

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.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 F Name and address of principal officer: WILLIAM BODINE 1100 COMMERCE ST, LYNCHBURG, VA 24504	D Employer identification number 54-6112680 E Telephone number 434-845-6500 G Gross receipts \$ 16,345,986. 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

Activities & Governance	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. 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 2019 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 39 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,510,566.</td> <td style="text-align: right;">800,069.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">18,918.</td> <td style="text-align: right;">20,603.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">1,999,921.</td> <td style="text-align: right;">1,845,167.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">3,529,405.</td> <td style="text-align: right;">2,665,839.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,510,566.	800,069.	9 Program service revenue (Part VIII, line 2g)	18,918.	20,603.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,999,921.	1,845,167.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,529,405.	2,665,839.						
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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 WILLIAM BODINE, 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 Check if self-employed <input type="checkbox"/> PTIN P00884747
	Firm's name ▶ DAVIDSON, DOYLE & HILTON, LLP Firm's address ▶ PO BOX 800 LYNCHBURG, VA 24505-0800	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 TRUST 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 CHARTIABLE

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 \$ 2,197,448. including grants of \$ 1,793,766.) (Revenue \$) GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS FROM DONOR-ADVISED, DESIGNATED, FIELD OF INTEREST, SCHOLARSHIP, AND UNRESTRICTED ENDOWMENT FUNDS. THE TRUST HAS FINAL APPROVAL OF ALL GRANTS.

4b (Code:) (Expenses \$ 69,727. including grants of \$ 69,727.) (Revenue \$) SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES. THERE WERE 68 SCHOLARSHIPS AWARDED IN FY 20.

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 2,267,175.

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>	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 Revenue Procedure 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</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>	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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
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>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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
7b	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:		
8a	The governing body?	X	
8b	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
10b	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	
11b	Describe in 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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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
16b	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 **▶**
WILLIAM BODINE - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. SUSAN G. ACKLEY DIRECTOR	1.00	X					0.	0.	0.	
(2) MR. G. CARL BOGGESS CHAIRMAN	1.00	X		X			0.	0.	0.	
(3) MS. JENNIFER BRYANT-FOSTER DIRECTOR	1.00	X					0.	0.	0.	
(4) MS. REGINA W. CARTER DIRECTOR	1.00	X					0.	0.	0.	
(5) MS. JANICE M. MARSTON DIRECTOR	1.00	X					0.	0.	0.	
(6) MS. ELIZABETH G. MCCRODDEN DIRECTOR	1.00	X					0.	0.	0.	
(7) MR. LINZIE B. JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
(8) MS. KAREN S. SIMONTON DIRECTOR	1.00	X					0.	0.	0.	
(9) MS. CHRISTINA DELZINGARO DIRECTOR	1.00	X					0.	0.	0.	
(10) MR. ERIC J. SORENSON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(11) MR. JOHN M. STONE VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(12) MR. SHAWN D. STONE DIRECTOR	1.00	X					0.	0.	0.	
(13) DR. JAMES W. WRIGHT DIRECTOR	1.00	X					0.	0.	0.	
(14) MR. ERNIE GUILL DIRECTOR	1.00	X					0.	0.	0.	
(15) MS. SARAH HOUCK DIRECTOR	1.00	X					0.	0.	0.	
(16) MR. WILLIAM BODINE PRESIDENT/CEO	40.00			X			123,540.	0.	3,532.	

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							123,540.	0.	3,532.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							123,540.	0.	3,532.	

