTESVILLE, VA 22902	54-1820614	501(C)(3)	10,500.	0.			TO SUPPORT SUBSTANCE ABUSE PROGRAM
THE LINK PROJECT, INC. 1322 PIERCE ST LYNCHBURG, VA 24501	30-0710685	501(C)(3)	10,000.	0.			TO FUND INTERCULTURAL LEADERSHIP INSTITUTE STUDY TOUR
THE LISTENING PO BOX 515 LYNCHBURG, VA 24505	81-2429529	501(C)(3)	7,000.	0.			TO PROVIDE GENERAL PROGRAM SUPPORT
UNIFIED POTENTIAL 144 BEACON HILL PLACE LYNCHBURG, VA 24503	83-0928918	501(C)(3)	7,000.	0.			PUBLIC TRANSPORTATION MICRO-TRANSIT PILOT DEMONSTRATION
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	20,724.	0.			ANNUAL DONOR-DESIGNATED GRANT; TECHNOLOGY UPGRADE
VIRGINIA CENTER FOR THE CREATIVE ARTS - 154 SAN ANGELO DR - AMHERST, VA 24521	23-7136000	501(C)(3)	5,643.	0.			ANNUAL DONOR-DESIGNATED GRANT; ACCESSIBLE REHABILITATION FOR AN ARTIST RESIDENCE AT VCCA
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	103,500.	0.			LECOMPTE SCHOLARSHIP FUND; TO SUPPORT THE UNRESTRICTED ANNUAL FUND
VIRGINIA HUNTERS WHO CARE, INC. PO BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	8,000.	0.			TO SUPPORT DISTRIBUTION OF VENISON TO THE HUNGRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	11,019.	0.			ANNUAL DONOR-DESIGNATED GRANT; GENERAL PROGRAM SUPPORT; STRENGTHENING FAMILIES WITH CHILDREN
VIRGINIA TECHNICAL INSTITUTE 201 OGDEN RD ALTAVISTA, VA 24517	27-0338868	501(C)(3)	13,025.	0.			UPGRADE INDUSTRIAL MAINTENANCE MECHANIC LAB; ANNUAL DONOR-DESIGNATED GRANT
YMCA OF CENTRAL VIRGINIA 1309 CHURCH ST LYNCHBURG, VA 24504	54-0505924	501(C)(3)	10,000.	0.			POWER SCHOLARS ACADEMY 2022
YWCA OF CENTRAL VIRGINIA 626 CHURCH ST LYNCHBURG, VA 24504	54-0506490	501(C)(3)	7,016.	0.			ANNUAL DONOR-DESIGNATED GRANT

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	59	94,626.	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 TRUST HAS FINAL APPROVAL OF ALL GRANTS; SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADULT CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; CENTRAL VA COUNTIES TRANSPORTATION PROJECT; PLYMALE FOUNDATION

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BLUE RIDGE AREA FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL SUPPORT AND PROGRAM SUPPORT; AGENCY CAPICITY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER LYNCHBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR DESIGNATED GRANT; TO PROVIDE SUPPORT FOR CHILDCARE/REMOTE LEARNING; WHATEVER IT TAKES TO BUILD GREAT FUTURES ACADEMIC PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S ASSISTIVE TECHNOLOGY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: MEET THE NEEDS OF CHILDREN IN VA WITH PHYSICAL AND DEVELOPMENTAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: LYNCHBURG DAILY BREAD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; PROGRAM SUPPORT; SUSTAINING DAILY BREAD FOR DECADES TO COME

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL D-DAY MEMORIAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; AMPHITHEATER AND WALKING TRAIL INITIATIVES

NAME OF ORGANIZATION OR GOVERNMENT: PARK VIEW COMMUNITY MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY RESOURCE CENTER EMERGENCY ASSISTANCE; TO PROVIDE FUNDING FOR FOOD AND ESSENTIAL SUPPLIES FOR LOW INCOME FAMILIES

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SWEET BRIAR COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT FOR ANNUAL FUND; BUILDING PATHWAYS TO SUPPORT COMMUNITY CONNECTIONS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHARITABLE ORGANIZATIONS WITHIN THE COMMUNITY.

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.

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

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)**

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

2021

Open to Public Inspection

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

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

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

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

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

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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)				

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

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

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