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	800,069.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			800,069.				
Program Service Revenue	2 a OPERATING FEE INCOME	Business Code	525920	20,603.			20,603.	
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			20,603.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			854,907.			854,907.	
	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				
			14,670,407.					
	b Less: cost or other basis and sales expenses	7b	13,680,147.					
	c Gain or (loss)	7c	990,260.					
d Net gain or (loss)				990,260.		990,260.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
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				2,665,839.	0.	0.	1,865,770.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,793,766.	1,793,766.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	69,727.	69,727.		
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	120,709.	48,284.	24,141.	48,284.
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	74,171.	29,669.	29,669.	14,833.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,821.	2,329.	2,329.	1,163.
9 Other employee benefits				
10 Payroll taxes	14,877.	5,951.	2,975.	5,951.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,898.		1,898.	
c Accounting	8,500.		8,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	278,526.	278,526.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,520.	26,002.	1,518.	
12 Advertising and promotion				
13 Office expenses	20,213.	4,664.	9,770.	5,779.
14 Information technology	17,402.	6,961.	6,961.	3,480.
15 Royalties				
16 Occupancy	19,764.		19,764.	
17 Travel	1,655.		1,655.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,738.		3,738.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,230.		2,230.	
23 Insurance	4,406.		4,406.	
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	6,851.			6,851.
b DUES	6,766.		6,766.	
c YOUTH PHILANTHROPY	1,296.	1,296.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,479,836.	2,267,175.	126,320.	86,341.
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	255,242.	1	346,319.
	2 Savings and temporary cash investments	1,893,560.	2	2,053,578.
	3 Pledges and grants receivable, net	574,630.	3	365,389.
	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	6,810.	9	7,276.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 53,891.		
	b Less: accumulated depreciation	10b 45,702.		
	11 Investments - publicly traded securities	39,145,770.	11	38,881,993.
	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	36,827.	15	26,195.
16 Total assets. Add lines 1 through 15 (must equal line 33)	41,916,396.	16	41,688,939.	
Liabilities	17 Accounts payable and accrued expenses	16,941.	17	17,694.
	18 Grants payable	514,948.	18	749,066.
	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	2,554,580.	25	2,720,682.
	26 Total liabilities. Add lines 17 through 25	3,086,469.	26	3,487,442.
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	5,560,675.	27	5,340,697.
	28 Net assets with donor restrictions	33,269,252.	28	32,860,800.
	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	38,829,927.	32	38,201,497.
33 Total liabilities and net assets/fund balances	41,916,396.	33	41,688,939.	

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	2,665,839.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,479,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	186,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,829,927.
5	Net unrealized gains (losses) on investments	5	-814,433.
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	38,201,497.

Part XII Financial Statements and Reporting

Check 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 in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

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.

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 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	762,408.	1,747,157.	1,122,059.	1,511,166.	800,669.	5,943,459.
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	762,408.	1,747,157.	1,122,059.	1,511,166.	800,669.	5,943,459.
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)						1,256,663.
6 Public support. Subtract line 5 from line 4.						4,686,796.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	762,408.	1,747,157.	1,122,059.	1,511,166.	800,669.	5,943,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	715,850.	756,614.	871,370.	890,423.	854,907.	4,089,164.
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						10,032,623.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	46.72 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	45.63 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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.		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.	Yes	No
b Did the activities described in (a) 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.		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .		
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.		

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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

2019

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	59	216
2 Aggregate value of contributions to (during year)	306,058.	494,011.
3 Aggregate value of grants from (during year)	218,700.	1,441,237.
4 Aggregate value at end of year	5,617,942.	35,239,667.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	31,093,322.	31,270,508.	29,430,881.	26,264,461.	27,974,250.
b Contributions	1,717,283.	1,448,355.	1,041,484.	1,587,656.	388,763.
c Net investment earnings, gains, and losses	689,684.	1,633,423.	2,635,171.	3,342,336.	-408,404.
d Grants or scholarships	1,240,135.	914,490.	1,346,960.	1,298,175.	1,250,526.
e Other expenditures for facilities and programs	220,926.	2,127,526.	264,018.	209,724.	200,468.
f Administrative expenses	273,113.	216,948.	226,050.	255,673.	239,154.
g End of year balance	31,766,115.	31,093,322.	31,270,508.	29,430,881.	26,264,461.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 3.00 %
 - b Permanent endowment 97.00 %
 - 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		53,891.	45,702.	8,189.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,189.

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	526,761.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	2,193,921.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,720,682.

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	1,573,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-814,433.
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	-813,833.
3	Subtract line 2e from line 1	3	2,387,313.
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	278,526.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	278,526.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,665,839.

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	2,201,910.
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	
e	Add lines 2a through 2d	2e	600.
3	Subtract line 2e from line 1	3	2,201,310.
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	278,526.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	278,526.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,479,836.

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 TRUST 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 TRUST MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE TRUST AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE TRUST HAS TAKEN AN

UNCERTAIN POSITION THAT MORE THAN LIKELY WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. TRUST MANAGEMENT HAS ANALYZED

THE TAX POSITIONS TAKEN BY THE TRUST, AND HAS CONCLUDED THAT AS OF JUNE 30, 2020 AND 2019, 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 TRUST IS SUBJECT

TO AUDIT BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS

Part XIII Supplemental Information (continued)

FOR ANY TAX PERIODS IN PROGRESS.

PART V, LINE 4:

THE TRUST'S ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO
 501(C)(3) ORGANIZATIONS. THE TRUST HAS INCLUDED \$256,233 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)**

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

2019

**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 non-cash 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)	13,091.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND COMMUNITY OUTREACH INITIATIVE
ALTAVISTA AREA YMCA PO BOX 149 ALTAVISTA, VA 24517	54-0895639	501(C)(3)	8,100.	0.			PLYMALE FOUNDATION; TO PROVIDE PROGRAM SUPPORT
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 IN 2019 HOUSING PARTNERSHIP PROGRAM
AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	10,324.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT MIDDLE SCHOOL STEM/MATH ENRICHMENT; TO SUPPORT
AMERICAN RED CROSS OF THE BLUE RIDGE - 1007 SHEFFIELD DR - LYNCHBURG, VA 24502	53-0196605	501(C)(3)	6,500.	0.			TO SUPPORT HOME FIRE CAMPAIGN; DELIVERY RELIEF AND RECOVERY AND SAVING LIVES
AMHERST CARES P.O. BOX 451 AMHERST, VA 24521	46-0621650	501(C)(3)	10,000.	0.			TO PURCHASE FOOD FOR AT-HOME DELIVERY PROGRAM DURING COVID

- 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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST GLEBE ARTS RESPONSE, INC PO BOX 117 CLIFFORD, VA 24533	06-1790232	501(C)(3)	9,250.	0.			TO SUPPORT AMHERST CHAMBER MUSIC, JAVA & JAZZ, HUMANITIES, ARTS IN HEALTH & SCIENCES 19/20
APPOMATTOX LITERACY INTERVENTION PROGRAM - 197 BREEZY HILL RD - SPOUT SPRING, VA 24593	54-1779269	501(C)(3)	6,000.	0.			TO SUPPORT SPOT & DOT THE BOOK BUSES
AVENEL FOUNDATION P.O. BOX 686 BEDFORD, VA 24523	54-1345184	501(C)(3)	7,000.	0.			TO FUND CHIMNEY REPAIRS
BEDFORD CHRISTIAN MINISTRIES ASSOCIATION, INC. - 217 W. WASHINGTON ST - BEDFORD, VA 24523	52-1414405	501(C)(3)	8,000.	0.			TO SUPPORT FOOD DISTRIBUTION PROGRAM
BEDFORD COMMUNITY ORCHESTRA 1900 STATLER RD MONTVALE, VA 24122	54-1702458	501(C)(3)	6,000.	0.			TO SUPPORT THE MUSICIAN DEVELOPMENT & CONTINUING EDUCATION PROGRAM
BIG BROTHERS BIG SISTERS OF CENTRAL VA - 2901 LANHORNE RD - LYNCHBURG, VA 24501	54-0908680	501(C)(3)	9,204.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT COMMUNITY BASED MENTORING PROGRAM; PLYMALE
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	12,532.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SUMMER KID PACKS PROGRAM
BOY SCOUTS OF AMERICA - BLUE RIDGE MTN. COUNCIL - P.O. BOX 7606 - ROANOKE, VA 24019	54-0912706	501(C)(3)	6,003.	0.			TO SUPPORT SCOUTREACH INITIATIVE
BOYS & GIRLS CLUB OF GREATER LYNCHBURG - 1101 MADISON STREET - LYNCHBURG, VA 24504	20-0199894	501(C)(3)	13,860.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT ACADEMIC SUCCESS PROGRAM MODEL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOK HILL RETIREMENT CENTER FOR HORSES, INC. - 7289 BELLEVUE RD - FOREST, VA 24551	54-2058686	501(C)(3)	9,449.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE SCHOLARSHIP ASSISTANCE FOR AT-RISK YOUTH IN
CAMP KUM-BA-YAH, INC. 4415 BOONSBORO RD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	16,948.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR SCHOARSHIPS AND REPAIRS TO BRIDGES
CASA OF CENTRAL VIRGINIA P.O. BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	25,381.	0.			ANNUAL DONOR-DESIGNATED GRANT; YOUTH PHILANTHROPY; TO PROVIDE FUNDING FOR PRE-SERVICE
CENTRA FOUNDATION 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	6,527.	0.			ANNUAL DONOR-DESIGNATED GRANT
CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING - P.O. BOX 1390 - LYNCHBURG, VA 24505	51-0189604	501(C)(3)	6,000.	0.			TO SUPPORT RENOVATION OF MEAL PREP & COMMUNITY EDUCATION PROGRAM
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, SUITE 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	5,000.	0.			TO SUPPORT RESIDENT DANCY COMPANY IN LYNCHBURG AND EXPAND COMMUNITY ENGAGEMENT PROGRAMS
CHILDREN'S MIRACLE NETWORK 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1391700	501(C)(3)	6,367.	0.			ANNUAL DONOR-DESIGNATION GRANT
CHURCHES FOR URBAN MINISTRY 1022 FLOYD STREET LYNCHBURG, VA 24501	54-1315808	501(C)(3)	19,000.	0.			TO PROVIDE PROGRAM AND GENERAL SUPPORT
DEPAUL COMMUNITY RESOURCES 4859 WATERLICK ROAD FOREST, VA 24551	54-1108079	501(C)(3)	5,000.	0.			TO SUPPORT OPTIONS DAY SUPPORT PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E.C. GLASS HIGH SCHOOL ATHLETICS 2111 MEMORIAL AVE LYNCHBURG, VA 24501	54-0918686	501(C)(3)	5,716.	0.			ANNUAL DONOR-DESIGNATED GRANT
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	310,320.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND REPLACEMENT OF NINE SKYLIGHTS IN BUILDING
ENDSTATION THEATRE COMPANY 2500 RIVERMONT AVE LYNCHBURG, VA 24503	20-4962047	501(C)(3)	5,000.	0.			TO SUPPORT COMMUNITY CENTERED NEW WORKS PROGRAM
FAITH CHRISTIAN ACADEMY PO BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	6,216.	0.			ANNUAL DONOR-DESIGNATED GRANT
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN ST LYNCHBURG, VA 24504	54-1420756	501(C)(3)	138,209.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; RENOVATE MAIN ST LOCATION; TO PROVIDE
FRIENDS OF THE LYNCHBURG PUBLIC LIBRARY - 2315 MEMORIAL AVE - LYNCHBURG, VA 24501	54-6059813	501(C)(3)	7,345.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT TECHNOLOGY UPGRADE
HOLIDAY LAKE 4-H EDUCATION CENTER FOR LYNCHBURG YOUTH - 1267 4-H CAMP ROAD - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	5,000.	0.			TO SUPPORT NATURAL RESOURCE EDUCATION PROGRAM
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	9,858.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT WAYS TO WORK PROGRAM
INTERFAITH OUTREACH ASSOCIATION PO BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	26,370.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT; PLYMALE FOUNDATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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IRON LIVES, INC 112 SHADWELL LANE MADISON HEIGHTS, VA 24572	46-3986194	501(C)(3)	7,000.	0.			TO PROVIDE PROGRAM SUPPORT AND GENERAL SUPPORT
JAMES RIVER ASSOCIATION 4833 OLD MAIN ST RICHMOND, VA 23231	51-0211913	501(C)(3)	8,000.	0.			TO PROVIDE ENVIRONMENTAL EDUCATION FOR STUDENTS
JAMES RIVER DAY SCHOOL 5039 BOONSBORO RD LYNCHBURG, VA 24503	54-0891225	501(C)(3)	25,295.	0.			TO SUPPORT CARDINAL FLY
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVE LYNCHBURG, VA 24501	54-1881948	501(C)(3)	22,094.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SUMMER ENRICHMENT CAMP; PLYMALE FOUNDATION;
KUUMBA DANCE ENSEMBLE, INC. 3208 FOREST BROOK ROAD LYNCHBURG, VA 24501	82-2703017	501(C)(3)	6,200.	0.			TO PROVIDE PROGRAM SUPPORT
LAKE CHRISTIAN MINISTRIES PO BOX 695 MONETA, VA 24121	54-2034650	501(C)(3)	16,269.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
LEGACY PROJECT, INC. PO BOX 308 LYNCHBURG, VA 24504	54-1771178	501(C)(3)	18,913.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR EXHIBIT UPDATE, GENERAL PROGRAM AND
LYNCHBURG BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24505	45-3797831	501(C)(3)	14,750.	0.			TO SUPPORT KIDS TO COLLEGE INITIATIVE; TO PROVIDE GENERAL PROGRAM SUPPORT
LYNCHBURG CITY SCHOOLS EDU FDN INC PO BOX 2497 LYNCHBURG, VA 24505	54-1385200	501(C)(3)	22,863.	0.			ANNUAL DONOR-DESIGNATED GRANT; TEACHER GRANT PROGRAM; TO PROVIDE GENERAL PROGRAM SUPPORT;

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LYNCHBURG COMMUNITY ACTION GROUP 1010 MAIN STREET, 2ND FLOOR LYNCHBURG, VA 24504	54-0797340	501(C)(3)	5,352.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT FREE TAX PREPARATION PROGRAM
LYNCHBURG DAILY BREAD, INC. 721 CLAY STREET LYNCHBURG, VA 24504	52-1268749	501(C)(3)	40,161.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT; PLYMALE FOUNDATION; TO SUPPORT
LYNCHBURG GROWS PO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501(C)(3)	23,221.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PURCHASE GARDENING SUPPLIES FOR JOB TRAINING ACTIVITIES
LYNCHBURG HUMANE SOCIETY 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	54-0570901	501(C)(3)	22,904.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND 252+ ADOPTION FEES; TO PROVIDE GENERAL SUPPORT
LYNCHBURG SYMPHONY ORCHESTRA 621 COURT ST LYNCHBURG, VA 24504	52-1304854	501(C)(3)	12,609.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT YOUTH EDUCATION CONCERT PROGRAM
MEALS ON WHEELS PO BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	31,173.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO PROVIDE PROGRAM SUPPORT; TO FUND
MILLER HOME OF LYNCHBURG 2134 WESTERLY DR LYNCHBURG, VA 24501	54-0505999	501(C)(3)	9,103.	0.			TO PURCHASE VEHICLE FOR TRANSPORTATION NEEDS
MIRIAM'S HOUSE PO BOX 3196 LYNCHBURG, VA 24503	54-1606543	501(C)(3)	106,757.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL SUPPORT FOR MAGNOLIA STREET HOUSING; PLYMALE
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	17,621.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND SECURITY & SAFETY ENHANCEMENTS PROJECTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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NEW VISTAS SCHOOL 520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	29,775.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR NEED-BASED SCHOLARSHIPS
OPERA ON THE JAMES, INC PO BOX 1450 LYNCHBURG, VA 24505	56-2521625	501(C)(3)	14,632.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT REPLACEMENT OF CURRENT WIFI SERVICE
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVE LYNCHBURG, VA 24501	54-0798225	501(C)(3)	32,942.	0.			TO PURCHASE FOOD & HYGIENE ITEMS FOR WEEKEND FOOD BAGS; TO PROVIDE GENERAL SUPPORT
PATRICK HENRY FAMILY SERVICES PO BOX 1398 BROOKNEAL, VA 24528	54-0660819	501(C)(3)	19,620.	0.			ANNUAL DONOR-DESIGNATED GRANT FOR CHILD CARE SERVICES & FOR THE ACADEMY; TO PROVIDE
RANDOLPH COLLEGE 2500 RIVERMONT AVE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	8,159.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND CREATION OF CIRRICULUM GUIDE LINKING SCIFEST
RIVERMONT AREA EMERGENCY FOOD PANTRY - 1000 LANGHORNE RD - LYNCHBURG, VA 24503	54-6024478	501(C)(3)	7,945.	0.			TO PURCHASE NON-FOOD NECESSITIES FOR FOOD PANTRY
RIVERSVIEWS ARTSPACE 901 JEFFERSON ST, SUITE G3 LYNCHBURG, VA 24504	54-1736664	501(C)(3)	10,000.	0.			TO SUPPORT WINDOW REPLACEMENT PROJECT
RUSH LIFETIME HOMES PO BOX 879 LYNCHBURG, VA 24505	31-1519694	501(C)(3)	7,000.	0.			TO FUND BALANCE OF PROPERTY MANAGEMENT SOFTWARE, IMPLEMENTATION AND TRAINING; TO PROVIDE
SML GOOD NEIGHBORS, INC PO BOX 2 MONETA, VA 24121	26-1274000	501(C)(3)	5,000.	0.			TO SUPPORT BEDFORD CAMP OPEARATIONS EXPENSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOCIETY OF ST. ANDREW, INC. 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	9,033.	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)	11,221.	0.			ANNUAL DONOR-DESIGNATED GRANT
SOUTHERN MEMORIAL ASSOCIATION 401 TAYLOR ST LYNCHBURG, VA 24501	54-1737181	501(C)(3)	5,497.	0.			ANNUAL DONOR-DESIGNATED GRANT
SWEET BRIAR COLLEGE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	11,000.	0.			TO FUND SCHOLARSHIPS FOR LOCAL STUDENTS; ANNUAL DONOR-DESIGNATED GRANT FOR ANNUAL FUND
THE ARC OF CENTRAL VIRGINIA 1508 BEDFORD AVE LYNCHBURG, VA 24504	23-7221570	501(C)(3)	8,500.	0.			TO PURCHASE EQUIPMENT FOR SENSORY ROOM
THE LINK PROJECT, INC. 1322 PIERCE ST LYNCHBURG, VA 24501	30-0710685	501(C)(3)	8,000.	0.			TO FUND INTERCULTURAL LEADERSHIP INSTITUTE STUDY TOUR
MOTHERHOOD COLLECTIVE 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	5,000.	0.			TO FUND ADMINISTRATIVE EXPENSES
THE SEDALIA CENTER, INC. 1108 SEDALIA SCHOOL RD BIG ISLAND, VA 24526	54-1578039	501(C)(3)	8,852.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT REPLACEMENT OF ROOF
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	38,290.	0.			ANNUAL DONOR-DESIGNATED GRANT; CORONAVIRUS RESPONSE & RELIEF FUND

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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VECTOR SPACE 402 5TH STREET LYNCHBURG, VA 24504	47-3633116	501(C)(3)	5,300.	0.			TO PROVIDE FUNDING FOR ANNUAL COMMUNITY EVENTS
VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES - 5511 STAPLES MILL RD, STE - RICHMOND, VA 23228	20-3188273	501(C)(3)	7,500.	0.			TO SUPPORT LYNCHBURG PROJECT INCLUSION
VIRGINIA CENTER FOR THE CREATIVE ARTS - 154 SAN ANGELO DR - AMHERST, VA 24521	23-7136000	501(C)(3)	5,611.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT GAZEBO RESTORATION PROJECT
VIRGINIA HUNTERS WHO CARE, INC. PO BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	8,945.	0.			TO SUPPORT DISTRIBUTION OF VENISON TO THE HUNGRY
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	11,484.	0.			TO PROVIDE GENERAL SUPPORT; TO SUPPORT STRENGTHENING FAMILIES WITH CHILDREN PROGRAM
WOLFBANE PRODUCTIONS 524 COUNTRY CLUB RD APPOMATTOX, VA 24522	27-1272773	501(C)(3)	10,000.	0.			TO SUPPORT APPOMATTOX: ARTS & CULTURE
YMCA OF CENTRAL VIRGINIA 1309 CHURCH STREET LYNCHBURG, VA 24504	54-0505924	501(C)(3)	10,000.	0.			TO PROVIDE GENERAL SUPPORT; TO PROVIDE PROGRAM SUPPORT - POWER SCHOLARS ACADEMY 2020
YWCA OF CENTRAL VIRGINIA 626 CHURCH ST LYNCHBURG, VA 24504	54-0506490	501(C)(3)	13,783.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR FACILITY UPGRADES
BEDFORD COMMUNITY CHRISTMAS STATION - PO BOX 1353 - BEDFORD, VA 24523	42-1710753	501(C)(3)	8,445.	0.			TO PROVIDE PROGRAM SUPPORT

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BLUE RIDGE PREGNANCY CENTER 1915 THOMSON DR LYNCHBURG, VA 24501	54-1912289	501(C)(3)	13,592.	0.			TO PROVIDE GENERAL PROGRAM SUPPORT
CAMPBELL CO EDUCATIONAL FOUNDATION PO BOX 99 RUSTBURG, VA 24588	82-0988857	501(C)(3)	6,500.	0.			TUITION, BOOKS & SUPPLY NEEDS OF STUDENTS IN THE CVCC/CAMPBELL CO DUAL ENROLLMENT PROGRAM;
CHILDREN'S ASSISTIVE TECHNOLOGY SERVICES - 3579 KEMP FORD RD - UNION HALL, VA 24176	46-4866068	501(C)(3)	9,000.	0.			TO SUPPORT THE PASS IT ON PROJECT
GIRLS ON THE RUN OF GREATER LYNCHBURG INC - 1713 12TH ST - LYNCHBURG, VA 24501	26-2858200	501(C)(3)	5,500.	0.			TO SUPPORT GOTH INCLUSION INITIATIVE
GLEANNING FOR THE WORLD PO BOX 645 CONCORD, VA 24538	54-1930105	501(C)(3)	8,945.	0.			TO SUPPORT PURCHASE OF A TRACTOR
LYNCHBURG ARTS CLUB 1011 RIVERMONT AVE LYNCHBURG, VA 24504	54-1283632	501(C)(3)	6,000.	0.			TO FUND ROOF REPAIRS
LYNCHBURG COVENANT FELLOWSHIP INC 412 MADISON ST LYNCHBURG, VA 24504	54-6026892	501(C)(3)	10,000.	0.			TO PROVIDE FUNDING FOR MANAGEMENT OFFICE ROOF REPAIR
LYNCHBURG MUSEUM FOUNDATION PO BOX 529 LYNCHBURG, VA 24505	54-1906894	501(C)(3)	7,340.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE EXHIBIT SUPPORT FOR "SOMMEMORATING 100 YEARS
NEIGHBORS HELPING NEIGHBORS OF AMHERST CO - PO BOX 1015 - MADISON HEIGHTS, VA 24572	81-1190315	501(C)(3)	10,500.	0.			TO PURCHASE FORKLIFT FOR PALLET TRANSPORT

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OPUS87 MUSIC INC 230 W 140TH ST NEW YORK , NY 10030	84-1884152	501(C)(3)	5,500.	0.			TO SUPPORT SEVEN HILLS CHAMBER MUSIC FESTIVAL
REACH OUT AND READ VIRGINIA 89 SOUTH ST STE 200 BOSTON, MA 02111	04-3481253	501(C)(3)	6,000.	0.			TO PROVIDE GENERAL PROGRAM SUPPORT & OPERATING SUPPORT
THE LISTENING PO BOX 515 LYNCHBURG, VA 24505	81-2429529	501(C)(3)	6,000.	0.			TO FUND NATIONAL PROGRAM FEE FOR FREEDOM SCHOOL FOR ONE YEAR
THE SALVATION ARMY PO BOX 2314 LYNCHBURG, VA 24504	13-5562351	501(C)(3)	20,220.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND OCCUPANCY RATE FOR CENTER OF HOPE; TO PROVIDE GENERAL
WHARTON MEMORIAL FOUNDATION PO BOX 713 BEDFORD, VA 24523	54-1807995	501(C)(3)	8,000.	0.			TO SUPPORT OCOMPLETEION OF CHILDREN'S GARDEN PROJECT
AMHERST MUSEUM & HISTORICAL SOCIETY - PO BOX 741 - AMHERST, VA 24521	54-1031215	501(C)(3)	5,000.	0.			TO FUND "STUDYING THE PAST; 1761 TO PRESENT DAY DIGGING DEEPER"
AMHERST COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION - PO BOX 1425 - AMHERST, VA 24521	54-1769234	501(C)(3)	5,000.	0.			TO FUND MINI-GRANTS TO CREATE INNOVATIVE CLASSROOMS
BEDFORD AREA EDUCATIONAL FOUNDATION - PO BOX 2434 - FOREST, VA 24551	36-4499678	501(C)(3)	5,000.	0.			TO FUND TEACHER-INITIATED EDUCATIONAL ENRICHMENT PROJECTS
HILL CITY MASTER GARDNER ASSOCIATION - PO BOX 2275 - LYNCHBURG, VA 24505	54-1370756	501(C)(3)	5,000.	0.			TO SUPPORT CONSTRUCTION OF A PAVILION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROADS TO RECOVERY 3000 LANGHORNE RD LYNCHBURG, VA 24501	54-2056367	501(C)(3)	5,000.	0.			TO FUND HEALTH & WELLNESS IN RECOVERY PROJECT

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	68	69,727.	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 AND SCHOLARSHIPS TO INDIVIDUALS
ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMAZEMENT SQUARE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO
SUPPORT MIDDLE SCHOOL STEM/MATH ENRICHMENT; TO SUPPORT SMART BEG EARLY
CHILDHOOD EDUCATION VENTURE; TO SUPPORT GENWORTH EDUCATION CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS OF CENTRAL VA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT COMMUNITY BASED MENTORING PROGRAM; PLYMALE FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT:

BROOK HILL RETIREMENT CENTER FOR HORSES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE SCHOLARSHIP ASSISTANCE FOR AT-RISK YOUTH IN EQUINE THERAPY; TO PROVIDE GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; YOUTH PHILANTHROPY; TO PROVIDE FUNDING FOR PRE-SERVICE TRAINING; TO PROVIDE FOR GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FREE CLINIC OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; RENOVATE MAIN ST LOCATION; TO PROVIDE FUNDING FOR HOSPITAL & ED DIVERSION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: LEGACY PROJECT, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR EXHIBIT UPDATE, GENERAL PROGRAM AND WORKSHOPS

NAME OF ORGANIZATION OR GOVERNMENT: LYNCHBURG CITY SCHOOLS EDU FDN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT;

Part IV Supplemental Information

TEACHER GRANT PROGRAM; TO PROVIDE GENERAL PROGRAM SUPPORT; YOUTH
PHILANTHROPY; TO PROVIDE FUNDING FOR INNOVATIVE GRANTS

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO
PROVIDE PROGRAM SUPPORT; PLYMALE FOUNDATION; TO SUPPORT PURCHASE OF
REFRIGERATED CARGO VAN

NAME OF ORGANIZATION OR GOVERNMENT: LYNCHBURG GROWS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO
PURCHASE GARDENING SUPPLIES FOR JOB TRAINING ACTIVITIES FOR HEALTH
LYNCHBURG PROJECT; TO PROVIDE FUNDING FOR OPERATIONAL SUPPORT; TO SUPPORT
CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: MEALS ON WHEELS

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT;
PLYMALE FOUNDATION; TO PROVIDE PROGRAM SUPPORT; TO FUND YOUTH EDUCATION
CONCERT SERIES; TO PROVIDE MEALS FOR THE HUNGRY

NAME OF ORGANIZATION OR GOVERNMENT: MIRIAM'S HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO
PROVIDE GENERAL SUPPORT FOR MAGNOLIA STREET HOUSING; PLYMALE FOUNDATION;
TO PROVIDE PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PATRICK HENRY FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT FOR
CHILD CARE SERVICES & FOR THE ACADEMY; TO PROVIDE PROGRAM SUPPORT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: RANDOLPH COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO FUND CREATION OF CIRRICULUM GUIDE LINKING SCIFEST ACTIVITIES WITH VIRGINIA SOL

NAME OF ORGANIZATION OR GOVERNMENT: RUSH LIFETIME HOMES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND BALANCE OF PROPERTY MANAGEMENT SOFTWARE, IMPLEMENATION AND TRAINING; TO PROVIDE GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CAMPBELL CO EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TUITION, BOOKS & SUPPLY NEEDS OF STUDENTS IN THE CVCC/CAMPBELL CO DUAL ENROLLMENT PROGRAM; PLYMALE FOUNDATION

NAME OF ORGANIZATION OR GOVERNMENT: LYNCHBURG MUSEUM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE EXHIBIT SUPPORT FOR "SOMMEMORATING 100 YEARS OF WOMEN'S SUFFRAGE IN LYNCHBURG"

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO FUND OCCUPANCY RATE FOR CENTER OF HOPE; TO PROVIDE GENERAL SUPPORT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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:

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 TRUST'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 TRUST MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH
THE TRUST'S WEBSITE. THERE IS AN ANNOUNCEMENT ON THE TRUST'S WEBSITE WHICH
STATES THAT THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE
AVAILABLE AT THE TRUST'S OFFICE.

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.

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.

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 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		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 VII Supplemental Information

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

Lined area for supplemental information.